

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) 00000	2 Total pages this report: 1/11
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Ramon NICKNAME LAST SUFFIX Garcia	OFFICE USE ONLY Date Received <i>[Signature]</i> 2012 JUL 16 PM 1 27 Date Hand-delivered or Date Postmarked <i>[Signature]</i>
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4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 222 W. University Dr. Edinburg TX 78539
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5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Norma Linda NICKNAME LAST SUFFIX Flores	Receipt # Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1742 N. Alamo Rd. Alamo TX 78516
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () -
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8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2012 06/30/2012
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10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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11 OFFICE OFFICE HELD (if any) Other -- Hidalgo County Judge	12 OFFICE SOUGHT (if known)
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13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address/PO Box; Apt. / Suite #; City; State; Zip Code
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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)
00000

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		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) \$ 2000.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 140.00

4. TOTAL POLITICAL EXPENDITURES \$ 27436.18

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 15,000.00

19 AFFIDAVIT



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

Ramon Garcia
Signature of Candidate or Officeholder

Sworn to and subscribed before me by the said Ramon Garcia. This 16th day of July, 2012 to certify which, witness my hand and seal of office

[Signature]
Signature of Officer administering oath

Norma L Cerda
Printed Name of Officer administering oath

[Signature]
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: 3/11	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000	
4 Date 05/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SEIU COPE 6 Contributor address; City; State; Zip Code 1800 MASSACHUSETTS AVE NW WASHINGTON TX 20036	7 Amount of contribution (\$) 2000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/11
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 02/15/2012	5 Payee name AIDA SALINAS FLORES CAMPAIGN 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 1000.00
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 03/15/2012	Payee name RICK ALVAREZ Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 98.83
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE REIMBURSEMENT	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/21/2012	Payee name RICK ALVAREZ Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 159.90
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE REIMBURSEMENT	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/14/2012	Payee name BENNIE OCHOA CAMPAIGN Payee address; City; State; Zip Code PORT ISABEL TX 78578	Amount (\$) 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	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/11
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 02/22/2012	5 Payee name BOBBY CONTRERAS CAMPAIGN 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 1000.00
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 03/08/2012	Payee name CANTU'S SPECIAL EVENTS Payee address; City; State; Zip Code 1601 N. 7TH ST. MCALLEN TX 78501	Amount (\$) 1001.31
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 03/08/2012	Payee name AIDE CHAPA Payee address; City; State; Zip Code TX	Amount (\$) 275.00
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/14/2012	Payee name DEE'S ANGELS Payee address; City; State; Zip Code 3312 ANNETTE AVE. EDINBURG TX 78539	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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/11
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 01/31/2012	5 Payee name EDINBURG ROTARY CLUB 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 200.00
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 01/13/2012	Payee name FIRST NATIONAL BANK Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 6875.66
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
Date 01/30/2012	Payee name FIRST NATIONAL BANK Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 22.12
Purpose of expenditure (See instructions regarding type of information required.) INTERST ON LOAN		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/07/2012	Payee name FIRST NATIONAL BANK Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 3192.11
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION JOEL QUINTANILLA		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: 7/11
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 03/15/2012	5 Payee name FOUNDATION AT MISSION REGIONAL MED CENTER 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 05/29/2012	Payee name CARLOS A GARZA Payee address; City; State; Zip Code 2301 COUNTRY LN MISSION TX 78572	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/13/2012	Payee name MARTIN HERNANDEZ Payee address; City; State; Zip Code WESLACO TX 78596	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
Date 05/15/2012	Payee name HIDALGO COUNTY BAR FOUNDATION 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:
8/11

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000

4 Date
05/31/2012

5 Payee name
HOLIDAY WINE LIQUOR

7 Amount (\$)
908.95

6 Payee address; City; State; Zip Code

EDINBURG TX 78539

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

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

Date
05/15/2012

Payee name
LAGUNA MADRE BOYS & GIRLS CLUB

Amount (\$)
100.00

Payee address; City; State; Zip Code

LA GUNA MADRE TX

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
03/14/2012

Payee name
LETTY GARCIA CAMPAIGN

Amount (\$)
2000.00

Payee address; City; State; Zip Code

EDINBURG TX 78539

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
05/29/2012

Payee name
LETTY GARCIA CAMPAIGN

Amount (\$)
2600.00

Payee address; City; State; Zip Code

EDINBURG TX 78539

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: 9/11
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 01/12/2012	5 Payee name BRANDY MORIN 6 Payee address; City; State; Zip Code HIDALGO ST. PROGRESSO TX	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN DONATION		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/30/2012	Payee name OSCAR 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
Date 05/09/2012	Payee name ANGIE RAMIREZ Payee address; City; State; Zip Code MISSION TX 78572	Amount (\$) 1595.00
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE RIEMBURSEMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/18/2012	Payee name NORMA REYES Payee address; City; State; Zip Code TX	Amount (\$) 100.00
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: 10/11
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 04/18/2012	5 Payee name ROLANDO OLVERA CAMPAIGN 6 Payee address; City; State; Zip Code TX	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 01/18/2012	Payee name SYLVIA SANCHEZ Payee address; City; State; Zip Code EDINBURG TX 78539	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 02/02/2012	Payee name ST. JOSPH THE WORKER Payee address; City; State; Zip Code SAN CARLOS 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 01/31/2012	Payee name TEAM LEGACY Payee address; City; State; Zip Code 1524 S. 7TH ST. EDINBURG TX 78539	Amount (\$) 2500.00
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: 11/11
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 05/15/2012	5 Payee name TEJAS RENTAL 6 Payee address; City; State; Zip Code MCALLEN TX 78501	7 Amount (\$) 562.30
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 06/07/2012	Payee name TFDA Payee address; City; State; Zip Code 1513 S. INTERSTATE 35 AUSTIN TX 78741	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