



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Jose Rubio SR. 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

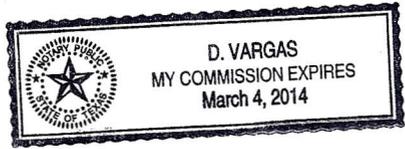
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

additional pages

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

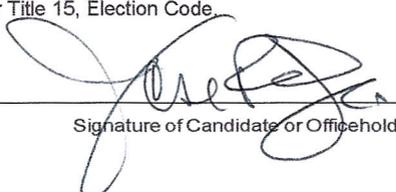
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 20 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 550 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 50 <sup>00</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 826.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 78 <sup>00</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500 <sup>00</sup>

19 AFFIDAVIT



D. VARGAS  
MY COMMISSION EXPIRES  
March 4, 2014

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose Rubio, this the 30th day of April, 20 10, to certify which, witness my hand and seal of office.



Signature of officer administering oath

D. Vargas  
Printed name of officer administering oath

Notary Public  
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

2 FILER NAME

Jose Ruben SR

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/22/2010

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

TONY BENTACOURT

6 Contributor address; City; State; Zip Code

PO BOX 544  
SAN BENITO, TX 78586

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

A/C service

10 Employer (See Instructions)

self-employed

Date

4/23/2010

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

Abel Castañeda

Contributor address; City; State; Zip Code

409 E Monroe  
Harlingen TX 78550

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

US MAILMAN

Employer (See Instructions)

Harlingen Post Office

Date

4/10/2010

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

Abel Castañeda

Contributor address; City; State; Zip Code

409 E Monroe  
Harlingen TX 78550

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

PD for contract labor for sign making

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

US MAILMAN

Employer (See Instructions)

Harlingen Post Office

Date

4/22/2010

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

Frank Medrano

Contributor address; City; State; Zip Code

103145 7st.  
Harlingen TX 78550

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RESTAURANT MANAGER

Employer (See Instructions)

self-employed / LAS CAZUELAS

Date

4/26/2010

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

Senorio M. Muniz

Contributor address; City; State; Zip Code

PO BOX 127  
LOZANO TX 78568

Amount of contribution (\$)

\$120

In-kind contribution description (if applicable)

flyers for campaign

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

TRUCKER

Employer (See Instructions)

self-employed

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:

2

2 FILER NAME

Jose Rubio SR

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/26/  
2010

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

JESUS GARZA

6 Contributor address; City; State; Zip Code

602 ~~ST~~ 7 ST  
Harlingen TX 78550

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

PRINT SALES

10 Employer (See Instructions)

self-employed

Date

4/26/  
2010

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

IRMA GARZA

Contributor address; City; State; Zip Code

621 W Tyler Harlingen TX 78550

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HAIR STYLIST

Employer (See Instructions)

self-employed

Date

4/23/  
2010

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

Enrique Morales

Contributor address; City; State; Zip Code

900 S Commerce  
Harlingen TX 78550

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

self-employed

Date

4/28/  
2010

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

Lois Equivel

Contributor address; City; State; Zip Code

1009 S Fairpark Blvd  
Harlingen TX 78550

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BAIL BONDS

Employer (See Instructions)

self-employed

Date

4/26/  
2010

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

Isidro Saldivar

Contributor address; City; State; Zip Code

1402 Lindseville ROAD  
Harlingen TX 78550

Amount of contribution (\$)

\$30

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RADIATOR

Employer (See Instructions)

self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Jose Rubio SR.</u>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <u>500<sup>00</sup></u>
5 Date of loan <u>4/27/10</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jose Rubio SR.</u>	9 Loan Amount (\$) <u>500</u>
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code <u>2309 Hacienda Road Harlingen TX 78552</u>	10 Interest rate <u>NA</u>
		11 Maturity date <u>NA</u>
12 Principal occupation / Job title (See Instructions) <u>Retired (Private Investigator)</u>		13 Employer (See Instructions) <u>self-employed</u>
14 Description of Collateral <input checked="" type="checkbox"/> none <u>NA</u>		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor <u>NA</u>	18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code		
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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.

<b>1</b> Total pages Schedule F: <p style="text-align:center">2</p>	<b>2</b> FILER NAME <p style="text-align:center">Jose Rubio JR</p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <p style="text-align:center">4/14/2010</p>	<b>5</b> Payee name <p style="text-align:center">PS Print LLC</p>	
<b>6</b> Amount (\$) <p style="text-align:center">\$98</p>	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center">2861 Mandela Pkwy Oakland, CA 94608</p>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">2" X 3" vinyl stickers</p>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center">-</p>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center">-</p>	Office sought <p style="text-align:center">-</p>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office held <p style="text-align:center">-</p>	Office held <p style="text-align:center">-</p>
<b>Date</b> <p style="text-align:center">4/28/2010</p>	<b>Payee name</b> <p style="text-align:center">Arkian Peña</p>	
<b>Amount (\$)</b> <p style="text-align:center">\$50</p>	<b>Payee address; City; State; Zip Code</b> <p style="text-align:center">2413 Cesar Mendez CA Hearlinton TX 78550</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="text-align:center">Contract Labor</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <p style="text-align:center">roll &amp; deliver newspapers</p>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center">-NA-</p>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center">-</p>	Office sought <p style="text-align:center">-</p>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office held <p style="text-align:center">-</p>	Office held <p style="text-align:center">-</p>
<b>Date</b> <p style="text-align:center">4/25/2010</p>	<b>Payee name</b> <p style="text-align:center">Suan B Sanchez</p>	
<b>Amount (\$)</b> <p style="text-align:center">\$50</p>	<b>Payee address; City; State; Zip Code</b> <p style="text-align:center">1601 High Street Hearlinton TX 78550</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="text-align:center">Contract Labor</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <p style="text-align:center">roll &amp; deliver newspapers</p>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center">-NA-</p>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center">-</p>	Office sought <p style="text-align:center">-</p>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office held <p style="text-align:center">-</p>	Office held <p style="text-align:center">-</p>
<b>Date</b> <p style="text-align:center">4/27/2010</p>	<b>Payee name</b> <p style="text-align:center">Stars Drive</p>	
<b>Amount (\$)</b> <p style="text-align:center">\$18.49</p>	<b>Payee address; City; State; Zip Code</b> <p style="text-align:center">900 West Tyler Hearlinton TX 78550</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="text-align:center">Food/Beverage Expense</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <p style="text-align:center">meals for newspaper worker</p>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center">-</p>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="text-align:center">-</p>	Office sought <p style="text-align:center">-</p>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office held <p style="text-align:center">-</p>	Office held <p style="text-align:center">-</p>

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: <b>2</b>	2 FILER NAME <b>Jose Ruben Jr.</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/29/10</b>	5 Payee name <b>Office Dept</b>
--------------------------	------------------------------------

6 Amount (\$) <b>\$23.17</b>	7 Payee address; City; State; Zip Code <b>W Express way 83 Haplinsen TX 76550</b>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Rubber bands</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>-NA-</b>	Office sought	Office held
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Date <b>4/29/10</b>	Payee name <b>San Benito News</b>
------------------------	--------------------------------------

Amount (\$) <b>\$527<sup>00</sup></b>	Payee address; City; State; Zip Code <b>356 Sam Houston San Benito, TX 78586</b>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN ISSUE Newspaper</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>-NA-</b>	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <u>1</u>	<b>2</b> FILER NAME <u>Jose Ruben SR.</u>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <u>4-15-2010</u>	<b>5</b> Payee name <u>Wal-Mart</u>	
<b>6</b> Amount (\$) <u>\$21.65</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <u>1801 Whinncoln Harlingen TX 78550</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <u>REAMS of paper</u>
Date <u>4-10-2010</u>	Payee name <u>Home Depot</u>	
Amount (\$) <u>\$33.27</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>4710 E Exp B3 Harlingen TX 78552</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Print-Advertising Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>PAINT</u>
Date <u>4/28/2010</u>	Payee name <u>City of Harlingen</u>	
Amount (\$) <u>\$5</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>118 E Tyler Harlingen TX 78550</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Other-Research</u>	Description (If travel outside of Texas, complete Schedule T) <u>Vote Registration calls</u>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED