

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

\$ 0.00

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

\$ 4900.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

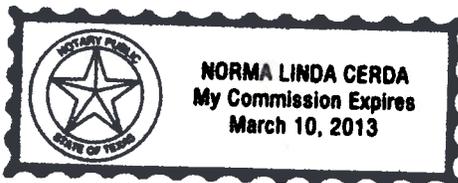
\$ 8149.50

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 14th day of July, 2009, to certify which, witness my hand and seal of office,

[Signature]

Norma L Cerda

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/7	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 02/24/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ANGELES MULTI-SPECIALTY CLINIC 6 Contributor address; City; State; Zip Code 2601 CORNERSTONE BLVD EDINBURG TX 78539	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) NANCY CUELLAR Contributor address; City; State; Zip Code 508 CARDINAL MCALLEN TX 78501	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 03/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) KELLY HART & HALLMAN Contributor address; City; State; Zip Code 301 CIBGRESS STE,2000 AUSTIN TX 78701	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 05/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAIME J. MUNOZ Contributor address; City; State; Zip Code P.O. BOX 47 SAN JUAN TX 78589	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
4/7

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date 04/07/2009	5 Payee name A & A CUSTOM DESGINS 6 Payee address; City; State; Zip Code 1120 N. CONWAY AVE. MISSION TX 78572	7 Amount (\$) 235.31
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8 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE BUMPER STICKERS	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/21/2009	Payee name A & A CUSTOM DESGINS Payee address; City; State; Zip Code 1120 N. CONWAY AVE. MISSION TX 78572	Amount (\$) 170.63
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Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE BUMPER STICKERS	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 01/07/2009	Payee name AMERICAN LEGION POST #172 Payee address; City; State; Zip Code TX	Amount (\$) 500.00
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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
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Date 04/22/2009	Payee name CLAY'S UNLIMITED Payee address; City; State; Zip Code TX	Amount (\$) 1500.00
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Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN FUNCTION EXPENSE	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/7
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 05/28/2009	5 Payee name EDINBURG AMERICAN LEGION POST 408 6 Payee address; City; State; Zip Code EDINBURG TX 78539	7 Amount (\$) 300.00
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 02/19/2009	Payee name EXCLUSIVE Payee address; City; State; Zip Code MISSION TX 78572	Amount (\$) 243.56
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 02/13/2009	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.) REIM FOR CAMPAIGN EXPENSE	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/24/2009	Payee name OSCAR GARZA Payee address; City; State; Zip Code TX	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL FUNCTION EXPENSE	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/7
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 05/28/2009	5 Payee name ROBERT GUAJARDO 6 Payee address; City; State; Zip Code MERCEDAS TX	7 Amount (\$) 100.00
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 05/28/2009	Payee name Hidalgo County Democratic Party Payee address; City; State; Zip Code 4500 N. 10th St. McAllen TX 78504	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPNESE	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 02/23/2009	Payee name SAN JUAN NURSING Payee address; City; State; Zip Code SAN JUAN TX 78589	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 06/05/2009	Payee name SILVER RIBBON COMMUNITY PARTNERS Payee address; City; State; Zip Code TX	Amount (\$) 350.00
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.

1 Total pages report:
7/7

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date
06/01/2009

5 Payee name
ISACC TORRES

7 Amount (\$)
100.00

6 Payee address; City; State; Zip Code

TX

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
06/23/2009

Payee name
UPPER VALLEY ART LEAGUE

Amount (\$)
1000.00

Payee address; City; State; Zip Code

TX

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