

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Norma G. Garcia 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

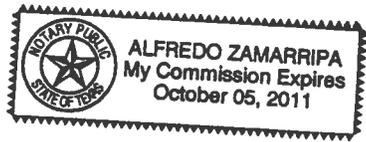
-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required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

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|--------------------------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>12,677.⁰⁰</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>11,453.⁶⁰</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>1,228.⁴⁰</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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.



Norma G. Garcia

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NORMA G. GARCIA, this the 15 day of JANUARY, 2010, to certify which, witness my hand and seal of office.

Alfredo Zamarripa
Signature of officer administering oath

ALFREDO ZAMARRIPA
Printed name of officer administering oath

CHIEF DEPUTY II
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Norma G. Garcia</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>10/07/09</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Billy Leo</i> | 7 Amount of contribution (\$) <i>300.⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>P.O. Box 1290, La Joya, TX 78560</i> | | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>10/07/09</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramon Montalvo III</i> | Amount of contribution (\$) <i>177.⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>P.O. Box 2, Weslaco, TX 78596</i> | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>10/07/09</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Saul Ortega</i> | Amount of contribution (\$) <i>2,500.⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>1220 Castile Ct., Edinburg, TX 78539</i> | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>10/07/09</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael V. McCarthy</i> | Amount of contribution (\$) <i>2,500.⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>P.O. Box 542, Edinburg, TX 78540</i> | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>10/07/09</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David O. Rogers, Jr.</i> | Amount of contribution (\$) <i>2,500.⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>P.O. Box 1077, Edinburg, TX 78540</i> | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A. | |
| 2 FILER NAME <i>Norma G. Garcia</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>10/07/09</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Liborio Hinojosa III</i> | 7 Amount of contribution (\$) <i>2,500.⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code <i>613 Avocet McAllen, TX 78504</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martha Vela Hinojosa</i> | Amount of contribution (\$) <i>2,200.⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>613 Avocet McAllen, TX 78504</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
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| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Norma G. Garcia* 3 ACCOUNT # (Ethics Commission filers)

| | | |
|---------------------------|--|----------------------------------|
| 4 Date <i>09/29/09</i> | 5 Payee name <i>Echo Hotel Conference Center</i> 6 Payee address; City; State; Zip Code <i>Edinburg, Tx</i> | 7 Amount (\$) <i>1,891.35</i> |
|---------------------------|--|----------------------------------|

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) <i>campaign kick-off</i> | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|-------------------------|---|------------------------------|
| Date <i>09/11/09</i> | Payee name <i>Nickel Copy Shop</i> Payee address; City; State; Zip Code <i>McAllen, Tx</i> | Amount (\$) <i>109.33</i> |
|-------------------------|---|------------------------------|

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>invitations</i> | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|-------------------------|--|------------------------------|
| Date <i>09/03/09</i> | Payee name <i>Crestline Co., Inc.</i> Payee address; City; State; Zip Code | Amount (\$) <i>450.52</i> |
|-------------------------|--|------------------------------|

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>custom imprinted products</i> | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|-------------------------|--|------------------------------|
| Date <i>09/22/09</i> | Payee name <i>Crestline Co., Inc.</i> Payee address; City; State; Zip Code | Amount (\$) <i>557.07</i> |
|-------------------------|--|------------------------------|

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>custom imprinted products</i> | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|--|

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POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME *Norma G. Garcia* 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|---|-------------------------------|
| 4 Date <i>09/23/09</i> | 5 Payee name <i>Windy City Novelties</i> | 7 Amount (\$) <i>67.25</i> |
| 6 Payee address; City; State; Zip Code | | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) <i>decorations</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------------------------|------------------------------------|------------------------------|
| Date <i>09/25/09</i> | Payee name <i>Images In Ink</i> | Amount (\$) <i>622.44</i> |
| Payee address; City; State; Zip Code | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>choc. coins</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------------------------|-----------------------------------|------------------------------|
| Date <i>09/30/09</i> | Payee name <i>Candy Direct</i> | Amount (\$) <i>219.75</i> |
| Payee address; City; State; Zip Code | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>money mints</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------------------------|--|------------------------------|
| Date <i>10/07/09</i> | Payee name <i>Francisco Camacho</i> | Amount (\$) <i>225.00</i> |
| Payee address; City; State; Zip Code | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) <i>photographer</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> 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 Schedule F:

