# 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:**

| | OFFICE USE ONLY |
|---|---|
| | Date Received |
| | *2013 JUL 1* |
| | Date Hand-delivered or Postmarked |
| | Receipt # |
| | Date Processed |
| | Date Imaged |

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR
FIRST: Norma
MI: G.
NICKNAME
LAST: Garcia
SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 1073   Donna, TX   78537

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE (956)   PHONE NUMBER 318-2508   EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR
FIRST: Martha
MI: Vela
NICKNAME
LAST: Hinojosa
SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4403 W. Military Hwy. Bldg. 700, Ste. 710   McAllen, TX   78503

**8 CAMPAIGN TREASURER PHONE**

AREA CODE (956)   PHONE NUMBER 971-9000   EXTENSION

**9 REPORT TYPE**

☐ January 15
☑ July 15
☐ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded $500 limit
☐ 15th day after campaign treasurer appointment (officeholder only)
☐ Final report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month / Day / Year
01 / 01 / 13   THROUGH   06 / 30 / 13

**11 ELECTION**

ELECTION DATE
Month / Day / Year
11 / 02 / 10

ELECTION TYPE
☐ Primary
☐ Runoff
☑ General
☐ Special

**12 OFFICE**

OFFICE HELD (if any): County Treasurer

**13** OFFICE SOUGHT (if known): Same

**GO TO PAGE 2**

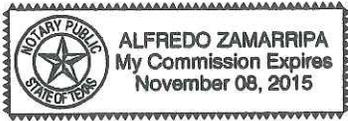# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**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**

[ ] GENERAL

[ ] SPECIFIC

[ ] additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

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 | $ |
|---|---|---|---|
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ — 0 — |
| EXPENDITURE TOTALS | 3. | TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ — 0 — |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

**18 AFFIDAVIT**

NOTARY PUBLIC
ALFREDO ZAMARRIPA
My Commission Expires
November 08, 2015
STATE OF TEXAS

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. García*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said __Norma G. García__ , this the __15th__ day of __July__ , 20 __13__ , to certify which, witness my hand and seal of office.

*Alfredo Zam* | ALfredo Zamarripa | Chief Deputy
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath