

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE</b> explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000000	2 Total pages this report:  1/10	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE	FIRST	MI	<b>OFFICE USE ONLY</b> Date Received <i>Melvin Garcia</i> 2007 AUG - 8 AM 11:30 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST	SUFFIX	
Ramon Garcia				
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	
	107 N. 10th Street Edinburg TX 78539			
<input type="checkbox"/> Change of Address				
<b>5 CAMPAIGN TREASURER NAME</b>	TITLE	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
Rudy Salinas				
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE	
	2300 W. Pike #201 Weslaco TX 78596			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	
	( 956 )	968-2108		
<b>8 REPORT TYPE</b>	<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 checked="" 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)			
<b>9 PERIOD COVERED</b>	Month	Day	Year	
	01/01/2007		THROUGH 06/30/2007	
<b>10 ELECTION</b>	ELECTION DATE	ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
03/07/2006				
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b>	
<b>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	... 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)**

.. 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**

**COMMITTEE NAME**

**GENERAL**

**COMMITTEE ADDRESS**

**SPECIFIC**

**COMMITTEE CAMPAIGN TREASURER NAME**

additional pages

**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

\$ 45.00

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

\$ 51045.00

**EXPENDITURE TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 3792.01

**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 8th day of AUGUST, 2007, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

*Norma L Cerda*  
Printed name of officer administering oath

*Notary*  
Title of officer

# 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: 3/10	
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000	
<b>4</b> Date  03/05/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) AJAIMIE LLP ..... <b>6</b> Contributor address; City; State; Zip Code 711 LOUISIANA STE. 2150  HOUSTON TX 77002	<b>7</b> Amount of contribution (\$)  1000.00	<b>8</b> In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
Date  04/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ALBERTO H. GUTIERREZ JR.,MD ..... Contributor address; City; State; Zip Code 122 WEST CHAMPION  EDINBURG TX 78539	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  02/22/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GLORIA B. BRADY ..... Contributor address; City; State; Zip Code 2309 N. AUGUSTA SQ  MCALLEN TX 78503	Amount of contribution (\$)  2000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  04/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CENTER FOR PAIN MANAGEMENT ..... Contributor address; City; State; Zip Code 2637 CORNERSTONE BLVD  EDINBURG TX 78539	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)  POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date  04/17/2007	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)	

# 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: 4/10	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 01/03/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAMES RICHARD FISHER II ..... 6 Contributor address; City; State; Zip Code 4425 EMERSON AVE. DALLAS TX 75205	7 Amount of contribution (\$) 750.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/13/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) FLORES & SANCHEZ ..... Contributor address; City; State; Zip Code 124 E. CANO EDINBURG TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 02/01/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HARRISON BETTIS STAFF MCFARLAND & WEEMS ..... Contributor address; City; State; Zip Code 500 DALLAS,STE. 2650 HOUSTON TX 77002	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional) LAW FIRM		Employer (Optional)	
Date 04/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fred L Kurth ..... Contributor address; City; State; Zip Code 2310 Fox Run Mission TX 78572	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 02/05/2007	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 (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/10	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 04/20/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ERASMO LOPEZ ..... 6 Contributor address; City; State; Zip Code 2100 W. EXPRESSWAY 83 MERCEDES TX 78570	7 Amount of contribution (\$) 10000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MARCIEL ZAMORA MD/FIRST CHOICE HEALTHCARE ..... Contributor address; City; State; Zip Code P.O. BOX 4916 MCALLEN TX 78502	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional) HEALTH CARE		Employer (Optional)	
Date 04/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MASTERCRAFTERS CONSTRUCTION & DEVELOPOMENT ..... Contributor address; City; State; Zip Code P.O. BOX 2553 MCALLEN TX 78502	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 02/07/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MCALLEN ARTHRITIS & OSTEOPORSIS CENTER ..... Contributor address; City; State; Zip Code 2601 CORNERSTONE BLVD. EDINBURG TX 78539	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 04/14/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MEDSS ..... Contributor address; City; State; Zip Code P.O. BOX 1150 DONNA TX 78537	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: 6/10	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 04/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MONZER H. YAZJI MD. ..... 6 Contributor address; City; State; Zip Code 502 S. CLOSNER 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 04/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Manuel J. Sanchez, M.D., P.A. d/b/a Family Practice Center ..... Contributor address; City; State; Zip Code 501 N. Ware Road McAllen TX 78501	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIBU - ION
Principal occupation (Optional)		Employer (Optional)	
Date 01/03/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HANK NIEUWENDAAL ..... Contributor address; City; State; Zip Code 3725 N. UTAH PLACE ST. LOUIS MO 63116	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 04/25/2007	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 (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 04/18/2007	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 (\$) 2300.00	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: 7/10	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 04/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT RAMIREZ Jr. ..... 6 Contributor address; City; State; Zip Code P.O. BOX 1266 PHARR 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 04/10/2007	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 (\$) 1500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 04/15/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAIME RODRIGUEZ ..... Contributor address; City; State; Zip Code 3907 S. SUGAR RD. EDINBURG TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 02/02/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BALTAZAR SALAZAR ..... Contributor address; City; State; Zip Code 1612 WINBERN ST. HOUSTON TX 77004	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 02/08/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schirmeister Ajamie LLP ..... Contributor address; City; State; Zip Code 711 Louisiana Houston TX 77002	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: 8/10	
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000	
<b>4</b> Date 03/13/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THE LAW OFFICE OF EDDY TREVINO ..... <b>6</b> Contributor address; City; State; Zip Code 4418 S. MCCOLL RD EDINBURG TX 78539	<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 04/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TY NEPHI TAYLOR CPA ..... Contributor address; City; State; Zip Code 2208 PRIMROSE BLDG. K STE. A MCALLEN TX 78501	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 04/04/2007	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.		<b>1</b> Total pages report: 9/10
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 04/13/2007	<b>5</b> Payee name A & L Athletics Shirts & Prints ..... <b>6</b> Payee address; City; State; Zip Code 1617 N. 11th McAllen TX 78501	<b>7</b> Amount (\$) 1765.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/17/2007	Payee name CARMEN'S CATERING ..... Payee address; City; State; Zip Code 901 S. CAGE PHARR TX 78577	Amount (\$) 840.00
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 04/13/2007	Payee name LA TEJANA ..... Payee address; City; State; Zip Code MISSION TX 78572	Amount (\$) 711.01
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 04/13/2007	Payee name MANUEL RAMIREZ ..... Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 180.00
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:  
10/10

**2** FILER NAME  
Ramon Garcia

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

**4** Date  
04/17/2007

**5** Payee name  
SAL'S VINYL GRAFX

**7** Amount  
(\$)  
296.00

**6** Payee address; City; State; Zip Code  
2030 N. CAGE  
PHARR TX 78577

**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

**CANDIDATE/OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

**1 C/OH NAME**  
Ramon Garcia

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

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**  
\*\* Complete A & B below only if you are a candidate \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, Â§ 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, Â§ 254.204.

  
Signature of Candidate

**5 OFFICEHOLDER**  
\*\* Complete this section only if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder