

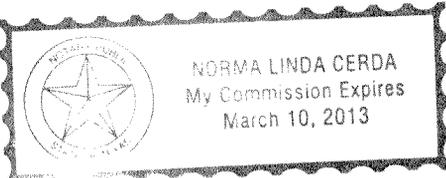
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 1/33
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	Ramon		
4 CANDIDATE / OFFICEHOLDER ADDRESS	NICKNAME	LAST	SUFFIX
	Garcia		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NORMA LINDA		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	222 W. UNIVERSITY DRIVE Edinburg TX 78539		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	() -		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
07/01/2010		THROUGH	12/31/2010
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<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	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Ramon Garcia		15 ACCOUNT # (Ethics Commission filers) 00000000		
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. 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. ..			
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____		
	17 NO REPORTABLE ACTIVITY <input type="checkbox"/> 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
	EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	128350.00
OUTSTANDING LOAN TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	302.15	
	4. TOTAL POLITICAL EXPENDITURES	\$	100043.62	
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	155,000.00	
19 AFFIDAVIT <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;">  </div> <div style="width: 65%;"> <p>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.</p> <p style="text-align: center;"><u><i>Ramon Garcia</i></u> Signature of Candidate or Officeholder</p> </div> </div> <p>Sworn to and subscribed before me, by the said Ramon Garcia. This the 17th day of January, 2011 to certify which, witness my had and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p><u><i>[Signature]</i></u> Signature of officer administering oath</p> </div> <div style="width: 30%;"> <p><u>Norma L Cerda</u> Printed Name of Officer administering oath</p> </div> <div style="width: 30%;"> <p><u><i>[Signature]</i></u> Title of officer administering oath</p> </div> </div>				

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: 3/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/05/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) A-FAST BAILBONDS 6 Contributor address; City; State; Zip Code 710 E. EL CIBOLO RD. EDINBURG TX 78539	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) OSCAR R. AGUIRRE Contributor address; City; State; Zip Code 7502 FOSTER CREEK DR. RICHMOND TX 77406	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) AJAIMIE LLP Contributor address; City; State; Zip Code 711 LOUISIANA STE. 2150 HOUSTON TX 77002	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 08/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ATLAS & HALL LLP Contributor address; City; State; Zip Code P.O. DRAWER 3725 MCALLEN TX 78502	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. JERRY BELL Contributor address; City; State; Zip Code 820 NORTH 23RD ST. PENITAS TX 78576	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: 4/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/04/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BORDER HEALTH PAC 6 Contributor address; City; State; Zip Code 300 LINDBERG MCALLEN TX 78501	7 Amount of contribution (\$) 25000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) E. BRENT BOTTOM Contributor address; City; State; Zip Code 4424 S. MCCOLL EDINBURG TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DENNIS A. BURLESON Contributor address; City; State; Zip Code 1504 DONS DR. MISSION TX 78572	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ANA L. AND RICARDO CANALES Contributor address; City; State; Zip Code 621 MCKEE EDINBURG TX 78539	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) IDALIA P. CANALES Contributor address; City; State; Zip Code RT. 12 BOX 1550 EDINBURG TX 78539	Amount of contribution (\$) 5000.00	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: 5/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/03/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) FRED CAPPADONA Jr. 6 Contributor address; City; State; Zip Code DRAWER KK PHARR TX 78577	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) AUGUSTO A. CASTRILLON Contributor address; City; State; Zip Code 2805 SANTA ESPERAZA MISSION TX 78572	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RICARDO G. CEDILLO Contributor address; City; State; Zip Code 755 E. MULBERRY AVE STE 500 SAN ANTONIO TX 78212	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CHICO'S AUTO SALES Contributor address; City; State; Zip Code 608 N. HUTTO RD DONNA TX 78537	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DIGITAL OFFICE SYSTEMS Contributor address; City; State; Zip Code 4800 W. EXPRESSWAY 83 MCALLEN TX 78501	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: 6/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/07/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DR. AARON GUERRA 6 Contributor address; City; State; Zip Code 5000 N. 23RD STE. G MCALLEN TX 78501	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dale & Klein LLP Contributor address; City; State; Zip Code 6301 N. 10th McAllen TX 78504	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2010	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 (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ESPINOSA LAW FIRM Contributor address; City; State; Zip Code 3419 E. ALBERTA EDINBURG TX 78539	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIBUT - ION
Principal occupation (Optional)		Employer (Optional)	
