Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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: 1/68

OFFICE USE ONLY

Date Received: 2010 JUL 15 PM 4:01

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Ramon | MI

NICKNAME | LAST: Garcia | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

222 W. UNIVERSITY DRIVE

Edinburg TX 78539

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: ISAMEL | MI

NICKNAME | LAST: RODRIGUEZ | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1111 NYUCCA

MCALLEN TX 78504

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

( ) -

8 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☒ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 02/21/2010 THROUGH Month Day Year: 06/30/2010

10 ELECTION

ELECTION DATE Month Day Year: 03/02/2010

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ 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

☐ 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
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occured during this reporting period. (Sign affidavid 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)	$ 57001.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 162.58
	4. **TOTAL POLITICAL EXPENDITURES**	$ 104954.24
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 155,000.00

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
NORMA LINDA CERDA
My Commission Expires
March 10, 2013

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ramon Garcia. This the 15th day of July, 2010 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Norma L Cerda
Printed name of officer administering oath

Notary
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: 3/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/22/2010	ERNEST ALISEDA 1519 DUKE AVE. MCALLEN TX 78504	500.00	POLITICAL CONTRIB - UTION

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	ARNOLD & IKIN LLP 1401 MCKINNEY ST. STE. 2550 HOUSTON TX 77010	10000.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/26/2010	ATLAS & HALL LLP P.O. DRAWER 3725 MCALLEN TX 78502	2500.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/22/2010	REZA BADIOZZAMANI 2820 ROAYL PALM CIRCLE MCALLEN TX 78501	1500.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/01/2010	Mr. JERRY BELL 820 NORTH 23RD ST. PENITAS TX 78576	600.00	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: 4/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
05/06/2010	BILL BOWLIN 7802 SILIENT FOREST DR. SUGAR LAND TX 77479	1000.00	POLITICAL CONTRIB - UTION

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/20/2010	CDM PAC 3050 POST OAK BLVD STE. 300 HOUSTON TX 77056	1000.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	RAMACHANDRAN CHANDRASEKHARAN 1210 E. 8TH ST. STE. 1 WESLACO TX 78596	250.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	SATISH D. DESAI 7404 N. 1ST ST. MCALLEN TX 78504	301.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	DR. KOTTHEGAL P. ESHWAR 803 W. SHASTA MCALLE TX 78504	150.00	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: 5/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/22/2010	DR. MADHAVAN PISHARODI 500 ACACIA LAKE BROWNSVILLE TX 78521	1000.00	POLITICAL CONTRIB - UTION

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	DR. R.V. REDDY 1500 S. LAND DR. WESLACO TX 78596	100.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional): PHYSICIAN
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/01/2010	DR. SAROJINI BOSE MD PA/DBA ASHLEY PEDIATRICS 7007 N. 1ST LANE MCALLEN TX 78504	100.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional): PHYSICIAN
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	GEORGE S. EYAMBE 1605 TRINITY MISSION TX 78572	500.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/10/2010	Jacob Fuller 1408 Quail Street McAllen TX 78504	500.00	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: 6/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/01/2010	G & A INVESTMENTS 16360 PARK TEN PL STE. 230 HOUSTON TX 77084	1000.00	POLITICAL CONTRIB - UTION

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/19/2010	GODFREY GARZA 4209 MILE 8 RD EDINBURG TX 78539	5000.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/22/2010	JACINTO GARZA 27304 S. BASS BLVD HARLINGEN TX 78552	1500.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	NARESH K. GUPTA 512 E. XANTHISMA AVE. MCALLEN TX 78504	250.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/26/2010	GARY GURWITZ P.O. BOX 3725 MCALLEN TX 78502	500.00	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: 7/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/22/2010	SUBRAMANIAM JAGADEESAN 2700 SAN LUCAS MISSION TX 78572	250.00	POLITICAL CONTRIB - UTION

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	DINESH K. JAIN 6208 N. CYNTHIA ST. MCALLEN TX 78504	250.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/07/2010	JAMES D. DANNENBAUM 3100 W. ALABAMA ST. HOUSTON TX 77098	5000.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	DEEPAK KAPUR 3502 N. GLASSCOCK RD. MISSION TX 78573	150.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	SAMUEL KONERI 5008 N. E. ST. MCALLEN TX 78504	100.00	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: 8/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/26/2010	LAW OFFICE OF RICARDO R. GODINEZ 520 PECAN STE. G. MCALLEN TX 78501	500.00	POLITICAL CONTRIB - UTION

