

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small>	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI LAST SUFFIX NICKNAME LAST SUFFIX	OFFICE USE ONLY <hr/> Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; transform: rotate(-90deg); font-weight: bold;"> RECEIVED JAN 23 2012 11:40 </div> <hr/> Date Hand-delivered or Date Postmarked <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. BOX 2969, MISSION TX 78573								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 956 583-0882								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI LAST SUFFIX NICKNAME LAST SUFFIX								
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE P.O. BOX 2969, MISSION, TX 78573								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 956 533-4235								
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 THROUGH Month Day Year 07/01/11 12/31/11								
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any) Justice of the Peace	13 OFFICE SOUGHT (if known) Justice of the Peace							
14 NOTICE OF 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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

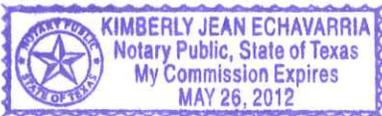
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
---------------------	--

17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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	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)	\$ 7,239.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,301.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,937.19
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.

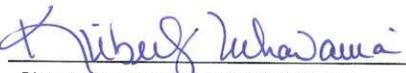


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Luis J. Garza, this the 23rd day of January, 20 12, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Kimberly J. Echavarría

Print name of officer administering oath

Notary Public

Title of officer administering oath

GOLF TOURNAMENT CONDUCTED BY: JESSE LERMA AND JOE AGUILAR

AMOUNT

RICK BROWN	\$ 300.00
R. JACKSON	\$ 300.00
SHACOM PED.	\$ 100.00
LUIS FIGUEROA	\$ 300.00
JAIME MEDRANO MD	\$ 500.00
ROEL FLORES ATTY AT LAW	\$ 150.00
LAS CARRETAS DRIVE THRU	\$ 300.00
ERICA VASQUEZ	\$ 100.00
NINE LAC INC.	\$ 300.00
LORD & I CEMETERY INC.	\$ 300.00
RENE ANZALDUA BAIL BONDS	\$ 1,000.00
DAGOBERTO MAGALLAN	\$ 300.00
ROY QUINTANILHA	\$ 300.00
ABC DURABLE MEDICAL EQUIPMENT INC.	\$ 300.00
CARMEN SALDANA DBA EBAS	\$ 300.00
RIVERA FUNERAL HOME	\$ 300.00
LAW OFFICE OF ROGELIO GARZA	\$ 200.00
CARLOS QUINTANILLA	\$ 20.00
VALLEY METRO GROUP	\$ 1,000.00
A. LIGHTENING BAIL BONDS	\$ 300.00
CARLOS ORTEGON	\$ 200.00
JUAN JOSE PENA	\$ 300.00
RAMON GARCIA CAMPAIGN	\$ 300.00
MATERIALES RIO GRANDE INC.	\$ 300.00
QUALITY ENERGY SERVICES LLC	\$ 300.00
A FAST/A1 BAIL BONDS	\$ 300.00
UPPER VALLEY MATERIALS LLC ASPHALT	\$ 300.00
LAW OFFICE OF OSVALDO MORALES	\$ 500.00
FREDS ELECTRICAL SERVICE INC.	\$ 300.00
DAVID BAZAN	\$ 200.00
JACINTO GARZA	\$ 300.00
LEO'S DRIVE IN	\$ 300.00
JAIMES ELECTRIC INC.	\$ 250.00
RIO GRANDE VALLEY EMERGENCY PHY, PLLC	\$ 300.00
HOMER L SANCHEZ	\$ 300.00
MISSION FIREFIGHTERS ASSOCIATION, LLC	\$ 100.00
WORK PLACE BENEFIT ADVISORS, LLC	\$ 300.00
FASTMART	\$ 100.00
TOTAL COLLECTIONS	11,620.00
GOLF TOURNAMENT EXPENSE	\$4,620.00
TOTAL DEPOSIT	\$7,000.00
BALANCE FROM 07/01/11 (CASH)	\$239.00
TOTAL CONTRIBUTIONS ON HAND	\$7,239.00

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: <u>3</u>		2 FILER NAME <u>Luis J. Garza</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9/23/11</u>		5 Payee name <u>Miss Edinburg</u>			
6 Amount (\$) <u>\$250.00</u>		7 Payee address; City; State; Zip Code <u>Edinburg TX 78539</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Event Expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Donation Pageant</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>10/07/11</u>		Payee name <u>Progress Times</u>			
Amount (\$) <u>\$497.00</u>		Payee address; City; State; Zip Code <u>P.O BOX 399, Mission TX 78573</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Ad 1/4 page</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>10/09/11</u>		Payee name <u>Mary Vela</u>			
Amount (\$) <u>\$300.00</u>		Payee address; City; State; Zip Code <u>Mission TX 78572</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Donation October Feast 13th Annual</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>10/25/11</u>		Payee name <u>knights of Columbus</u>			
Amount (\$) <u>\$100.00</u>		Payee address; City; State; Zip Code <u>Mission TX 78572</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Tournament</u>	
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: 3	2 FILER NAME Luis J. Garza	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------	-------------------------------	--

4 Date 10-26-11	5 Payee name Willy Coy
--------------------	---------------------------

6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code MAllen TX 78501
---------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising/Donation	(b) Description (If travel outside of Texas, complete Schedule T) Put banner @ Fall Feast 2011 FOR BAT CLUB
--------------------------	--	--

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

Date 10-27-11	Payee name Mission Junior Service League
------------------	---

Amount (\$) \$175.00	Payee address; City; State; Zip Code Mission TX 78572
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) used banner @ display
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-12-11	Payee name David Sanchez
------------------	-----------------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code Mission TX 78572
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Fundraiser
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-16-11	Payee name Walmart Super Center
------------------	------------------------------------

Amount (\$) \$35.72	Payee address; City; State; Zip Code 215 E Mile Rd Palmhurst TX
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Developed Pictures
------------------------	--	---

Complete ONLY 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: 3	2 FILER NAME Luis J Garza	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/20/11	5 Payee name Hidalgo County Democratic Party	
6 Amount (\$) \$1000.00	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) Fee	(b) Description (If travel outside of Texas, complete Schedule T) Filing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/15/11	Payee name A e A Custom Designs	
Amount (\$) \$644.09	Payee address; City; State; Zip Code 1120 N° Conway 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) sticker decal sw/Logos
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED