

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>	<b>1 ACCOUNT #</b> (Ethics Commission filers) 00000000	<b>2 Total pages this report:</b>  1/45
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<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%"> <tr> <td>TITLE</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td>Ramon</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Garcia</td> <td></td> </tr> </table>	TITLE	FIRST	MI		Ramon		NICKNAME	LAST	SUFFIX		Garcia		<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged
TITLE	FIRST	MI												
	Ramon													
NICKNAME	LAST	SUFFIX												
	Garcia													

<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%"> <tr> <td>ADDRESS / PO BOX;</td> <td>APT / SUITE #;</td> <td>CITY;</td> <td>STATE;</td> <td>ZIP CODE</td> </tr> <tr> <td>222 W. UNIVERSITY DRIVE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Edinburg TX 78539</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	222 W. UNIVERSITY DRIVE					Edinburg TX 78539				
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE												
222 W. UNIVERSITY DRIVE																
Edinburg TX 78539																

<b>5 CAMPAIGN TREASURER NAME</b>	<table style="width:100%"> <tr> <td>TITLE</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td></td> <td>ISMAEL</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>RODRIGUEZ</td> <td></td> </tr> </table>	TITLE	FIRST	MI		ISMAEL		NICKNAME	LAST	SUFFIX		RODRIGUEZ		2010 FEB 22 4:38 PM Ben Rodriguez
TITLE	FIRST	MI												
	ISMAEL													
NICKNAME	LAST	SUFFIX												
	RODRIGUEZ													

<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	<table style="width:100%"> <tr> <td>STREET ADDRESS (NO PO BOX PLEASE);</td> <td>APT / SUITE #;</td> <td>CITY;</td> <td>STATE;</td> <td>ZIP CODE</td> </tr> <tr> <td>1111 N. YUCCA</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MCALLEN TX 78504</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1111 N. YUCCA					MCALLEN TX 78504				
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE												
1111 N. YUCCA																
MCALLEN TX 78504																

<b>7 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%"> <tr> <td>AREA CODE</td> <td>PHONE NUMBER</td> <td>EXTENSION</td> </tr> <tr> <td>(956)</td> <td>537-6900</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(956)	537-6900	
AREA CODE	PHONE NUMBER	EXTENSION					
(956)	537-6900						

<b>8 REPORT TYPE</b>	<table style="width:100%"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)						

<b>9 PERIOD COVERED</b>	<table style="width:100%"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>THROUGH</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td>01/22/</td> <td>2010</td> <td></td> <td></td> <td>02/20/</td> <td>2010</td> </tr> </table>	Month	Day	Year	THROUGH	Month	Day	Year		01/22/	2010			02/20/	2010
Month	Day	Year	THROUGH	Month	Day	Year									
	01/22/	2010			02/20/	2010									

<b>10 ELECTION</b>	<table style="width:100%"> <tr> <td>ELECTION DATE</td> <td>ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary                             <input type="checkbox"/> Runoff                             <input type="checkbox"/> General                             <input type="checkbox"/> Special                         </td> </tr> <tr> <td>03/02/2010</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	03/02/2010		
ELECTION DATE	ELECTION TYPE							
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special							
03/02/2010								

<b>11 OFFICE</b> OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> Other -- COUNTY JUDGE
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<b>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	<p>.. 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. ..</p> Name  Address/PO Box; Apt. / Suite #; City; State; Zip Code
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**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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 36300.00

EXPENDITURE TOTALS

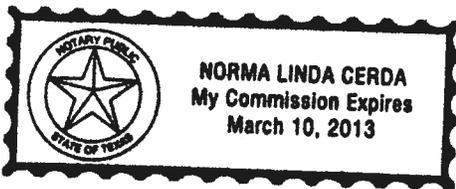
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 90.00

4. TOTAL POLITICAL EXPENDITURES \$ 164640.00

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$100,000.00

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 22nd 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 Public  
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.		<b>1</b> Total pages this report: 3/45	
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000	
<b>4</b> Date  02/03/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAMAR BAER  ..... <b>6</b> Contributor address; City; State; Zip Code 3303 KESSLER  WICHITA FALLS TX 76309	<b>7</b> Amount of contribution (\$)  100.00	<b>8</b> In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
Date  02/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JASON BAILEY  ..... Contributor address; City; State; Zip Code 4428 LAFAYETTE ST.  BELLAIRE TX 77401	Amount of contribution (\$)  200.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) E. BANDA  ..... Contributor address; City; State; Zip Code 802 GREEN HILLS RD  DUNCANVILLE TX 75137	Amount of contribution (\$)  200.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOHN T. BANKS  ..... Contributor address; City; State; Zip Code 3306 TREDSoft CV  AUSTIN TX 78748	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  02/03/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TAB BEALL  ..... Contributor address; City; State; Zip Code P.O. BOX 1513  TYLER TX 75710	Amount of contribution (\$)  500.00	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: 4/45		
2 FILER NAME Ramon Garcia			3 ACCOUNT # (Ethics Commission filers) 00000000		
4 Date 02/02/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LARRY BRANDON	6 Contributor address; City; State; Zip Code P.O. BOX 9132 AMARILLO TX 79105	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) KEVIN BRENNEN	Contributor address; City; State; Zip Code 6708 STONEHAM AMARILLO TX 79109	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Principal occupation (Optional)			Employer (Optional)		
Date 02/03/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAMES O. COLLINS	Contributor address; City; State; Zip Code P.O. BOX 817 LUBBOCK TX 79408	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Principal occupation (Optional)			Employer (Optional)		
Date 02/03/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DAVID S. CRAWFORD	Contributor address; City; State; Zip Code 6700 OAK HILL DR FORT WORTH TX 76132	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Principal occupation (Optional)			Employer (Optional)		
Date 02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) D'LAYNE PEEPLES ATTORNEY AT LAW	Contributor address; City; State; Zip Code P.O. BOX 533 CANYON TX 79015	Amount of contribution (\$) 100.00	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.			<b>1</b> Total pages this report: 5/45	
<b>2</b> FILER NAME Ramon Garcia			<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000	
<b>4</b> Date  02/06/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DANIEL DILLARD ..... <b>6</b> Contributor address; City; State; Zip Code BOX 4213 HIDALGO TX 78557	<b>7</b> Amount of contribution (\$)  2000.00	<b>8</b> In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)		
Date  01/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David O. Rogers, Jr. ..... Contributor address; City; State; Zip Code P.O. Box 1077 Edinburg TX 78540-1070	Amount of contribution (\$)  3000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		
Date  02/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) R. GREGORY EAST ..... Contributor address; City; State; Zip Code 2811 SANDPIPER ST. HUMBLE TX 77396	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		
Date  02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TONY ELLISON ..... Contributor address; City; State; Zip Code 4608 87TH ST. LUBBOCK TX 79424	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		
Date  02/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOHN DAVID FRANZ ..... Contributor address; City; State; Zip Code 400 N. MCCOLL RD. STE.B MCALLEN TX 78501	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: 6/45	
2 FILER NAME Ramon Garcia			3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 02/04/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SERGIO E. GARCIA	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
6 Contributor address; City; State; Zip Code 5906 DOWN VALLEY CT AUSTIN TX 78731				
9 Principal occupation (Optional)		10 Employer (Optional)		
Date 02/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DAVID H. GRIFFIN	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code 117 HUCKS HIDEAWAY DRIPPING SPRINGS TX 78620				
Principal occupation (Optional)		Employer (Optional)		
Date 02/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) XAVIER E. GUERRA	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code 4201 SAN ROMAN MISSION TX 78572				
Principal occupation (Optional)		Employer (Optional)		
Date 02/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ARMANDO HERNANDEZ	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code 512 PALO BLANCO MISSION TX 78572				
Principal occupation (Optional)		Employer (Optional)		
Date 02/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DAVID HUDSON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code P.O. BOX 8411 TYLER TX 75711				
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: 7/45	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 02/03/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) YOLANDA M. HUMPHREY ..... 6 Contributor address; City; State; Zip Code 2803 SCOTTSDALE PALMS DR. MISSOURI CITY TX 77459	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAW OFFICE OF JAMES P. GRISSOM ..... Contributor address; City; State; Zip Code 10113 N. 10TH ST. EDINBURG TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) E. STEPEHN LEE ..... Contributor address; City; State; Zip Code 2404 THORNTON RD AUSTIN TX 78704	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 02/03/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HAROLD LEREW ..... Contributor address; City; State; Zip Code P.O. BOX 1841 WICHITA FALLS TX 76307	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 02/03/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOSEPH T. LONGORIA ..... Contributor address; City; State; Zip Code 1103 ALEXANDER HOUSTON TX 77008	Amount of contribution (\$) 200.00	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: 8/45	
2 FILER NAME Ramon Garcia			3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 02/03/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LUPE ENRIQUEZ LTD	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
6 Contributor address; City; State; Zip Code P.O. BOX 2999 EDINBURG TX 78539				
9 Principal occupation (Optional)		10 Employer (Optional)		
Date 01/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. MICHAEL V. MCCARTHY	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code 7404 N. 31ST MCALLEN TX 78504				
Principal occupation (Optional)		Employer (Optional)		
Date 02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GREGG M. MCLAUGHLIN	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code 4319 VINE RDGE CT. ARLINGTON TX 76017				
Principal occupation (Optional)		Employer (Optional)		
Date 02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RODRIC BRUCE MEDLEY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code 4025 WOODLAND PARK BLVD ARLINGTON TX 76013				
Principal occupation (Optional)		Employer (Optional)		
Date 02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. MONTE MONROE	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION	
Contributor address; City; State; Zip Code 4514 16TH ST. LUBBOCK TX 79416				
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: 9/45	
2 FILER NAME Ramon Garcia			3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date  02/03/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT A. MOTT ..... 6 Contributor address; City; State; Zip Code  TX	7 Amount of contribution (\$)  500.00	8 In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
9 Principal occupation (Optional)		10 Employer (Optional)		
Date  01/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SAUL & KELLY L. ORTEGA ..... Contributor address; City; State; Zip Code 1220 CASTILLE CT. EDINBURG TX 78539	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		
Date  02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) S. ALEJANDRO PALACIOS ..... Contributor address; City; State; Zip Code 4009 FIR AVE. MCALLEN TX 78501	Amount of contribution (\$)  200.00	In-kind contribution description (if applicable)  POLITICAL CONTRIBU - TION	
Principal occupation (Optional)		Employer (Optional)		
Date  02/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PERDUE BRANDON FIELDER COLLINS & MOTT LLP ..... Contributor address; City; State; Zip Code 400 N. MCCOLL STE. A MCALLEN TX 78501	Amount of contribution (\$)  4500.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		
Date  01/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BRENDA M. RODRIGUEZ ..... Contributor address; City; State; Zip Code 8108 N. CYNTHIA ST. MCALLEN TX 78501	Amount of contribution (\$)  2500.00	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.		<b>1</b> Total pages this report: 10/45	
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000	
<b>4</b> Date  02/04/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DONALD B. ROSEMAN ..... <b>6</b> Contributor address; City; State; Zip Code 701 KUHLMAN RD HOUSTON TX 77024	<b>7</b> Amount of contribution (\$)  500.00	<b>8</b> In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
Date  02/03/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CARL O. SANDIN ..... Contributor address; City; State; Zip Code 545 STUDEWOOD DR. HOUSTON TX 77007	Amount of contribution (\$)  200.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  02/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MICHAEL SIWIERKA ..... Contributor address; City; State; Zip Code 1235 N. LOOP W. STE. 600 HOUSTON TX 77002	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  02/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAVIER SOLIS ..... Contributor address; City; State; Zip Code  TX	Amount of contribution (\$)  2000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  02/03/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) OWEN MARK SONIK ..... Contributor address; City; State; Zip Code 106 WHIPPLE DR. BELLAIRE TX 77401	Amount of contribution (\$)  200.00	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: 11/45	
2 FILER NAME Ramon Garcia			3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date  02/02/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) B. LYNN STAVINOHA ..... 6 Contributor address; City; State; Zip Code 4918 BRIDGEWATER  ARLINGTON TX 76017	7 Amount of contribution (\$)  500.00	8 In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
9 Principal occupation (Optional)		10 Employer (Optional)		
Date  01/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THE HOSPITALIST GROUP LP ..... Contributor address; City; State; Zip Code P.O. BOX 2404  MISSION TX 78572	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		
Date  02/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THOMAS & WAN LLP ..... Contributor address; City; State; Zip Code 909B WEST MAIN  HOUSTON TX 77006	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		
Date  02/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) USA MEX GROUP ..... Contributor address; City; State; Zip Code  TX	Amount of contribution (\$)  3000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION	
Principal occupation (Optional)		Employer (Optional)		
Date  02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TERRY ANN WHITE ..... Contributor address; City; State; Zip Code 3517 KENSINGTON  AMARILLO TX 79121	Amount of contribution (\$)  250.00	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.		<b>1</b> Total pages report: 13/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/17/2010	<b>5</b> Payee name CRESENCIO ALANIZ ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 500.00
<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 02/15/2010	Payee name MARTHA ALANIZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 600.00
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 02/10/2010	Payee name ROSEMARY ALEJANDRO ..... Payee address; City; State; Zip Code  EDINBURG TX 78539	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 02/18/2010	Payee name EFREN BARAJAS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1000.00
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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 14/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/10/2010	<b>5</b> Payee name BEE DACO CIVIC CLUB ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 3000.00
<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 02/09/2010	Payee name DORA C. BENAVIDES ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1500.00
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 02/09/2010	Payee name JOEL BENAVIDES ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1500.00
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 02/12/2010	Payee name NYDIA BENAVIDES ..... Payee address; City; State; Zip Code  SULLIVAN TX	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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 15/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/15/2010	<b>5</b> Payee name JESSE CANTU ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 1000.00
<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 02/11/2010	Payee name MARICHU CANTU ..... Payee address; City; State; Zip Code  SAN JUAN TX	Amount (\$) 350.00
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 02/15/2010	Payee name NORMA CANTU ..... Payee address; City; State; Zip Code  TX	Amount (\$) 180.00
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 02/10/2010	Payee name CLARA CASAS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 750.00
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**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 16/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/08/2010	<b>5</b> Payee name RAY CASTANEDA ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 400.00
<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 02/08/2010	Payee name AL CASTILLO ..... Payee address; City; State; Zip Code  TX	Amount (\$) 250.00
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 02/12/2010	Payee name GENARO CASTILLO ..... Payee address; City; State; Zip Code  TX	Amount (\$) 700.00
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 02/19/2010	Payee name CELINA CASTRO ..... 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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 17/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/05/2010	<b>5</b> Payee name ALEX CAVAZOS ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 345.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSES		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/18/2010	Payee name ALEX CAVAZOS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 665.00
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 02/12/2010	Payee name MARTIN CAVAZOS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1050.00
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 02/19/2010	Payee name MIKE CEJA ..... Payee address; City; State; Zip Code  TX	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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 18/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/19/2010	<b>5</b> Payee name RICHARD CHAVEZ ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 250.00
<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 02/15/2010	Payee name OFELIA CISNEROS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 99.00
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 02/15/2010	Payee name JUAN COBARUBIAS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 600.00
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 02/17/2010	Payee name JUAN COBARUBIAS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 625.00
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: 19/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/08/2010	<b>5</b> Payee name COPY ZONE ..... <b>6</b> Payee address; City; State; Zip Code  MCALLEN TX 78501	<b>7</b> Amount (\$) 1386.08
<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 02/10/2010	Payee name Trinidad Casas ..... Payee address; City; State; Zip Code  107 W. Carol & Cesar Chavez  San Juan	Amount (\$) 125.00
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 02/19/2010	Payee name SERGIO DE ANDA ..... Payee address; City; State; Zip Code  TX	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
Date 02/11/2010	Payee name DAVID DE LOS RIOS ..... Payee address; City; State; Zip Code  DONNA TX 78537	Amount (\$) 3000.00
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: 20/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/16/2010	<b>5</b> Payee name GRACIELA DELGADO ..... <b>6</b> Payee address; City; State; Zip Code  EDINBURG TX 78539	<b>7</b> Amount (\$) 300.00
<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 02/08/2010	Payee name CLAUDIA ESQUIVEL ..... Payee address; City; State; Zip Code  TX	Amount (\$) 700.00
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 02/15/2010	Payee name EXCLUSIVE ..... Payee address; City; State; Zip Code  MISSION TX 78572	Amount (\$) 965.59
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 02/15/2010	Payee name LEE ROY GARCIA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 150.00
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: 21/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/17/2010	<b>5</b> Payee name LUPITA GARCIA ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 500.00
<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 02/06/2010	Payee name RAMON GARCIA Jr. ..... Payee address; City; State; Zip Code  EDINBURG TX 78539	Amount (\$) 3000.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LOAN PAYMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/09/2010	Payee name RAMON GARCIA Jr. ..... Payee address; City; State; Zip Code  EDINBURG TX 78539	Amount (\$) 3000.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LOAN PAYMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/12/2010	Payee name RAMON GARCIA Jr. ..... Payee address; City; State; Zip Code  EDINBURG TX 78539	Amount (\$) 3000.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LOAN PAYMENT		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: 22/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/16/2010	<b>5</b> Payee name RAMON GARCIA Jr. ..... <b>6</b> Payee address; City; State; Zip Code  EDINBURG TX 78539	<b>7</b> Amount (\$) 3000.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LOAN PAYMENT		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/09/2010	Payee name AMANDA GARCIA ..... Payee address; City; State; Zip Code  ALAMO TX 78516	Amount (\$) 475.00
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 02/01/2010	Payee name ESEQUIEL GARCIA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 178.57
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 02/01/2010	Payee name ESEQUIEL GARCIA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 443.25
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.		<b>1</b> Total pages report: 23/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/08/2010	<b>5</b> Payee name ESEQUIEL GARCIA ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 378.00
<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 02/08/2010	Payee name ESEQUIEL GARCIA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 250.00
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 02/15/2010	Payee name ESEQUIEL GARCIA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 400.50
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
Date 02/15/2010	Payee name ESEQUIEL GARCIA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 395.17
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.		<b>1</b> Total pages report: 24/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/08/2010	<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 (\$) 500.00
<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 02/08/2010	Payee name CAROLINA GARZA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 200.25
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 02/15/2010	Payee name CAROLINA GARZA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 193.50
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
Date 02/19/2010	Payee name NORMA GARZA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1050.00
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**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 25/45
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 02/17/2010	5 Payee name AURORA GAZA ..... 6 Payee address; City; State; Zip Code  TX	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/08/2010	Payee name DALIA GONZALEZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 125.00
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 02/09/2010	Payee name GRAPHIX XPRESS ..... Payee address; City; State; Zip Code 308 N. CLOSNER STE. B EDINBURG TX 78539	Amount (\$) 375.00
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 02/08/2010	Payee name ROBERT GUAJARDO ..... Payee address; City; State; Zip Code  MERCEDES TX	Amount (\$) 125.00
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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 26/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/10/2010	<b>5</b> Payee name ROSALINDA GUERRERA ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 375.00
<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 02/19/2010	Payee name ROY GUTIERREZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 250.00
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 02/09/2010	Payee name Hermila Garcia ..... Payee address; City; State; Zip Code  P.O. Box 1059 Pharr TX 78577	Amount (\$) 750.00
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 02/15/2010	Payee name Lucia Gonzalez ..... Payee address; City; State; Zip Code  1014 N. 4th Edinburg TX 78539	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

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 27/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/05/2010	<b>5</b> Payee name CAMILO IBARRA ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 192.00
<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 02/18/2010	Payee name CAMILO IBARRA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 420.00
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 02/17/2010	Payee name DELIA JACKSON ..... 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 02/15/2010	Payee name YOLANDA JASSO ..... Payee address; City; State; Zip Code  EDINBURG TX 78539	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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 28/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/01/2010	<b>5</b> Payee name JENNIFER RUIZ ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 243.85
<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 02/02/2010	Payee name JENNIFER RUIZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSES		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/15/2010	Payee name JENNIFER RUIZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1067.90
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 02/19/2010	Payee name HENRY JIMENEZ ..... Payee address; City; State; Zip Code  TX	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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 29/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/16/2010	<b>5</b> Payee name JOHNSTON CAMPAIGNS ..... <b>6</b> Payee address; City; State; Zip Code 1415 SOUTH VOSS #217 HOUSTON TX 77057	<b>7</b> Amount (\$) 6990.79
<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 02/08/2010	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 02/12/2010	Payee name ESMERALDA LARA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1000.00
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 02/19/2010	Payee name JOSE LARA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 250.00
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: 30/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/10/2010	<b>5</b> Payee name SAMANTHA LUNA ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 700.00
<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 02/15/2010	Payee name Lisa Garcia ..... Payee address; City; State; Zip Code  1210 W. Jonquill  McAllen TX 78501	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 02/12/2010	Payee name Domingo Lopez ..... Payee address; City; State; Zip Code  120 Sandra St.  San Juan TX 78589	Amount (\$) 750.00
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 02/08/2010	Payee name MARCOS OCHOA CAMPAIGN ..... Payee address; City; State; Zip Code  TX	Amount (\$) 3000.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION		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: 31/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/12/2010	<b>5</b> Payee name MB GRAPHICS ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 671.15
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE PUSH CARDS		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/17/2010	Payee name CIPRIANO MENDOZA ..... 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 02/15/2010	Payee name IRENE MERCADO ..... 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 02/01/2010	Payee name MIGUEL CARRERA ..... Payee address; City; State; Zip Code 2627 MCORMACK EDINBURG TX 78539	Amount (\$) 334.32
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.		<b>1</b> Total pages report: 32/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/10/2010	<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 (\$) 1600.00
<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 02/08/2010	Payee name MIKE SINDER ..... Payee address; City; State; Zip Code 6521 N. 10TH STE A  MCALLEN TX 78501	Amount (\$) 80000.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN COMMERCIAL ADVERTISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/17/2010	Payee name MISSION BOYS & GIRLS CLUB ..... Payee address; City; State; Zip Code  MISSION TX 78572	Amount (\$) 375.00
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 02/17/2010	Payee name JACKIE MONTELONGO ..... 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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 33/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/01/2010	<b>5</b> Payee name ANDRES MORALES ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 324.00
<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 02/08/2010	Payee name ANDRES MORALES ..... Payee address; City; State; Zip Code  TX	Amount (\$) 290.25
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 02/15/2010	Payee name ANDRES MORALES ..... Payee address; City; State; Zip Code  TX	Amount (\$) 272.25
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 02/10/2010	Payee name ESTELLA MORENO ..... Payee address; City; State; Zip Code  TX	Amount (\$) 375.00
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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 34/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/11/2010	<b>5</b> Payee name PILAR MORENO ..... <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 EXPENSE		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/09/2010	Payee name CARIDAD MURILLO ..... Payee address; City; State; Zip Code  SAN JUAN TX 78589	Amount (\$) 750.00
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 02/15/2010	Payee name ALICIA NAVEJAS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 250.00
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 02/15/2010	Payee name MARIA NEVAREZ ..... 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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 35/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/09/2010	<b>5</b> Payee name NOEMI RODRIGUEZ ..... <b>6</b> Payee address; City; State; Zip Code  ELSA TX	<b>7</b> Amount (\$) 500.00
<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 02/15/2010	Payee name Mary Nervaez ..... Payee address; City; State; Zip Code  Rt. 7 Box 800 Edinburg TX 78539	Amount (\$) 250.00
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 02/12/2010	Payee name Yolanda Nino ..... Payee address; City; State; Zip Code  919 E. Lauret Edinburg TX 78539	Amount (\$) 400.00
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 02/19/2010	Payee name AGUSTIN OLIVAREZ ..... Payee address; City; State; Zip Code  MISSION TX 78572	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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 36/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/11/2010	<b>5</b> Payee name Angela Ojeda ..... <b>6</b> Payee address; City; State; Zip Code 5001 S. 24th McAllen TX 78501	<b>7</b> Amount (\$) 350.00
<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 02/15/2010	Payee name RAUL PALOMIN ..... 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 02/08/2010	Payee name ANDREW PEREZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 250.00
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 02/19/2010	Payee name RICARDO QUINTANILLA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) CANPAIGN 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: 37/45
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 02/16/2010	5 Payee name JUAN MANUEL RAMIREZ ..... 6 Payee address; City; State; Zip Code  EDINBURG TX 78539	7 Amount (\$) 250.00
8 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/16/2010	Payee name LUPITA RAMIREZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 1000.00
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 02/17/2010	Payee name LUPITA RAMIREZ ..... 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 02/15/2010	Payee name LETTY RAMOS ..... 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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 38/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/11/2010	<b>5</b> Payee name RAUL RAMOS ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 1000.00
<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 02/15/2010	Payee name RENE RODRIGUEZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 100.00
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 02/08/2010	Payee name Angie Ramirez ..... Payee address; City; State; Zip Code 1001 Rio Balsas Mission TX 78572	Amount (\$) 620.78
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 02/15/2010	Payee name Angie Ramirez ..... Payee address; City; State; Zip Code 1001 Rio Balsas Mission TX 78572	Amount (\$) 621.80
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: 39/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/12/2010	<b>5</b> Payee name Erica Rodriguez ..... <b>6</b> Payee address; City; State; Zip Code Rt 6,Bx 282-10 mile Weslaco TX 78596	<b>7</b> Amount (\$) 2000.00
<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 02/18/2010	Payee name Erica Rodriguez ..... Payee address; City; State; Zip Code Rt 6,Bx 282-10 mile Weslaco TX 78596	Amount (\$) 1460.00
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 02/18/2010	Payee name Erica Rodriguez ..... Payee address; City; State; Zip Code Rt 6,Bx 282-10 mile Weslaco TX 78596	Amount (\$) 1400.00
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 02/01/2010	Payee name MARTHA SANCHEZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 155.25
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.		<b>1</b> Total pages report: 40/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/08/2010	<b>5</b> Payee name MARTHA SANCHEZ ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 175.50
<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 02/15/2010	Payee name MARTHA SANCHEZ ..... Payee address; City; State; Zip Code  TX	Amount (\$) 126.00
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 02/17/2010	Payee name MARGARITA SANDOVAL ..... 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 02/19/2010	Payee name STEPHANIE SANDOVAL ..... 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

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 41/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/19/2010	<b>5</b> Payee name GEORGE R. SERNA ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 350.00
<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 02/09/2010	Payee name DANIEL SINGLETERRY ..... Payee address; City; State; Zip Code  TX	Amount (\$) 100.00
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 02/18/2010	Payee name DANIEL SINGLETERRY ..... Payee address; City; State; Zip Code  TX	Amount (\$) 100.00
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 02/01/2010	Payee name Roxanne Sanchez ..... Payee address; City; State; Zip Code 2005 N. DUNLAP Mission TX 78572	Amount (\$) 82.50
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

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 42/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/08/2010	<b>5</b> Payee name Roxanne Sanchez ..... <b>6</b> Payee address; City; State; Zip Code 2005 N. DUNLAP  Mission TX 78572	<b>7</b> Amount (\$) 104.50
<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 02/15/2010	Payee name Roxanne Sanchez ..... Payee address; City; State; Zip Code 2005 N. DUNLAP  Mission TX 78572	Amount (\$) 85.25
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 02/19/2010	Payee name JULIE TALLABAS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 850.00
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 02/12/2010	Payee name TEJANO DEMOCRATIC FUND ..... Payee address; City; State; Zip Code  TX	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN 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: 43/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/01/2010	<b>5</b> Payee name THE BALLOT INC ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 300.00
<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 02/01/2010	Payee name BELINDA TIJERINA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 189.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSES		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/08/2010	Payee name BELINDA TIJERINA ..... Payee address; City; State; Zip Code  TX	Amount (\$) 108.00
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 02/18/2010	Payee name BELINDA TORRES ..... Payee address; City; State; Zip Code  PHARR TX 78577	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

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 44/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/15/2010	<b>5</b> Payee name MARIBEL TORRES ..... <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 EXPENSE		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/19/2010	Payee name ROSA TORRES ..... Payee address; City; State; Zip Code  ALAMO TX 78516	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
Date 02/05/2010	Payee name The Advance ..... Payee address; City; State; Zip Code  1101 N. Cage Pharr TX 78577	Amount (\$) 360.00
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 02/15/2010	Payee name ESTELLA VARGAS ..... Payee address; City; State; Zip Code  TX	Amount (\$) 100.00
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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 45/45
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 02/15/2010	<b>5</b> Payee name CANDE VILLARREAL ..... <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 EXPENSE		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/19/2010	Payee name IRMA VILLARREAL ..... Payee address; City; State; Zip Code  TX	Amount (\$) 150.00
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