2 FILER NAME *Norma G. Garcia* 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|-------------------------------------|--------------------------------|
| 4 Date <i>10/09/09</i> | 5 Payee name <i>Xavier Duran</i> | 7 Amount (\$) <i>215.00</i> |
| 6 Payee address; City; State; Zip Code <i>McAllen, TX</i> | | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) <i>music</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--|--------------------------------------|------------------------------|
| Date <i>10/09/09</i> | Payee name <i>Sweet Creations</i> | Amount (\$) <i>216.50</i> |
| Payee address; City; State; Zip Code <i>McAllen, TX</i> | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>cakes</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|---|--|-----------------------------|
| Date <i>10/09/09</i> | Payee name <i>Little Caesar's Pizza</i> | Amount (\$) <i>30.04</i> |
| Payee address; City; State; Zip Code <i>Edinburg, TX</i> | | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) <i>pizza for campaign wkrs.</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|---|------------------------------|-----------------------------|
| Date <i>10/09/09</i> | Payee name <i>Staples</i> | Amount (\$) <i>38.67</i> |
| Payee address; City; State; Zip Code <i>Edinburg, TX</i> | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>name tags</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> 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 Schedule F:

2 FILER NAME *Norma G. Garcia* 3 ACCOUNT # (Ethics Commission filer)

| | | |
|---------------------------|--|--------------------------------|
| 4 Date <i>10/07/09</i> | 5 Payee name <i>Echo Hotel Conference Center</i> 6 Payee address; City; State; Zip Code <i>Edinburg, Tx</i> | 7 Amount (\$) <i>547.75</i> |
|---------------------------|--|--------------------------------|

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) <i>beverages</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|-------------------------|--|---|
| Date <i>10/16/09</i> | Payee name <i>Concerned Citizens of Hidalgo</i> Payee address; City; State; Zip Code | Amount (\$) <i>500.⁰⁰</i> |
|-------------------------|--|---|

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>golf tournament</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|-------------------------|--|---|
| Date <i>12/03/09</i> | Payee name <i>Hidalgo County Democratic Party</i> Payee address; City; State; Zip Code | Amount (\$) <i>1,250.⁰⁰</i> |
|-------------------------|--|---|

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|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>filing fee for name on ballot</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|-------------------------|---|------------------------------|
| Date <i>10/07/09</i> | Payee name <i>Yvette Araiza</i> Payee address; City; State; Zip Code <i>Edinburg, Tx</i> | Amount (\$) <i>182.50</i> |
|-------------------------|---|------------------------------|

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|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>decorations</i> | 9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> 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 Schedule F

2 FILER NAME *Norma G. Garcia* 3 ACCOUNT # (Ethics Commission filers)

| | | |
|---------------------------|---|--------------------------------|
| 4 Date <i>12/03/09</i> | 5 Payee name <i>Catholic Charities</i> | 7 Amount (\$) <i>500.00</i> |
| | 6 Payee address; City; State; Zip Code <i>Re: Mike Robledo</i> | |

| | |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.) <i>donation for shoe drive</i> | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|-------------------------|--|------------------------------|
| Date <i>12/22/09</i> | Payee name <i>David Diaz</i> | Amount (\$) <i>750.00</i> |
| | Payee address; City; State; Zip Code <i>McAllen, TX 78504</i> | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) <i>political consulting/advertising</i> | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|-------------------------|---|--------------------------------|
| Date <i>12/09/09</i> | Payee name <i>FNB</i> | Amount (\$) <i>3,080.43</i> |
| | Payee address; City; State; Zip Code <i>Edinburg, Tx 78539</i> | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) <i>pmt. / campaign loan</i> | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|------|--------------------------------------|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|---|

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