

# 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) 00000000	2 Total pages this report: 1/18
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Ramon Garcia		OFFICE USE ONLY	
Date Received		2010 FEB - 1 PM 4: 26 <i>Hilda Ramos</i>	
Date Hand delivered or Date Postmarked			
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
222 W. UNIVERSITY DRIVE Edinburg TX 78539		Receipt #	
Amount		Date Processed	
Date Imaged			
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
ISMAEL RODRIGUEZ		Date Processed	
Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
1111 N. YUCCA MCALLEN TX 78504			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 956 )	537-6900	
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month	Day	Year
	01/01/2010	THROUGH	01/30/2010
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month	Day	Year
03/02/2010		<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 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			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
Ramon Garcia

**15 ACCOUNT #** (Ethics Commission filers)  
00000000

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

.. 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. ..

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

**17 NO REPORTABLE ACTIVITY**

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 50.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 29910.00**

**EXPENDITURE TOTALS**

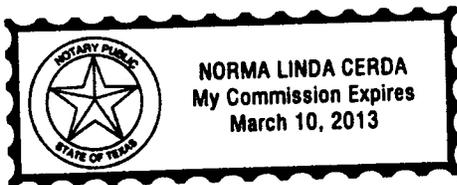
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 161.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 36376.17**

**OUTSTANDING LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 20,000.00**

**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.

*Ramon Garcia*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ramon Garcia, this the 1st day of Feb, 2010 to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Norma L Cerda  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this report: 3/18	
2 FILER NAME Ramon Garcia			3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 01/21/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ATLAS & HALL LLP	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIBU - TION	
6 Contributor address; City; State; Zip Code P.O. DRAWER 3725 MCALLEN TX 78502				
9 Principal occupation (Optional)		10 Employer (Optional)		
Date 01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) KENT BURNS	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code 1413 ESPERANZA MCALLEN TX 78501				
Principal occupation (Optional)		Employer (Optional)		
Date 01/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ESTHER M. CASO	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code 2408 EL ENCINO MISSION TX 78572				
Principal occupation (Optional)		Employer (Optional)		
Date 01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) VICKI L. CHRYSLER	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code 7324 N. 4TH ST. MCALLEN TX 78504				
Principal occupation (Optional)		Employer (Optional)		
Date 01/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) KIRK A. CLARK	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code P.O. BOX 938 MCALLEN TX 78501				
Principal occupation (Optional)		Employer (Optional)		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>			<b>1</b> Total pages this report: 4/18	
<b>2</b> FILER NAME Ramon Garcia			<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000	
<b>4</b> Date  01/07/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) M.R. GARCIA Jr. ..... <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of contribution (\$)  4000.00	<b>8</b> In-kind contribution description (if applicable)  POLITICAL CONTRIUT - ION	
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)		
Date  01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) R. DAVID GUERRA ..... Contributor address; City; State; Zip Code 1 S. BROADWAY MCALLEN TX 78501	Amount of contribution (\$)  2500.00	In-kind contribution description (if applicable)  POLITICAL CONTRIBU - TION	
Principal occupation (Optional)		Employer (Optional)		
Date  01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAMAR FARMS LLC ..... Contributor address; City; State; Zip Code 1707 LARKSPUR AVE. MCALLEN TX 78501	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		
Date  01/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joe La Mantia Jr. ..... Contributor address; City; State; Zip Code 3900 N. MCCOLL RD. McAllen TX 78501	Amount of contribution (\$)  5000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		
Date  01/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOE MONTALVO ..... Contributor address; City; State; Zip Code 112 CARDINAL AVE. MCALLEN TX 78504	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/18	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 01/11/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOSEPH F. PHILLIPS	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
6 Contributor address; City; State; Zip Code 1603 WOODS DRIVE MISSION TX 78572			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROERIG, OLIVEIRA & FISHER ATTORNEYS AT LAW	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Contributor address; City; State; Zip Code 855 W. PRICE RD. STE. 9 BROWNSVILLE TX 78520			
Principal occupation (Optional)		Employer (Optional)	
Date 01/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) A. FORD SASSER III	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Contributor address; City; State; Zip Code 315 E. DALLAS MCALLEN TX 78501			
Principal occupation (Optional)		Employer (Optional)	
Date 01/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SCOTT, DOUGLASS & MCCONNICO LLP	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Contributor address; City; State; Zip Code 600 CONGRESS AVE 15TH FLR AUSTIN TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 01/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CARLOS X SOLIS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Contributor address; City; State; Zip Code 1401 E. RIDGE RD. STE. B MCALLEN TX 78503			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages this report: 6/18	
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000	
<b>4</b> Date  01/25/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TEXAS DEMOCRATIC PARTY ..... <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of contribution (\$)  2000.00	<b>8</b> In-kind contribution description (if applicable)  IN KIND CONTRIBUTI - ON
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
Date  01/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THE AMMONS LAW FIRM LLP ..... Contributor address; City; State; Zip Code 3700 MONTROSE BLVD HOUSTON TX 77006	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  01/23/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MICHAEL P. TOBIN ..... Contributor address; City; State; Zip Code 1310 BUENA SUERTE WESLACO TX 78589	Amount of contribution (\$)  60.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  01/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ALBERTO TREVINO ..... Contributor address; City; State; Zip Code 819 N. I RD PHARR TX 78577	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	



# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8/18
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 01/15/2010	5 Payee name A & A CUSTOM DESGINS ..... 6 Payee address; City; State; Zip Code 1120 N. CONWAY AVE.  MISSION TX 78572	7 Amount (\$) 7436.78
8 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGNS		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/15/2010	Payee name HECTOR ALEMAN Jr. ..... Payee address; City; State; Zip Code  TX	Amount (\$) 276.50
Purpose of expenditure (See instructions regarding type of information required.) SIGN REPAIRS		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/05/2010	Payee name Angie Ramirez ..... Payee address; City; State; Zip Code 2100 COLORADO  Mission TX 78572	Amount (\$) 173.40
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE REIMBURSEMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/25/2010	Payee name CANTU'S SPECIAL EVENTS LLC ..... Payee address; City; State; Zip Code 1601 N. 7TH ST.  MCALLEN TX 78501	Amount (\$) 324.75
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 9/18
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 01/22/2010	<b>5</b> Payee name CARMEN'S CATERING ..... <b>6</b> Payee address; City; State; Zip Code 901 S. CAGE PHARR TX 78577	<b>7</b> Amount (\$) 1350.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) POLITICAL FUNCTION EXPENSE		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/24/2010	Payee name CARMEN'S CATERING ..... Payee address; City; State; Zip Code 901 S. CAGE PHARR TX 78577	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL FUNCTION EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/26/2010	Payee name CATHOLIC CHARTIES ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/08/2010	Payee name ALEX CAVAZOS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 457.50
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 10/18
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 01/15/2010	<b>5</b> Payee name ALEX CAVAZOS ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 592.50
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/22/2010	Payee name ALEX CAVAZOS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 645.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/29/2010	Payee name ALEX CAVAZOS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 530.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/12/2010	Payee name CORINA CHAPA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 11/18
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 01/15/2010	<b>5</b> Payee name CITY OF DONNA ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 200.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE DEPOSIT		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/07/2010	Payee name Eloy Garcia ..... Payee address; City; State; Zip Code  P.O. Box 205  Edinburg TX 78540	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/08/2010	Payee name RAMON GARCIA Jr. ..... Payee address; City; State; Zip Code  EDINBURG TX 78539	Amount (\$) 222.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/25/2010	Payee name ESEQUIEL GARCIA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 382.50
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPNESE		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.		<b>1</b> Total pages report: 12/18
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 01/04/2010	<b>5</b> Payee name FELIPE GARCIA ..... <b>6</b> Payee address; City; State; Zip Code 222 W. UNIVERSITY EDINBUR TX 78539	<b>7</b> Amount (\$) 1500.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) SIGN ADVERTISING EXPENSE		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/15/2010	Payee name FELIPE GARCIA ..... Payee address; City; State; Zip Code 222 W. UNIVERSITY EDINBUR TX 78539	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/29/2010	Payee name LETTY GARCIA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 60.00
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE REIMBURSEMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/15/2010	Payee name GRAPHIX XPRESS ..... Payee address; City; State; Zip Code 308 N. CLOSNER STE. B EDINBURG TX 78539	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE SHIRTS		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 13/18
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 01/15/2010	<b>5</b> Payee name MOISES HERNANDEZ ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 181.50
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) SIGN REPAIRS		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/22/2010	Payee name HOME DEPOT ..... Payee address; City; State; Zip Code  TX	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) DONATION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/08/2010	Payee name CAMILO IBARRA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 256.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/15/2010	Payee name CAMILO IBARRA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 384.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 14/18
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 01/22/2010	<b>5</b> Payee name CAMILO IBARRA ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 320.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/29/2010	Payee name CAMILO IBARRA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 320.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/19/2010	Payee name RUBEN JUAREZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/13/2010	Payee name MB GRAPHICS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 200.26
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 15/18
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 01/15/2010	<b>5</b> Payee name MIGUEL CARRERA ..... <b>6</b> Payee address; City; State; Zip Code 2627 MCORMACK EDINBURG TX 78539	<b>7</b> Amount (\$) 1500.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) PROFESSIONAL SERVICES		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/07/2010	Payee name MIKE SINDER ..... Payee address; City; State; Zip Code 6521 N. 10TH STE A MCALLEN TX 78501	Amount (\$) 11580.00
Purpose of expenditure (See instructions regarding type of information required.) PROFESSIONAL SERVICES-ADVERTISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/15/2010	Payee name MIKE SINDER ..... Payee address; City; State; Zip Code 6521 N. 10TH STE A MCALLEN TX 78501	Amount (\$) 722.63
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE-BUMPER STICKERS & PU - SH CARDS		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/15/2010	Payee name AURORA MOLINA ..... Payee address; City; State; Zip Code P.O. BOX 956 ELSA TX 78543	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 16/18
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 01/25/2010	<b>5</b> Payee name ANDRES MORALES ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 301.50
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/04/2010	Payee name PROMTIONAL CONCEPTS ..... Payee address; City; State; Zip Code 3400 N. MCCOLL RD MCALLEN TX 78501	Amount (\$) 83.35
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/25/2010	Payee name MANUEL RAMIREZ ..... Payee address; City; State; Zip Code  EDINBURG TX 78539	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/15/2010	Payee name RENAISSANCE MEDICAL FOUNDATION ..... Payee address; City; State; Zip Code  TX	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		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.		<b>1</b> Total pages report: 17/18
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 01/08/2010	<b>5</b> Payee name RIO GRANDE VALLEY PAGEANT ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 200.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN ADVERTISING		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/12/2010	Payee name MARIO SALINAS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) DONATION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/25/2010	Payee name MARTHA SANCHEZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 144.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/25/2010	Payee name Roxanne Sanchez ..... Payee address; City; State; Zip Code 2005 N. DUNLAP Mission TX 78572	Amount (\$) 181.50
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		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: 18/18
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 01/13/2010	5 Payee name TEXAS CITRUS FIESTA ..... 6 Payee address; City; State; Zip Code  TX	7 Amount (\$) 250.00
8 Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/29/2010	Payee name TEXAS CITRUS FIESTA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 400.00
Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/25/2010	Payee name TEXAS DEMOCRATIC PARTY ..... Payee address; City; State; Zip Code  TX	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/25/2010	Payee name BELINDA TIJERINA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 139.50
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held