Date 10/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAMIE ESSEX Contributor address; City; State; Zip Code 3717 FM 1136 ORANGE TX 77632	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: 7/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/14/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MICHAEL D. EVANS 6 Contributor address; City; State; Zip Code 110 RIO GRANDE DR. MISSION TX 78572	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) FIDENCIO FLORES Jr. Contributor address; City; State; Zip Code 1312 NIGHTINGALE AVE MCALLEN TX 78501	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/08/2010	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 (\$) 5000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/12/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) FRED REGALDADO BAIL BONDS Contributor address; City; State; Zip Code P.O. BOX 5217 MCALLEN TX 78501	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jacob Fuller Contributor address; City; State; Zip Code 1408 Quail Street McAllen TX 78504	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: 8/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/14/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) G & A INVESTMENTS 6 Contributor address; City; State; Zip Code 16360 PARK TEN PL STE. 230 HOUSTON TX 77084	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) G & S Auto Glass / Gustavo Casas Contributor address; City; State; Zip Code 616 N. Closner Edinburg TX 78539	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) M.R. GARCIA Jr. Contributor address; City; State; Zip Code TX	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MARSHA GREEN GARZA Contributor address; City; State; Zip Code 2820 W. CANTON RD. EDINBURG TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GONZALEZ PALACIOS,LLP Contributor address; City; State; Zip Code 1317 E. QUEBEC AVE MCALLEN TX 78503	Amount of contribution (\$) 1500.00	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: 9/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/29/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HIDALGO PARKING LOT 6 Contributor address; City; State; Zip Code P.O. BOX 663 HIDALGO TX 78577	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAMES D. DANNENBAUM Contributor address; City; State; Zip Code 3100 W. ALABAMA ST. HOUSTON TX 77098	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOE LAMANTIA Jr. Contributor address; City; State; Zip Code 3900 N. MCCOLL RD MCALLEN TX 78501	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAN-PAC Contributor address; City; State; Zip Code 2925 BRAIRPARK DR. FL4 HOUSTON TX 77042	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/29/2010	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 (\$) 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.		1 Total pages this report: 10/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/06/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAW OFFICES E. OMAR MALDONADO 6 Contributor address; City; State; Zip Code 4308 N. MCCOLL RD MCALLEN TX 78501	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/09/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LEWIS,MONROE & PENA ATTORNEYS Contributor address; City; State; Zip Code 208 W. CANO ST. EDINBURG TX 78539	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LINEBARGER GOGGAN BLAIR & SAMPSON Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN TX 78760	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ARTHUR LOPEZ Contributor address; City; State; Zip Code 8205 N. BAYOU DR. HOUSTON TX 77017	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONSTRI - BUTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ERASMO LOPEZ Contributor address; City; State; Zip Code 2100 W. EXPRESSWAY 83 MERCEDDES TX 78570	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.		1 Total pages this report: 11/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/05/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MAGIC VALLEY CONCRETE 6 Contributor address; City; State; Zip Code 7301 W. EXPRESSWAY 83 MISSION TX 78572	7 Amount of contribution (\$) 1250.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JESELLE A. MATHEWS Contributor address; City; State; Zip Code 1614 LILA BETH LANE MISSION TX 78572	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ML RHODES LTD Contributor address; City; State; Zip Code 2500 S. BENTSEN PALM DR. STE 267B MISSION TX 78572	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JUAN FRANCISCO OCHOA Contributor address; City; State; Zip Code 1006 S. 10TH ST. MCALLEN TX 78501	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PAPPAS & SUCHMA Contributor address; City; State; Zip Code 10375 RICHMOND STE. 1670 HOUSTON TX 77042	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: 12/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/04/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GERRY E. PATE 6 Contributor address; City; State; Zip Code 13333 NORTHWEST FWY STE. 300 HOUSTON TX 77040	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/09/2010	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 (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BETH PETERS Contributor address; City; State; Zip Code 1101 VINE AVE. STE. B1 MCALLEN TX 78501	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOSEPH F. PHILLIPS Contributor address; City; State; Zip Code 1603 WOODS DRIVE MISSION TX 78572	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RAYMOND A. RAHAMAN Contributor address; City; State; Zip Code 12149 ARROYO VERDE LN HOUSTON TX 77041	Amount of contribution (\$) 1500.00	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: 13/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 09/13/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RAMIREZ & GUERRERO LLP 6 Contributor address; City; State; Zip Code 700 N. VERTERANS BLVD SAN JUAN TX 78589	7 Amount of contribution (\$) 2000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT RAMIREZ Jr. Contributor address; City; State; Zip Code P.O. BOX 1266 PHARR TX 78577	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIBU - ITION
Principal occupation (Optional)		Employer (Optional)	
Date 10/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RAMON I. RODRIGUEZ R. MD PA Contributor address; City; State; Zip Code 1200 E. SAVANNAH AVE. STE. 16 MCALLEN TX 78501	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RAY,WOOD & BONILLA Contributor address; City; State; Zip Code P.O. BOX 165001 AUSTIN TX 78716	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - TUION
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RICHARD CORTEZ CAMPAIGN Contributor address; City; State; Zip Code TX	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: 14/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/05/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RIVERA FUNERAL HOME 6 Contributor address; City; State; Zip Code 1813 N. CONWAY MISSION TX 78572	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PAUL R. RODRIGUEZ Contributor address; City; State; Zip Code 4401 S. H ST. MCALLEN TX 78503	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOSEPH R. ROTH Contributor address; City; State; Zip Code 5820 N. CAGE PHARR TX 78572	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JESUS SALINAS Contributor address; City; State; Zip Code 1201 E. EXPRESSWAY 83 MISISON TX 78572	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SHEA LTD Contributor address; City; State; Zip Code 217 CONQUEST BLVD EDINBURG TX 78539	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: 15/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/05/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SLUSHER & ASSOCIATES 6 Contributor address; City; State; Zip Code 4900 N. 10TH ST. STE F3 MCALLEN TX 78501	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THOMAS A. STAUDT Contributor address; City; State; Zip Code 7525 FM 723 RD RICHMON TX 77406	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/01/2010	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 (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THE RAMIREZ LAW FIRM Contributor address; City; State; Zip Code 820 E. HACKBERRY MCALLEN TX 78501	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THE SOLUTIONS GROUP Contributor address; City; State; Zip Code 502 W. 13TH ST. AUSTIN TX 78701	Amount of contribution (\$) 250.00	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: 16/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/06/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THORNTON,SUMMERS,BIECHLIN,DUNHAM & BROWN L.C. 6 Contributor address; City; State; Zip Code 418 E. DOVE MCALLEN TX 78504	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 08/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TORRES,CANTU,ALEISEDA Contributor address; City; State; Zip Code 200 S. 10TH ST. STE 1401 MCALLEN TX 78501	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2010	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 (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) EVA ROSANNA TREVINO Contributor address; City; State; Zip Code 1802 S. INTERNATIONAL BLVD WESLACO TX 78596	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) UPPER VALLEY MATERIALS Contributor address; City; State; Zip Code 7301 W. EXPRESSWAY 83 MISSION TX 78572	Amount of contribution (\$) 1250.00	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: 17/33	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/01/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DAVID VILLARREAL 6 Contributor address; City; State; Zip Code 3310 E. BARRERA ST. MERCEDAS TX 78570	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) WILLETTE & GUERRA L.L.P. Contributor address; City; State; Zip Code 801 NOLANA STE 320A MCALLEN TX 78504	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Walter J. Reyna Contributor address; City; State; Zip Code 301 BLUEBIRD McAllen TX 78504-0693	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional) SELF EMPLOYED		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 18/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 10/29/2010	5 Payee name 1ST BAPTIST CHURCH 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 100.00
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 09/24/2010	Payee name RICK ALVAREZ Payee address; City; State; Zip Code TX	Amount (\$) 200.00
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 12/14/2010	Payee name BOYS & GIRLS CLUBS OF EDINBURG RGV 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
Date 09/17/2010	Payee name CELESTE CANTU Payee address; City; State; Zip Code TX	Amount (\$) 200.00
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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 19/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 11/10/2010	5 Payee name CARMEN'S CATERING 6 Payee address; City; State; Zip Code 901 S. CAGE PHARR TX 78577	7 Amount (\$) 1085.00
8 Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/30/2010	Payee name CARMEN'S CATERING Payee address; City; State; Zip Code 901 S. CAGE PHARR TX 78577	Amount (\$) 1800.00