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	PAUL RAJAN MANOHARAN 500 E. RIDGE RD. STE. 101 MCALLEN TX 78503	500.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	RAJIV VENGAYIL NAMBIAR 200 E. AUBURN AVE MCALLEN TX 78504	100.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/21/2010	SRIKANTH NANGAVARAM TX	100.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/24/2010	WAYNE C. PHILLIPS 500 E. NEWPORT LN MCALLEN TX 78501	500.00	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: 9/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/30/2010	FERNANDO A. RIVERA 2006 SABINAL ST. MISSION TX 78572	2000.00	POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	RRAJU 1304 TESORO AVE. RANCHO VIEJO TX 78575	250.00	POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/25/2010	S & B Pac Texas Contribution Account P.O. Box 266245 Houston TX 77207	5000.00	POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/22/2010	JESUS SALINAS 1201 E. EXPRESSWAY 83 MISISON TX 78572	2500.00	POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	NORBERTO SALINAS MISSION TX 78572	2500.00	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: 10/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/22/2010	A S SIDHARTHAN 916 E. BURNS DR. MCALLEN TX 78503	1000.00	POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	MANI SKARIA 713 SHASTA AVE MCALLEN TX 78504	100.00	POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	JYOTHI SWARUP P.O. BOX 2525 MCALLEN TX 78504	500.00	POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/26/2010	TERRY CANALES ATTORNEY AT LAW 2727 W. UNIVERSITY DR. EDINBURG TX 78539	500.00	POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	ARTURO D. TORRES P.O. BOX 158 MCALLEN TX 78505	500.00	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: 11/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/22/2010	GREGORY E. TURLEY 312 THUNDERBIRD MCALLEN TX 78504	100.00	POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/26/2010	VALLEY EAR,NOSE & THROAT SPEC PA 2101 S. CYNTHIA MCALLEN TX 78504	500.00	POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	TOMAS VILLARREAL 734 E. COUNTRY PLACE DR. HOUSTON TX 77079	100.00	POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	TOMMY G. WARREN P.O. BOX 9269 THE WOODLANDS TX 77387	250.00	POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	SUBBA RAO YARRA 6905 N. CYNTHIA ST. MCALLEN TX 78504	250.00	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: 12/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/22/2010	ERIC C. YBARRA 24114 FM 2556 LA FERIA TX 78593	5000.00	POLITICAL CONTRIB - UTION

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/22/2010	ASIF ZAMIR 3004 LOS MILAGROS MISSION TX 78572	250.00	POLITICAL CONTRIB - UTION

Principal occupation (Optional)	Employer (Optional)

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 13/68

2 FILER NAME: Ramon Garcia

3 ACCOUNT # (Ethics Commission filers): 00000000

4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date of loan	7 Name of lender ☐ out-of-state PAC(ID#_____)	9 Loan Amount ($)
02/23/2010	RAMON GARCIA	20000.00
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code	10 Interest rate
N	222 W. UNIVERSITY DRIVE EDINBURG TX 78539	11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☒ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender ☐ out-of-state PAC(ID#_____)	Loan Amount ($)
03/01/2010	RAMON GARCIA	20000.00
Is lender a financial Institution?	Lender address; City; State; Zip Code	Interest rate
N	222 W. UNIVERSITY DRIVE EDINBURG TX 78539	Maturity date

Description of Collateral

☒ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☒ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 14/68

2 FILER NAME: Ramon Garcia

3 ACCOUNT # (Ethics Commission filers): 00000000

4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨ $ 0.00

5 Date of loan: 03/09/2010

6 Is lender a financial Institution? N

7 Name of lender: RAMON GARCIA ☐ out-of-state PAC(ID#_____)

8 Lender address; City; State; Zip Code: 222 W. UNIVERSITY DRIVE EDINBURG TX 78539

9 Loan Amount ($): 15000.00

10 Interest rate

11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☒ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 15/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/26/2010	CRESENCIO ALANIZ TX	500.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	MARTHA ALANIZ TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	CHANO ALVARADO TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/01/2010	YOLANDA ALVARADO PHARR TX 78577	2000.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 16/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/02/2010	ALMA ALVAREZ TX	100.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	CINDY ALVAREZ TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/01/2010	ROCIO ARGUS TX	490.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	RODOLFO AVILA TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 17/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/23/2010	RODOLFO AVILA TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	Angela Ojeda 5001 S. 24th McAllen TX 78501	350.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	EFREN BARAJAS TX	1000.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2010	EFREN BARAJAS TX	150.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 18/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/11/2010	ROQUE BELTRAN TX	300.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN ADVERTISING

