

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00

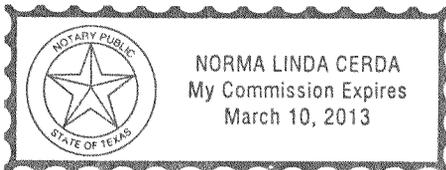
EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 120.00
4. TOTAL POLITICAL EXPENDITURES	\$ 27458.22

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 145,000.00
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19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ramon Garcia
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ramon Garcia. This 15th Day of June, 2011 to certify which, witness my hand and seal of office,.

[Signature]
Signature of Officer administering oath

Notary Public
Printed Name of Officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/12
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 04/29/2011	5 Payee name Billy Leo Campaign 6 Payee address; City; State; Zip Code	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/26/2011	Payee name CAMERON COUNTY BAR ASS Payee address; City; State; Zip Code TX	Amount (\$) 250.00
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 01/04/2011	Payee name CANTU'S SPECIAL EVENTS LLC Payee address; City; State; Zip Code 1601 N. 7TH ST. MCALLEN TX 78501	Amount (\$) 844.35
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/15/2011	Payee name CATTLE BARRON BALL Payee address; City; State; Zip Code TX	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/12
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 03/07/2011	5 Payee name DE LA GARZA SLAUGHTER HOUSE 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 418.00
8 Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2011	Payee name EDINBURG CISD SUPERINTENDENTS Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/13/2011	Payee name JOEY ESQUIVEL Payee address; City; State; Zip Code TX	Amount (\$) 125.00
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 02/01/2011	Payee name FIRST NATIONAL BANK Payee address; City; State; Zip Code 1920 S. CLOSNER EDINBURG TX 78539	Amount (\$) 5521.35
Purpose of expenditure (See instructions regarding type of information required.) LOAN PAYMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/12
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 06/15/2011	5 Payee name NORMA LINDA FLORES <hr/> 6 Payee address; City; State; Zip Code 1742 N. ALAMO ALAMO TX 78516	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) PROFESSIONAL SERVICES		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/03/2011	Payee name ANNETTE FRANZ <hr/> Payee address; City; State; Zip Code TX	Amount (\$) 1066.50
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 04/07/2011	Payee name YOLANDA M. GARCIA <hr/> Payee address; City; State; Zip Code TX	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) REIM FOR POSTAGE FOR TROOPS		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/22/2011	Payee name GINA BENAVIDES CAMPAIGN <hr/> Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/12
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 05/06/2011	5 Payee name MARCO GONZALEZ <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/19/2011	Payee name GULF DATA PRODUCTS <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code TX	Amount (\$) 188.02
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/22/2011	Payee name Ramon Garcia <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 222 W. UNIVERSITY DRIVE Edinburg TX 78539	Amount (\$) 3000.00
Purpose of expenditure (See instructions regarding type of information required.) LOAN REIMBURSEMENT PAYMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/31/2011	Payee name Ramon Garcia <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 222 W. UNIVERSITY DRIVE Edinburg TX 78539	Amount (\$) 2000.00
Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT OF LOAN PAYMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/12
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 01/26/2011	5 Payee name HIDALGO COUNTY BAR FOUNDATION 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 250.00
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 02/01/2011	Payee name JUDGE LINDA YANEZ CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/24/2011	Payee name JUSTICE GREG PERKES CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/07/2011	Payee name ANGELITA LOPEZ Payee address; City; State; Zip Code TX	Amount (\$) 105.00
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8/12
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 02/11/2011	5 Payee name LOS FRIJOLES RESTAURANT 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) DONATION	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 03/31/2011	Payee name LZ RGV Payee address; City; State; Zip Code TX	Amount (\$) 2000.00
Purpose of expenditure (See instructions regarding type of information required.) DONATION	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 03/03/2011	Payee name MCALLEN PREGNANCY CENTER Payee address; City; State; Zip Code TX	Amount (\$) 500.00
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 06/15/2011	Payee name MIRACLE AT DONNA Payee address; City; State; Zip Code TX	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 9/12
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 06/22/2011	5 Payee name MISSION CRIME STOPPERS 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 01/07/2011	Payee name MOLINAR MARKETING Payee address; City; State; Zip Code TX	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/22/2011	Payee name NELDA RODRIGUEZ CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/30/2011	Payee name NORA LONGORIA CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10/12
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 06/23/2011	5 Payee name JOE RAMON 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 70.00
8 Purpose of expenditure (See instructions regarding type of information required.) DONATION		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/12/2011	Payee name RGV-FLA Payee address; City; State; Zip Code TX	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/15/2011	Payee name RICARDO RODRIGUEZ CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/24/2011	Payee name SHERIFF LUPE TREVINO Payee address; City; State; Zip Code TX	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 11/12
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 03/23/2011	5 Payee name STC CHEMISTRY CLUB 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 150.00
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 06/02/2011	Payee name ISACC TORRES Payee address; City; State; Zip Code TX	Amount (\$) 150.00
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 01/07/2011	Payee name ISSAC TORRES Payee address; City; State; Zip Code TX	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) DONATION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/14/2011	Payee name US POST OFFICE Payee address; City; State; Zip Code TX	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) POSTAGE EXPENSE FOR TROOPS		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: 12/12
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 03/01/2011	5 Payee name VALLEY VIEW 5TH GRADE CAMPUS 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/03/2011	Payee name VAN GUARD ACADEMY Payee address; City; State; Zip Code TX	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/06/2011	Payee name WEST HIDALGO COUNTY ROTARY CLUB Payee address; City; State; Zip Code TX	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) DONATION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/03/2011	Payee name RON WHITLOCK Payee address; City; State; Zip Code TX	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) DONATION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held