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 09/29/2010	Payee name CATHOLIC CHARTIES Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) DONATION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/16/2010	Payee name DAVID TORRES CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 300.00
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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 20/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 10/19/2010	5 Payee name DAVID TORRES CAMPAIGN 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 50.00
8 Purpose of expenditure (See instructions regarding type of information required.) DONATION		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/15/2010	Payee name DESIGNS & MORE Payee address; City; State; Zip Code TX	Amount (\$) 120.00
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
Date 08/13/2010	Payee name EDINBURG TYFA Payee address; City; State; Zip Code TX	Amount (\$) 200.00
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 10/20/2010	Payee name ELIAS ENRIQUEZ Payee address; City; State; Zip Code TX	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) RENTAL 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: 21/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 10/29/2010	5 Payee name Easter Seals 6 Payee address; City; State; Zip Code 1217 Houston St McAllen TX 78501	7 Amount (\$) 500.00
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 11/02/2010	Payee name FFA ALUMN I OF MCALLEN ASS Payee address; City; State; Zip Code TX	Amount (\$) 100.00
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 11/11/2010	Payee name FIRST NATIONAL BANK Payee address; City; State; Zip Code 1920 S. CLOSNER EDINBURG TX 78539	Amount (\$) 27590.97
Purpose of expenditure (See instructions regarding type of information required.) LOAN PAYMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/15/2010	Payee name NORMA LINDA FLORES Payee address; City; State; Zip Code 1742 N. ALAMO ALAMO TX 78516	Amount (\$) 100.00
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.		1 Total pages report: 22/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 07/16/2010	5 Payee name Ramon Garcia 6 Payee address; City; State; Zip Code 222 W. UNIVERSITY DRIVE Edinburg TX 78539	7 Amount (\$) 3000.00
8 Purpose of expenditure (See instructions regarding type of information required.) LOAN REIMBURSEMENT PAYMENT		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/05/2010	Payee name Ramon Garcia Payee address; City; State; Zip Code 222 W. UNIVERSITY DRIVE Edinburg TX 78539	Amount (\$) 2000.00
Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT OF LOAN PAYMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/13/2010	Payee name Ramon Garcia Payee address; City; State; Zip Code 222 W. UNIVERSITY DRIVE Edinburg TX 78539	Amount (\$) 5000.00
Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT OF LOAN PAYMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/12/2010	Payee name Ramon Garcia Payee address; City; State; Zip Code 222 W. UNIVERSITY DRIVE Edinburg TX 78539	Amount (\$) 5000.00
Purpose of expenditure (See instructions regarding type of information required.) REIMBURSE FOR LOAN PAYMENT		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: 23/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 10/28/2010	5 Payee name Ramon Garcia 6 Payee address; City; State; Zip Code 222 W. UNIVERSITY DRIVE Edinburg TX 78539	7 Amount (\$) 5000.00
8 Purpose of expenditure (See instructions regarding type of information required.) REIMBURSE FOR LOAN PAYMENT		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/12/2010	Payee name Ramon Garcia Payee address; City; State; Zip Code 222 W. UNIVERSITY DRIVE Edinburg TX 78539	Amount (\$) 5000.00
Purpose of expenditure (See instructions regarding type of information required.) REIMBURSE FOR LOAN PAYMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/24/2010	Payee name Ramon Garcia Payee address; City; State; Zip Code 222 W. UNIVERSITY DRIVE Edinburg TX 78539	Amount (\$) 4000.00
Purpose of expenditure (See instructions regarding type of information required.) REIMBURSE FOR LOAN PAYMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/21/2010	Payee name Ramon Garcia Payee address; City; State; Zip Code 222 W. UNIVERSITY DRIVE Edinburg TX 78539	Amount (\$) 3000.00
Purpose of expenditure (See instructions regarding type of information required.) REIMBURSE FOR LOAN PAYMENT		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: 24/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 12/15/2010	5 Payee name HEB 6 Payee address; City; State; Zip Code 3200 N. 10th McAllen TX 78501	7 Amount (\$) 148.00
8 Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/15/2010	Payee name HOMER JASSO JR. CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 500.00
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
Date 09/09/2010	Payee name JJ GARZA CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN CONTRIBUTION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/07/2010	Payee name JJ GARZA CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 2500.00
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**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 25/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 10/18/2010	5 Payee name JJ GARZA CAMPAIGN 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 5000.00
8 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/01/2010	Payee name JJ GARZA CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 700.00
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
Date 10/18/2010	Payee name JOEL QUINTANILLA CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 1500.00
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
Date 10/18/2010	Payee name JOEL QUINTANILLA CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 500.00
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**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 26/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 09/28/2010	5 Payee name JUDGE MANUEL BANALES CAMPAIGN 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 2000.00
8 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/17/2010	Payee name JUNIOR LEAQUE OF MCALLEN 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
Date 11/08/2010	Payee name LATIN BEAT Payee address; City; State; Zip Code TX	Amount (\$) 500.00
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 12/03/2010	Payee name LATIN BEAT Payee address; City; State; Zip Code TX	Amount (\$) 1800.00
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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 27/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 12/06/2010	5 Payee name LATIN BEAT 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/20/2010	Payee name LINDA YANEZ CAMPAIGN Payee address; City; State; Zip Code 1900 W. UNIVERSITY DRIVE STE. 6 PMB#177 EDINBURG TX 78539	Amount (\$) 1000.00
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
Date 10/26/2010	Payee name MATT CROCKER Payee address; City; State; Zip Code TX	Amount (\$) 230.00
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 11/01/2010	Payee name MAYTE'S EVENTS Payee address; City; State; Zip Code 156 A SOUTH TEXAS BLVD WESLACO TX 78596	Amount (\$) 1005.00
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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 28/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 08/05/2010	5 Payee name MCALLEN CHAMBER OF COMMERCE 6 Payee address; City; State; Zip Code MCALLEN TX 78501	7 Amount (\$) 225.00
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 10/20/2010	Payee name MCALLEN FIRST ASSEMBLY Payee address; City; State; Zip Code TX	Amount (\$) 100.00
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 11/23/2010	Payee name MI GENTE ADULT DAYCARE Payee address; City; State; Zip Code TX	Amount (\$) 150.00
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 10/29/2010	Payee name MISSION JUNIOR SERVICE LEAGUE 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.		1 Total pages report: 29/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 12/30/2010	5 Payee name NORMA'S SPECIALTY CAKES 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 270.00
8 Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/02/2010	Payee name PRINT WORKS Payee address; City; State; Zip Code 2627 MCCORMACK EDINBURG TX 78539	Amount (\$) 1266.53
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
Date 10/29/2010	Payee name PRINT WORKS Payee address; City; State; Zip Code 2627 MCCORMACK EDINBURG TX 78539	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 10/13/2010	Payee name REBECCA MARTINEZ CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 30/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 10/04/2010	5 Payee name RGV BASKETBALL 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 1800.00
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 10/20/2010	Payee name RGV VETS & WOUNDED VETS 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
Date 11/15/2010	Payee name ROMAN D. DELGADO SCHOLARSHIP FUND Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
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 12/17/2010	Payee name SCCC Payee address; City; State; Zip Code TX	Amount (\$) 200.00
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.		1 Total pages report: 31/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 12/21/2010	5 Payee name SOUTH TEXAS COLLEGE 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 100.00
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 09/10/2010	Payee name Tony Saldana Payee address; City; State; Zip Code P.O. Box 1309 Pharr TX 78577	Amount (\$) 200.00
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 12/03/2010	Payee name Sara Vela Payee address; City; State; Zip Code 2001 DUNLAP Mission TX 78572	Amount (\$) 614.96
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 09/21/2010	Payee name GEORGE THATCHER Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 32/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 12/03/2010	5 Payee name GEORGE THATCHER 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 2137.13
8 Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/06/2010	Payee name THE RAINBOW ROOM 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
Date 10/26/2010	Payee name THE SAM WILLIAMS SCHOLARSHIP Payee address; City; State; Zip Code TX	Amount (\$) 500.00
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 11/16/2010	Payee name AMY TIJERINA Payee address; City; State; Zip Code TX	Amount (\$) 225.00
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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 33/33
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 10/18/2010	5 Payee name Tejas Equipment Rent 6 Payee address; City; State; Zip Code 1212 N 23rd St. McAllen TX 78505	7 Amount (\$) 673.88
8 Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/20/2010	Payee name VALLEY PAC Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) POLITCAL CONTRIBUTIONQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/18/2010	Payee name Willie B's Payee address; City; State; Zip Code 114 E. Loeb Edinburg TX 78539	Amount (\$) 900.00
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