

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: 1/13
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Ramon	OFFICE USE ONLY Date Received 2013 JUL 15 PM 1 12 <i>Kathy</i>
	NICKNAME LAST SUFFIX Garcia	

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	Date Hand-delivered or Date Postmarked
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5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Norma Linda	Receipt # Amount
	NICKNAME LAST SUFFIX Flores	Date Processed Date Imaged

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 01/01/2013 06/30/2013
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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)	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	

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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 21050.00

EXPENDITURE TOTALS

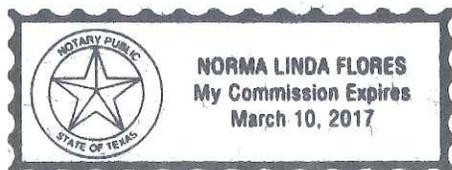
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 150.00

4. TOTAL POLITICAL EXPENDITURES \$ 47636.05

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

19 AFFIDAVIT



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

Ramon Garcia
Signature of Candidate or Officeholder

Sworn to and subscribed before me by the said Ramon Garcia this 16th day of July 2013 to certify which, witness my hand and seal of office

[Signature]
Signature of Officer Administering oath

Norma L Flores
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: 3/13	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000	
4 Date 06/18/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ATLAS & HALL LLP 6 Contributor address; City; State; Zip Code P.O. DRAWER 3725 MCALLEN TX 78502	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) EDUARDO O. CANTU Contributor address; City; State; Zip Code TX	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 06/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ERO INTERNATIONAL LLP Contributor address; City; State; Zip Code 300 S. 8TH ST. MCALLEN TX 78501	Amount of contribution (\$) 3500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 06/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RUFINO GARZA Contributor address; City; State; Zip Code 3779 N. BENTSEN PALM DR. MISSION TX 78572	Amount of contribution (\$) 3000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 06/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RICARDO HINOJOSA Contributor address; City; State; Zip Code 307 E. 27TH ST. MISSION TX 78572	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/13	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000	
4 Date 06/24/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LINEBARGER GOGGAN BLAIR & SAMPSON LLP 6 Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN TX 78760	7 Amount of contribution (\$) 5000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PROFESSIONAL SERVICE INDUSTRIES Contributor address; City; State; Zip Code 2350 KERNER BLVD STE. 250 SAN RAFAEL CA 94901	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 06/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RABA KISTNER PAC Contributor address; City; State; Zip Code P.O. BOX 690287 SAN ANTONIO TX 78269	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 06/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RENE RAMIREZ Contributor address; City; State; Zip Code P.O. BOX 137 LINN TX 78563	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 06/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RED ROCK REAL ESTATE Contributor address; City; State; Zip Code 810 W. FERGUSON PHARR TX 78577	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/13	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000	
4 Date 06/20/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MICHAEL SMITH 6 Contributor address; City; State; Zip Code 5006 W. CHAPIN RD EDINBURG TX 78539	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/29/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) STECKLER LAW FIRM Contributor address; City; State; Zip Code 12700 PARK CENTRAL DR #1900 DALLAS TX 75230	Amount of contribution (\$) 1250.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 06/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ERNIE WILLIAMS Contributor address; City; State; Zip Code 2400 N. 10TH MCALLEN TX 78501	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	
Date 06/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) WILLIAM WILSON Contributor address; City; State; Zip Code 22480 FM 490 EDINBURG TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) POLITICAL CONTRIB - UTION
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/13
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 06/10/2013	5 Payee name A & L <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 265.21
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 06/10/2013	Payee name ALAMO TEES & ADVERTISING <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code TX	Amount (\$) 1550.00
Purpose of expenditure (See instructions regarding type of information required.) BUMPER STICKERS	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/04/2013	Payee name RICK ALVAREZ <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 265.22
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 06/28/2013	Payee name BATTLEGROUNDS TEXAS <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code AUSTIN TX 78278	Amount (\$) 500.00
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	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/13
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 04/19/2013	5 Payee name PEDRO BELTRAN Jr. 6 Payee address; City; State; Zip Code ELSA 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 05/03/2013	Payee name MIKE CARRERA Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 2000.00
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN PROFESSIONAL SERVICES		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/05/2013	Payee name EASTER SEALS Payee address; City; State; Zip Code TX	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL ADVERTISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/28/2013	Payee name EDINBURG HIGH SCHOOL Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 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: 8/13
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 04/19/2013	5 Payee name EDINBURG ISD SUPERINTENDANT'S GOLF TOURNAMENT 6 Payee address; City; State; Zip Code EDINBURG TX 78539	7 Amount (\$) 500.00
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 06/26/2013	Payee name FIRST NATIONAL BANK Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 5000.00
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 05/22/2013	Payee name RAY GARZA Payee address; City; State; Zip Code TX	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/03/2013	Payee name GODINEZ COMMUNICATIONS Payee address; City; State; Zip Code 300 S. 8TH ST. MCALLEN TX 78501	Amount (\$) 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: 9/13
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 05/20/2013	5 Payee name GERARDO GUZMAN 6 Payee address; City; State; Zip Code EDINUBRG TX 78539	7 Amount (\$) 1020.00
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 05/02/2013	Payee name Ramon Garcia Payee address; City; State; Zip Code 222 W. University Dr. Edinburg TX 78539	Amount (\$) 15000.00
Purpose of expenditure (See instructions regarding type of information required.) REPAYMENT OF LOAN		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/22/2013	Payee name Ramon Garcia Payee address; City; State; Zip Code 222 W. University Dr. Edinburg TX 78539	Amount (\$) 5000.00
Purpose of expenditure (See instructions regarding type of information required.) REPAYMENT OF LOAN		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/24/2013	Payee name HOLIDAY WINE LIQOUR Payee address; City; State; Zip Code EDINBURG TX 78539	Amount (\$) 434.96
Purpose of expenditure (See instructions regarding type of information required.) FUNCTION EXPENSE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10/13
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 06/21/2013	5 Payee name INSPIRATION PETS OF SOUTH TEXAS 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 05/23/2013	Payee name J J GARZA CAMPAIGN Payee address; City; State; Zip Code TX	Amount (\$) 3000.00
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 06/07/2013	Payee name MEGAN JASSO Payee address; City; State; Zip Code TX	Amount (\$) 70.00
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
Date 05/03/2013	Payee name JENNIFER LONGORIA Payee address; City; State; Zip Code TX	Amount (\$) 49.44
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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
11/13