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	NYDIA BENAVIDES SULLIVAN TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/27/2010	BILL WHITE CAMPAIGN TX	2000.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN POLITICAL CONTRIBUTION

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	CAMPOS MESQUITE GRILL CATERING 910 SAN FRANCISCO EDINBUR TX 78539	450.00

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 19/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/22/2010	CANTU'S SPECIAL EVENTS LLC 1601 N. 7TH ST. MCALLEN TX 78501	324.75

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN FUNCTION EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	ANGIE CANTU TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	JESSE CANTU TX	150.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	LIZ CANTU TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 20/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/23/2010	MARICHU CANTU SAN JUAN TX	350.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	NORMA CANTU TX	160.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	ORALIA CANTU TX	80.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	CLARA CASAS TX	750.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 21/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/23/2010	DIANA CASTANEDA TX	250.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	GENARO CASTILLO TX	700.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/02/2010	ALEX CAVAZOS TX	400.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2010	ALEX CAVAZOS TX	482.50

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 22/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/12/2010	ALEX CAVAZOS TX	524.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/22/2010	ALEX CAVAZOS TX	191.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	MIKE CEJA TX	180.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	MIKE CEJA TX	50.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 23/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/02/2010	RICHARD CHAVEZ TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	OFELIA CISNEROS TX	108.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/01/2010	OFELIA CISNEROS TX	117.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	JUAN COBARUBIAS TX	625.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 24/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/23/2010	Janie Cantu 526 S. 13th Donna TX 78537	250.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	Trinidad Casas 107 W. Carol & Cesar Chavez San Juan	50.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/25/2010	Trinidad Casas 107 W. Carol & Cesar Chavez San Juan	50.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	Trinidad Casas 107 W. Carol & Cesar Chavez San Juan	125.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 25/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/24/2010	DACO TX	300.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	SERGIO DE ANDA TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	SERGIO DE ANDA TX	50.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/03/2010	DAVID DE LOS RIOS DONNA TX 78537	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 26/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/24/2010	ROSA ESPINOZA TX	250.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	ROSA ESPINOZA TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	CLAUDIA ESQUIVEL TX	700.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/01/2010	EXCLUSIVE MISSION TX 78572	286.86

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 27/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/24/2010	LEE ROY GARCIA TX	150.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	ALMA J. GARCIA TX	265.50

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	ALMA J. GARCIA TX	85.50

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	AMANDA GARCIA ALAMO TX 78516	475.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 28/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/01/2010	AMANDA GARCIA ALAMO TX 78516	225.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	ANGIE GARCIA TX	400.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/12/2010	ERICA GARCIA TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	ESEQUIEL GARCIA TX	117.44

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 29/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/22/2010	ESEQUIEL GARCIA TX	815.25

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/01/2010	ESEQUIEL GARCIA TX	904.82

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	ESEQUIEL GARCIA TX	279.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	LETICIA GARCIA 222 W. UNIVERSITY EDINBURG TX 78539	650.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 30/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/05/2010	LETICIA GARCIA 222 W. UNIVERSITY EDINBURG TX 78539	1130.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	LISA GARCIA TX	150.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/02/2010	MARIO GARCIA TX	1000.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	RAMON GARCIA 222 W. UNIVERSITY DRIVE EDINBURG TX 78539	2000.00

Purpose of expenditure (See instructions regarding type of information required.)
REPAYMENT OF CAMPAIGN LOAN

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: 31/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/26/2010	RAMON GARCIA 222 W. UNIVERSITY DRIVE EDINBURG TX 78539	2000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
LOAN REPAYMENT

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/02/2010	RAMON GARCIA 222 W. UNIVERSITY DRIVE EDINBURG TX 78539	3000.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN LOAN REIMBURSEMENT

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/25/2010	ROLANDO GARCIA TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/25/2010	SUSAN GARCIA TX	500.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 32/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/22/2010	CAROLINA GARZA TX	272.25

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/01/2010	CAROLINA GARZA TX	297.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	CAROLINA GARZA TX	18.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/01/2010	NORMA GARZA TX	350.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 33/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/01/2010	NORMA GARZA TX	398.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/24/2010	GICELA SALINAS CAMPAIGN TX	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	RUBEN GONZALEZ TX	400.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	DALIA GONZALEZ TX	125.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 34/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/03/2010	ERICA GONZALEZ TX	200.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	LALI GONZALEZ TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	LISA GONZALEZ WESLACO TX 78596	500.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/11/2010	ROSA GONZALEZ TX	320.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 35/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/24/2010	ROSALINDA GUERRERO TX	375.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/13/2010	ROBERT GUTIERREZ EDINBURG TX 78539	60.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	Hermila Garcia P.O. Box 1059 Pharr TX 78577	750.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	Lucia Gonzalez 1014 N. 4th Edinburg TX 78539	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 36/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/01/2010	MARTHA HERNANDEZ TX	200.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2010	MARTHA HERNANDEZ TX	200.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	ROSIE HERNANDEZ TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	ZUELMA HERNANDEZ TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 37/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/26/2010	ZUELMA HERNANDEZ TX	250.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/18/2010	INTOCABLE BASEBALL TEAM TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	YOLANDA JASSO EDINBURG TX 78539	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	HENRY JIMENEZ TX	245.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 38/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/04/2010	HENRY JIMENEZ TX	50.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/27/2010	JOSE RODRIGUEZ CAMPAIGN TX	500.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/11/2010	JUDGE JAY PALACIOS CAMPAIGN TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	ESMERALDA LARA TX	1100.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 39/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/02/2010	JOSE LARA TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	BILLY LEO P.O BOX 1 LA JOYA TX 78560	2000.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	ERICA LONGORIA TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/25/2010	LETTY LOPEZ TX	1729.16

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 40/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/09/2010	LETTY LOPEZ TX	790.27

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	REBECCA LOREDO TX	550.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/11/2010	LOS LAGOS GOLF CLUB 1720 S. RUAL LONGORIA RD. EDINBURG TX 78539	4725.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2010	MARY LUNA PHARR TX 78577	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 41/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/23/2010	SAMANTHA LUNA TX	700.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	Domingo Lopez 120 Sandra St. San Juan TX 78589	750.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/02/2010	DIANA MARTINEZ TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	RICARDO MARTINEZ TX	200.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 42/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/25/2010	YOLANDA MARTINEZ TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	MB GRAPHICS TX	368.05

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	NAZARIO MENDIOLA TX	580.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	CIPRIANO MENDOZA TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 43/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/26/2010	MARIA S. MENDOZA TX	200.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2010	MARIA S. MENDOZA TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	IRENE MERCADO TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2010	MIGUEL CARRERA 2627 MCORMACK EDINBURG TX 78539	1600.00

Purpose of expenditure (See instructions regarding type of information required.)
PROFESSIONAL SERVICES

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: 44/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/24/2010	AURORA MOLINA P.O. BOX 956 ELSA TX 78543	500.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	OSCAR MONTOYA EDINBURG TX 78539	600.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	OSCAR MONTOYA EDINBURG TX 78539	500.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	OSCAR MONTOYA EDINBURG TX 78539	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 45/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/22/2010	ANDRES MORALES TX	575.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/01/2010	ANDRES MORALES TX	425.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/03/2010	ANDRES MORALES TX	100.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	JESSIE MORAN TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 46/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/24/2010	ESTELLA MORENO TX	375.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	CARIDAD MURILLO SAN JUAN TX 78589	750.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	ALICIA NAVEJAS TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	MARIA NEVAREZ TX	580.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 47/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/24/2010	NOEMI RODRIGUEZ ELSA TX	500.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	Patricia Navarro 4104 N. 25th McAllen TX 78502	100.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	Patricia Navarro 4104 N. 25th McAllen TX 78502	60.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	Yolanda Nino 919 E. Lauret Edinburg TX 78539	400.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 48/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/26/2010	AGUSTIN OLIVAREZ MISSION TX 78572	250.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	AGUSTIN OLIVAREZ MISSION TX 78572	50.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	ORALIA ORTIZ TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/03/2010	ANNA PALOMIN TX	100.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 49/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/03/2010	BRAULIA PALOMIN TX	200.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/03/2010	RAMONA PALOMIN TX	200.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	RAUL PALOMIN TX	100.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	ANDREW PEREZ TX	500.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 50/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/11/2010	ANDREW PEREZ TX	500.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/13/2010	ANDREW PEREZ TX	75.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	FELICIANO PINA TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/28/2010	JUANA PORRAS TX	150.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 51/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/26/2010	JUANITA RAMIREZ TX	200.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/28/2010	JUANITA RAMIREZ TX	200.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2010	MANUEL RAMIREZ EDINBURG TX 78539	250.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	DAVID RAMOS TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 52/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/23/2010	DAVID RAMOS TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	JENNA RAMOS TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	LETTY RAMOS TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	ESMERALDA RAYO TX	420.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 53/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/01/2010	RENT A CENTER TX	203.51

