

# 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: 1/3
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST Ramon	MI
	NICKNAME	LAST Garcia	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	107 N. 10th Street Edinburg TX 78539		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST Rudy	MI
	NICKNAME	LAST Salinas	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	2300 W. Pike #201 Weslaco TX 78596		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
( 956 ) 968-2108			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	07/01/2007		THROUGH 12/31/2007
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 03/07/2006	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		

**OFFICE USE ONLY**

Date Received

2008 FEB 29 PM 5:36

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

*[Handwritten Signature]*

**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) \$ 0.00

EXPENDITURE TOTALS

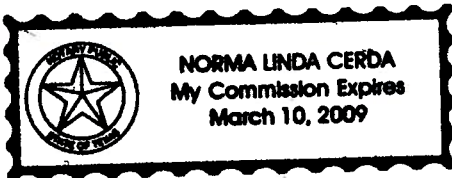
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 7258.08

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 29TH DAY OF FEBRUARY, 2008, TO CERTIFY WHICH, WITNESS MY HAND AND SEAL OF OFFICE.

*[Signature]*  
SIGNATURE OF OFFICER  
ADMINISTERING OATH

*Norma L Cerda* *Notary*  
PRINTED NAME OF OFFICER TITLE OF  
ADMINISTERING OATH OFFICER

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
3/3

**2** FILER NAME  
Ramon Garcia

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

**4** Date  
08/07/2007

**5** Payee name  
LOS LAGOS GOLF CLUB

**7** Amount  
(\$)  
7258.08

**6** Payee address; City; State; Zip Code  
1720 S. RUAL LONGORIA RD.  
EDINBURG TX 78539

**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