

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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Norma		G	
Garcia			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 1073 Donna, Texas 78537		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956) 318-2508		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Martha		Vela	
Hinojosa			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	4403 W. Military Hwy, Suite 710 McAllen, Texas 78503		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956) 971-9000		
9 REPORT TYPE	<input checked="" 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 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)		
10 PERIOD COVERED	Month	Day	Year
	07	01	13
THROUGH		Month	Day
		12	31
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 02 / 10		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	County Treasurer		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 13,663.26

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ - 0 -

4. TOTAL POLITICAL EXPENDITURES \$ 13,663.26

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ - 0 -

OUTSTANDING
LOAN TOTALS

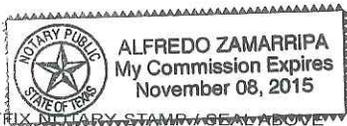
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ - 0 -

18 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 15th day of January, 20 14, 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
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: 3	
2 FILER NAME Norma G. Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/03/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elida Garza	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 4108 N. 21st McAllen, TX 78504	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D.M. Penoli	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 3428 Edinburg, TX 78540	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Garza	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2320 Devries Ln. Mission, TX 78573	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Octavio Castaneda	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 2592 McAllen, TX 78502	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Cavazos	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1104 Palmwood Pl, #5 Denton, TX 76209	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: 3	
2 FILER NAME Norma G. Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/03/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemary Argel	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1245 Berlin San Martin, CA 95046	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Carruthers	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2511 Hylton Ave. Edinburg, TX 78539	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julio & Terri Castaneda	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4607 N. 9th Street McAllen, TX 78504	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie & Tina Cavazos	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 6073 McAllen, TX 78502	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rey & Dolores Munoz	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 715 Crown Circle Edinburg, TX 78539	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Norma G. Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/03/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A-Mingo Bail Bonds	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 1463 Edinburg, TX 78540		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafnet	Amount of contribution (\$) 576.86	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4403 W. Military Hwy, Suite 710 McAllen, TX 78503		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Chapa	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2117 Highland Ave. McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porfirio P. Garza	Amount of contribution (\$) 3,983.71	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1073 Donna, TX 78537		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma G. Garcia	Amount of contribution (\$) 3,367.69	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1073 Donna, TX 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Norma G. Garcia	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/29/2013	5 Payee name Crestline		
6 Amount (\$) 756.36	7 Payee address; City; State; Zip Code 70 Mt. Hope Ave. Lewiston, ME 04240		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Stress balls	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 07/16/2013	Payee name Alamo Print & More		
Amount (\$) 281.88	Payee address; City; State; Zip Code 3111 Tulipan St. Mission, TX 78572		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Push cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 08/06/2013	Payee name Alamo Print & More		
Amount (\$) 313.93	Payee address; City; State; Zip Code 3111 Tulipan St. Mission, TX 78572		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Bumper Stickers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 08/12/2013	Payee name Victoria Palms		
Amount (\$) 424.75	Payee address; City; State; Zip Code 602 N. Victoria Rd. Donna, TX 78537		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Reservation - down payment	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Norma G. Garcia	3 ACCOUNT # (Ethics Commission Filers)
4 Date 08/14/2013	5 Payee name Alamo Print & More	
6 Amount (\$) 323.67	7 Payee address; City; State; Zip Code 3111 Tulipan Mission, TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Invitations / Memo pads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/20/2013	Payee name Staples	
Amount (\$) 55.38	Payee address; City; State; Zip Code 1606 W. University Dr. Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Envelopes for invitations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/09/2013	Payee name United States Postal Service	
Amount (\$) 92.00	Payee address; City; State; Zip Code Edinburg, TX 78540	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Postage Stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/13/2013	Payee name United State Postal Service	
Amount (\$) 46.00	Payee address; City; State; Zip Code Edinburg, TX 78540	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Postage Stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Norma G. Garcia	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/16/2013	5 Payee name United State Postal Service	
6 Amount (\$) 46.00	7 Payee address; City; State; Zip Code Edinburg, TX 78540	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Postage stamps
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/17/2013	Payee name Images In Ink	
Amount (\$) 3,242.20	Payee address; City; State; Zip Code 3327 N. Ware Road, Suite 1 McAllen, TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Coffee mugs (w/dollar sign)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/24/2013	Payee name United States Postal Service	
Amount (\$) 46.00	Payee address; City; State; Zip Code Edinburg, TX 78540	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Postage stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/24/2013	Payee name Images In Ink	
Amount (\$) 741.51	Payee address; City; State; Zip Code 3327 N. Ware Road, Suite 1 McAllen, TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Hand held fans
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Norma G. Garcia	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/27/2013	5 Payee name Honey's Cakes		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 423 N. Nebraska San Juan, TX 78589		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Cookie order / partial payment	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/01/2013	Payee name Victoria Palms		
Amount (\$) 3,600.00	Payee address; City; State; Zip Code 602 N. Victoria Road Donna, TX 78537		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Reservation / Final payment	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/01/2013	Payee name Victoria Palms		
Amount (\$) 576.86	Payee address; City; State; Zip Code 602 N. Victoria Road Donna, TX 78537		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food & Beverages	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/02/2013	Payee name Rental World, Inc.		
Amount (\$) 215.71	Payee address; City; State; Zip Code 404 E. Fourth Weslaco, TX 78596		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Rental Expense	Description (If travel outside of Texas, complete Schedule T) Riser rental	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Norma G. Garcia	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/03/2013	5 Payee name Honey's Cakes		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 423 N. Nebraska San Juan, TX 78589		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Cookie order / final payment	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/03/2013	Payee name Gary Rodriguez		
Amount (\$) 200.00	Payee address; City; State; Zip Code McAllen, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Emcee Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/03/2013	Payee name Melinda Mesa		
Amount (\$) 281.86	Payee address; City; State; Zip Code 602 Dove Ave. Edinburg, TX 78542		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Decorations for Venue	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/22/2013	Payee name Holiday Wine & Liquor		
Amount (\$) 325.32	Payee address; City; State; Zip Code 1912 N. 10th Street McAllen, TX 78501		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Alcoholic beverages	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Norma G. Garcia	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/24/2013	5 Payee name Trevino's Photography		
6 Amount (\$) 443.83	7 Payee address; City; State; Zip Code 1101 N. Cage Blvd. Pharr, TX 78577		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) 2 hours photograph service	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/09/2013	Payee name Hidalgo County Democratic Party		
Amount (\$) 1,250.00	Payee address; City; State; Zip Code c/o Kelly Rivera Salazar		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Filing Fee	
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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