





# 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: 3/14	
2 FILER NAME Ramon Garcia			3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 11/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) A-FAST BAILBONDS ..... 6 Contributor address; City; State; Zip Code 710 E. EL CIBOLO RD. EDINBURG TX 78539	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable) CONTRIBUTION	
9 Principal occupation (Optional)		10 Employer (Optional)		
Date 11/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GUSTAVO L. ACEVEDO ..... Contributor address; City; State; Zip Code 814 DEL ORO BLVD PHARR TX 78577	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable) CONTRIBUTION	
Principal occupation (Optional)		Employer (Optional)		
Date 10/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) AJAIMIE LLP ..... Contributor address; City; State; Zip Code 711 LOUISIANA STE. 2150 HOUSTON TX 77002	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION	
Principal occupation (Optional)		Employer (Optional)		
Date 11/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ARCHIE'S ELECTRIC ..... Contributor address; City; State; Zip Code 11916 N. BRYAN RD. MISSION TX 78572	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION	
Principal occupation (Optional)		Employer (Optional)		
Date 10/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. JERRY BELL ..... Contributor address; City; State; Zip Code 820 NORTH 23RD ST. PENITAS TX 78576	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION	
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: 4/14	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) E. BRENT BOTTOM ..... 6 Contributor address; City; State; Zip Code 4424 S. MCCOLL EDINBURG TX 78539	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable) CONTRIBUTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ANA L. AND RICARDO CANALES ..... Contributor address; City; State; Zip Code 621 MCKEE EDINBURG TX 78539	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) AUGUSTO A. CASTRILLON ..... Contributor address; City; State; Zip Code 2805 SANTA ESPERAZA MISSION TX 78572	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 12/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CH CONSTRUTION ..... Contributor address; City; State; Zip Code 3607 EAGLE DR. MERCEDDES TX 78570	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CLEAN AIR SOLUTIONS ..... Contributor address; City; State; Zip Code 111 BRAND LANE STE. 400 STAFFORD TX 77477	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) CONTRIBUTION
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: 5/14	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 11/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DIGITAL OFFICE SYSTEMS ..... 6 Contributor address; City; State; Zip Code 4800 W. EXPRESSWAY 83 MCALLEN TX 78501	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable) CONTRIBUTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) G & S Auto Glass / Gustavo Casas ..... Contributor address; City; State; Zip Code 616 N. Closner Edinburg TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) OMAR FELIPE GARCIA ..... Contributor address; City; State; Zip Code 222 W. UNIVERSTIY DRIVE EDINBURG TX 78539	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) OMAR FELIPE GARCIA ..... Contributor address; City; State; Zip Code 222 W. UNIVERSTIY DRIVE EDINBURG TX 78539	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MARSHA GREEN GARZA ..... Contributor address; City; State; Zip Code 2820 W. CANTON RD. EDINBURG TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION
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.		<b>1</b> Total pages this report: 6/14	
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission files) 00000000	
<b>4</b> Date  11/17/2008	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JULIAN GOMEZ III ..... <b>6</b> Contributor address; City; State; Zip Code 716 S. 'G' ST.  MCALLEN TX 78501	<b>7</b> Amount of contribution (\$)  1000.00	<b>8</b> In-kind contribution description (if applicable)  CONTRIBUTION
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
Date  11/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LORETTA E. GONZALES ..... Contributor address; City; State; Zip Code 724 S. GEORGIA  MERCEDES TX 78570	Amount of contribution (\$)  80.00	In-kind contribution description (if applicable)  CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date  11/06/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PHILIP H. HILDER ..... Contributor address; City; State; Zip Code 216 AVONDALE ST.  HOUSTON TX 77006	Amount of contribution (\$)  1500.00	In-kind contribution description (if applicable)  CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date  11/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAVIER HINOJOSA ..... Contributor address; City; State; Zip Code 1308 ENCANTO BLVD.  MISSION TX 78574	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)  CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date  11/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JUNIOR'S SUPERMARKET ..... Contributor address; City; State; Zip Code 6503 S. CAGE  PHARR TX 78577	Amount of contribution (\$)  1500.00	In-kind contribution description (if applicable)  CONTRIBUTION
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: 7/14	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAW OFFICE OF EVERARDO ABREGO ..... 6 Contributor address; City; State; Zip Code 944 W. NOLANA STE. C PHARR TX 78577	7 Amount of contribution (\$) 1500.00	8 In-kind contribution description (if applicable) CONTRIBUTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAW OFFICE OF JAMES P. GRISSOM ..... Contributor address; City; State; Zip Code 10113 N. 10TH ST. EDINBURG TX 78539	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAW OFFICES OF TERRY CANALES II ..... Contributor address; City; State; Zip Code 812 S. CLOSNER BLVD EDINBURG TX 78539	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LEWIS, MONROE & PENA ATTORNEYS ..... Contributor address; City; State; Zip Code 208 W. CANO ST. EDINBURG TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LINEBARGER GOGGAN BLAIR & SAMPSON ..... Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN TX 78760	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) CONTRIBUTION
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: 8/14	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 11/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SHAVI MAHTANI ..... 6 Contributor address; City; State; Zip Code 4405 N. 8TH ST. MCALLEN TX 78504	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable) CONTRIBUTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PEDRO A. MEGO ..... Contributor address; City; State; Zip Code 400 AUBURN AVE. MCALLEN TX 78504	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MISSION MOBILITY ..... Contributor address; City; State; Zip Code 909 RAGLAND RD. MISSION TX 78572	Amount of contribution (\$) 80.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MONZER H. YAZJI MD. ..... Contributor address; City; State; Zip Code 502 S. CLOSNER EDINBURG TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JUAN FRANCISCO OCHOA ..... Contributor address; City; State; Zip Code 1006 S. 10TH ST. MCALLEN TX 78501	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages this report: 9/14	
<b>2</b> FILER NAME Ramon Garcia		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000	
<b>4</b> Date  11/17/2008	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PASAR PUBLIC AFFAIRS CONSULTING LLP ..... <b>6</b> Contributor address; City; State; Zip Code 2313 LAKE AUSTIN BLVD. STE 204 AUSTIN TX 78703	<b>7</b> Amount of contribution (\$)  1500.00	<b>8</b> In-kind contribution description (if applicable)  CONTRIBUTION
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
Date  11/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BHARAT PATEL ..... Contributor address; City; State; Zip Code P.O. BOX 1277 WESLACO TX 78596	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)  CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date  11/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PETRO CHEMICALS INTERNATIONAL,LTD ..... Contributor address; City; State; Zip Code P.O. BOX 250 MCALLEN TX 78505	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)  CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date  11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) EDUMDO O. RAMIREZ ..... Contributor address; City; State; Zip Code 900 S. 1ST ST. MCALLEN TX 78501	Amount of contribution (\$)  1500.00	In-kind contribution description (if applicable)  CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date  10/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT RAMIREZ Jr. ..... Contributor address; City; State; Zip Code P.O. BOX 1266 PHARR TX 78577	Amount of contribution (\$)  1500.00	In-kind contribution description (if applicable)  CONTRIBUTION
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:  
10/14

**2** FILER NAME  
Ramon Garcia

**3** ACCOUNT # (Ethics Commission files)  
00000000

**4** Date  
11/13/2008

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
RIO VALLEY PIPE LTD

.....

**6** Contributor address; City; State; Zip Code  
7301 W. EXPRESSWAY 83  
MISSION TX 78572

**7** Amount of contribution (\$)  
2500.00

**8** In-kind contribution description (if applicable)  
CONTRIBUTION

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date  
09/24/2008

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
FILIBERTO RODRIGUEZ

.....

Contributor address; City; State; Zip Code  
3000 GRANITE  
MISISON TX 78572

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)  
CONTRIBUTION

Principal occupation (Optional)

Employer (Optional)

Date  
11/22/2008

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
ISAMEL RODRIGUEZ

.....

Contributor address; City; State; Zip Code  
1111 NYUCCA  
MCALLEN TX 78504

Amount of contribution (\$)  
2500.00

In-kind contribution description (if applicable)  
CONTRIBUTION

Principal occupation (Optional)

Employer (Optional)

Date  
11/13/2008

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Ricardo Rincon

.....

Contributor address; City; State; Zip Code  
1800 N. 13th St.  
McAllen TX 78501

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)  
CONTRIBUTION

Principal occupation (Optional)

Employer (Optional)

Date  
11/07/2008

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
HOMER L. SANCHEZ

.....

Contributor address; City; State; Zip Code  
704 E. HELMER  
PHARR TX 78577

Amount of contribution (\$)  
1500.00

In-kind contribution description (if applicable)  
CONTRIBUTION

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: 11/14	
2 FILER NAME Ramon Garcia		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/02/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SCOTT, DOUGLASS & MCCONNICO LLP ..... 6 Contributor address; City; State; Zip Code 600 CONGRESS AVE 15TH FLR AUSTIN TX 78701	7 Amount of contribution (\$) 1500.00	8 In-kind contribution description (if applicable) CONTRIBUTION
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CHANNING SLUSHER ..... Contributor address; City; State; Zip Code 211 BEN HOGAN MCALLEN TX 78503	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SUPER 8 SOUTH EDINBURG ..... Contributor address; City; State; Zip Code 1210 E. CANTON RD. EDINBURG TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 10/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THE AMMONS LAW FIRM LLP ..... Contributor address; City; State; Zip Code 3700 MONTROSE BLVD HOUSTON TX 77006	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) CONTRIBUTION
Principal occupation (Optional)		Employer (Optional)	
Date 11/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THE HOSPITALIST GROUP LP ..... Contributor address; City; State; Zip Code P.O. BOX 2404 MISSION TX 78572	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable) CONTRIBUTION
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:  
12/14

**2** FILER NAME  
Ramon Garcia

**3** ACCOUNT # (Ethics Commission filers)  
00000000

**4** Date  
09/17/2008

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
THE SANCHEZ LAW FIRM

.....

**6** Contributor address; City; State; Zip Code  
309 W. NOLANA STE. 4E  
MCALLEN TX 78504

**7** Amount of contribution (\$)  
1500.00

**8** In-kind contribution description (if applicable)  
CONTRIBUTION

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date  
10/12/2008

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
THOMAS & WAN LLP

.....

Contributor address; City; State; Zip Code  
909B WEST MAIN  
HOUSTON TX 77006

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)  
CONTRIBUTION

Principal occupation (Optional)

Employer (Optional)

Date  
11/05/2008

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
ALBERTO TREVINO

.....

Contributor address; City; State; Zip Code  
819 N. I RD  
PHARR TX 78577

Amount of contribution (\$)  
1500.00

In-kind contribution description (if applicable)  
CONTRIBUTION

Principal occupation (Optional)

Employer (Optional)

Date  
11/21/2008

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
WOMEN'S DIAGNOSTIC CENTER

.....

Contributor address; City; State; Zip Code  
2134 E. GRIFFIN PKWY  
MISSION TX 78572

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)  
CONTRIBUTION

Principal occupation (Optional)

Employer (Optional)

Date  
11/18/2008

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
WZ LLC

.....

Contributor address; City; State; Zip Code  
109 SOUTH MAIN  
MCALLEN TX 78501

Amount of contribution (\$)  
1500.00

In-kind contribution description (if applicable)  
CONTRIBUTION

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:  
13/14

**2** FILER NAME  
Ramon Garcia

**3** ACCOUNT # (Ethics Commission filers)  
00000000

**4** Date  
11/14/2008

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Walter J. Reyna

**7** Amount of contribution (\$)  
1000.00

**8** In-kind contribution description (if applicable)  
CONTRIBUTION

**6** Contributor address; City; State; Zip Code  
301 BLUEBIRD  
McAllen TX 78504-0693

**9** Principal occupation (Optional)  
SELF EMPLOYED

**10** Employer (Optional)

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
14/14

**2** FILER NAME  
Ramon Garcia

**3** ACCOUNT # (Ethics Commission filers)  
00000000

<b>4</b> Date 11/21/2008	<b>5</b> Payee name CARMEN'S CATERING  <b>6</b> Payee address; City; State; Zip Code 901 S. CAGE  PHARR TX 78577	<b>7</b> Amount (\$) 900.00
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<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) FUNDRAISER EXPENSE	<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date 11/21/2008	Payee name GRAPHIX XPRESS  Payee address; City; State; Zip Code 308 N. CLOSNER STE. B  EDINBURG TX 78539	Amount (\$) 649.50
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Purpose of expenditure (See instructions regarding type of information required.) FUNDRAISER EXPENSE	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
---	--

Date 12/29/2008	Payee name LOS LAGOS GOLF CLUB  Payee address; City; State; Zip Code 1720 S. RUAL LONGORIA RD.  EDINBURG TX 78539	Amount (\$) 2850.00
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Purpose of expenditure (See instructions regarding type of information required.) FUNDRAISER EXPENSE	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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