2 FILER NAME
Ramon Garcia

3 ACCOUNT # (Ethics Commission filers)
00000

4 Date 06/21/2013	5 Payee name JENNIFER LONGORIA	7 Amount (\$) 90.59
6 Payee address; City; State; Zip Code TX		

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
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Date 04/15/2013	Payee name MCALLEN SWIN CLUB	Amount (\$) 150.00
Payee address; City; State; Zip Code MCALLEN TX 78501		

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
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Date 04/04/2013	Payee name NEAL KING FUND	Amount (\$) 250.00
Payee address; City; State; Zip Code MCALLEN TX 78501		

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
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Date 05/13/2013	Payee name RAUL PALOMIN	Amount (\$) 100.00
Payee address; City; State; Zip Code TX		

Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN EXPENSE REIMBURSEMENT	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 12/13
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 06/21/2013	5 Payee name PATTY RAMON 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) DONATION		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/26/2013	Payee name RIO BANK Payee address; City; State; Zip Code TX	Amount (\$) 8000.00
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 05/29/2013	Payee name ROBERT VELA HIGH SCHOOL 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 05/30/2013	Payee name RUIZ PRODUCTIONS Payee address; City; State; Zip Code MISSION TX 78572	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: 13/13
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000
4 Date 05/20/2013	5 Payee name THE PROGRESS TIME 6 Payee address; City; State; Zip Code TX	7 Amount (\$) 150.00
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 03/28/2013	Payee name TORTILLERA TAMAULIPAS Payee address; City; State; Zip Code TX	Amount (\$) 1640.63
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