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	RUBY REYNA TX	150.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	ROBERT RIVERA TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	ROBERT RIVERA TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 54/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/24/2010	GENARO ROCHA TX	400.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	ERIKA RODRIGUEZ TX	2000.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	IRASEMA RODRIGUEZ TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	IRASEMA RODRIGUEZ TX	180.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 55/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/02/2010	OLGA RODRIGUEZ TX	100.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPNESE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	RENE RODRIGUEZ TX	100.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	SANDRA ROSILES TX	420.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/13/2010	RUBEN C. RODRIGUEZ SCHOLARSHIP FUND TX	200.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN 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: 56/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/22/2010	JENNIFER RUIZ TX	172.97

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/01/2010	JENNIFER RUIZ TX	1161.02

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	LUISA RUIZ TX	450.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	MARIA RUIZ TX	150.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 57/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/22/2010	Angie Ramirez 1001 Rio Balsas Mission TX 78572	1395.24

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	Angie Ramirez 1001 Rio Balsas Mission TX 78572	413.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	Ricardo Ramos 1029 Perez St. Mission TX 78572	1000.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	PAMELYN A. SALDANA TX	396.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 58/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/01/2010	PAMELYN A. SALDANA TX	414.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	PAMELYN A. SALDANA TX	144.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	SALINAS SUN PALACE EDINBURG TX 78539	500.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/11/2010	SALINAS SUN PALACE EDINBURG TX 78539	353.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 59/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/26/2010	HERMELINDA SALINAS TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/02/2010	RENE SALINAS TX	500.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/25/2010	JOSE SANCHEZ TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	MARTHA SANCHEZ TX	252.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 60/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/01/2010	MARTHA SANCHEZ TX	351.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/04/2010	MARTHA SANCHEZ TX	112.50

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	STEPHANIE SANDOVAL TX	245.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/24/2010	JOE SARABIA TX	150.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 61/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/23/2010	JOSE LUIS SAUCEDA TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	JOSE LUIS SAUCEDA TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/01/2010	DANIEL SINGLETERRY TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	Roxanne Sanchez 2005 N. DUNLAP Mission TX 78572	165.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 62/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/02/2010	JERRY TAFOLLA TX	1000.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/12/2010	JULIE TALLABAS TX	1250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	ROSA TANGUMA TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	ROSA TANGUMA TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 63/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/25/2010	RUBEN TAPIA TX	720.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/11/2010	JOE TAYLOR TX	450.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/25/2010	TEXAS CITRUS FIESTA TX	250.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/10/2010	THE CLUB OF CIMARRON MISSION TX 78572	4652.83

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: 64/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/02/2010	ELISA TORRES ALAMO TX 78516	250.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	MARIBEL TORRES TX	150.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/02/2010	ROSA TORRES ALAMO TX 78516	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	ALEJANDRO TREVINO TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 65/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/22/2010	GREG TREVINO TX	500.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	JOSE TREVINO TX	400.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	SANDRA TREVINO TX	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/26/2010	The Monitor 1101 Ash St. McAllen TX 78501	1808.35

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: 66/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/24/2010	DIANA VALLEJO TX	800.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/22/2010	JOSE VALLEJO TX	420.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/03/2010	VERONICA GONZALEZ CAMPAIGN TX	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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/25/2010	FRANCES VILLARREAL TX	400.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 67/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/02/2010	IRMA VILLARREAL TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/25/2010	Jesse Villarreal 200 S. Border Weslaco TX 78596	600.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2010	Jesse Villarreal 200 S. Border Weslaco TX 78596	300.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/27/2010	WATER 2 WINE 5712 N. 10TH ST. STE.300 MCALLEN TX 78504	504.60

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 68/68

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/01/2010	RON WHITLOCK TX	2400.00

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN ADVERTISING

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2010	Y DRIVE INN TX	903.29

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/23/2010	JOSE LUIS YANEZ TX	150.00

Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN EXPENSE

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held