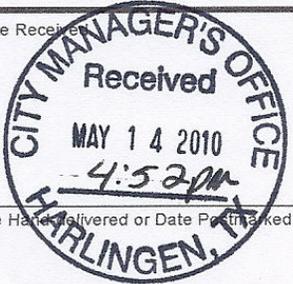


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> ACCOUNT # (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Jose</i> NICKNAME LAST SUFFIX <i>Rubio SR</i>	<b>OFFICE USE ONLY</b> Date Received  Date Hand Delivered or Date Postmarked	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2309 Hacienda Road Harlingen, TX 78552</i>	Receipt #	Amount
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 536-6575</i>	Date Processed	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Jose</i> NICKNAME LAST SUFFIX <i>Rubio SR.</i>	Date Imaged	
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2309 Hacienda Road Harlingen TX 78552</i>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 536-6575</i>		
<b>9</b> REPORT TYPE	<input 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>04/30/2010</i> <i>05/14/2010</i>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year <i>05/08/2010</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <i>-NA-</i>	<b>13</b> OFFICE SOUGHT (if known) <i>Mayor - Harlingen</i>	
<b>14</b> 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**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

5 C/OH NAME

*Jose Rubio Sr.*

16 ACCOUNT # (Ethics Commission Filers)

7 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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

3 CONTRIBUTION TOTALS

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

\$ *50.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *950.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *48.98*

4. TOTAL POLITICAL EXPENDITURES

\$ *951.92*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

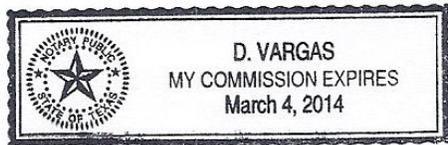
\$ *0*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *NA*

8 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.

*Jose Rubio Sr.*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose Rubio Jr., this the 14th day of May, 20 10, to certify which, witness my hand and seal of office.

*D. Vargas*  
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: <b>1</b>	
2 FILER NAME <b>Jose Rubio SR.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4-30-2010</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ernesto Silva</b>	7 Amount of contribution (\$) <b>\$500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>902 S LOOP 499, APTS-2 Harlingen TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Consultant</b>		10 Employer (See Instructions) <b>self-employed</b>	
Date <b>5-8-2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ernesto Silva</b>	Amount of contribution (\$) <b>\$400</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>902 S Loop 499, APT 5-2 Harlingen, TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>self-employed</b>	
Date <b>5-10-2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <del><b>Jose Rubio SR.</b></del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>JR, Loan Reimbursement - NA-</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 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>3</b>		2 FILER NAME <b>Jose Rubio JR</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4-30-2010</b>		5 Payee name <b>Sam's Club</b>			
6 Amount (\$) <b>\$30.11</b>		7 Payee address; City; State; Zip Code <b>Alton Loop Blvd Brownsville, TX</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>Post Cards for campaign</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>NA</b>		Office sought <b>Office held</b>	
Date <b>5-7-2010</b>		Payee name <b>Dick Office Supply</b>			
Amount (\$) <b>\$54.13</b>		Payee address; City; State; Zip Code <b>1009 S 77 Sunshine Strip HGD, TX 78550</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>flyer copies</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>NA</b>		Office sought <b>Office held</b>	
Date <b>5-8-2010</b>		Payee name <b>Steiper # 9823</b>			
Amount (\$) <b>\$10.34</b>		Payee address; City; State; Zip Code <b>202 N Ed Carey DR. Harlingen TX 78550</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food Beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Trasost Drinks for workers</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>NA</b>		Office sought <b>Office held</b>	
Date <b>5-8-2010</b>		Payee name <b>Family Dallas</b>			
Amount (\$) <b>\$7.29</b>		Payee address; City; State; Zip Code <b>821 W Harrison Harlingen TX 78550</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>Masking Tape</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>NA</b>		Office sought <b>Office held</b>	

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.

<b>1</b> Total pages Schedule F: <i>3</i>	<b>2</b> FILER NAME <i>Rose Rubio SR.</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>5-1-2010</i>	<b>5</b> Payee name <i>Sam's Wholesale Club</i>	
<b>6</b> Amount (\$) <i>\$212.95</i>	<b>7</b> Payee address; City; State; Zip Code <i>11004 Glover Blvd Brownsville, TX</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>misc food for party</i>
	Candidate / Officeholder name <i>NA</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>5/8/2010</i>	Payee name <i>Sunny Sanchez</i>	
Amount (\$) <i>\$240</i>	Payee address; City; State; Zip Code <i>1601 High ST Hearlingen, TX 78550</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign worker</i>
	Candidate / Officeholder name <i>NA</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>5-8-2010</i>	Payee name <i>Amanda Cruz</i>	
Amount (\$) <i>\$30</i>	Payee address; City; State; Zip Code <i>710 Lozano Hearlingen TX 78550</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign worker</i>
	Candidate / Officeholder name <i>NA</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>5/8/2010</i>	Payee name <i>Family Dollar</i>	
Amount (\$) <i>\$42.67</i>	Payee address; City; State; Zip Code <i>821 W Harrison Hearlingen TX 78550</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Other &amp; Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Drinks &amp; Umbrellas</i>
	Candidate / Officeholder name <i>NA</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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>3</b>	2 FILER NAME <b>Jose Rubio Sr.</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>5-8-2010</b>	5 Payee name <b>Sesh Martiney</b>	
6 Amount (\$) <b>\$110</b>	7 Payee address; City; State; Zip Code <b>1109 E Filmore Harlingen TX 78552</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>delivered campaign cards</b>
	Candidate / Officeholder name <b>-NA-</b>	Office sought <b>-NA-</b> Office held
Date <b>5-7-2010</b>	Payee name <b>Pizza Patron #24</b>	
Amount (\$) <b>\$12.99</b>	Payee address; City; State; Zip Code <b>806 N 13th St Harlingen TX 78550</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>campaign worker's food</b>
	Candidate / Officeholder name <b>-NA-</b>	Office sought <b>-NA-</b> Office held
Date <b>5/7/2010</b>	Payee name <b>wal-mart</b>	
Amount (\$) <b>\$18.21</b>	Payee address; City; State; Zip Code <b>1801 W. Lincoln Harlingen TX 78552</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>copy paper</b>
	Candidate / Officeholder name <b>-NA-</b>	Office sought <b>-NA-</b> Office held
Date <b>5-10-10</b>	Payee name <b>Jose Rubio Sr.</b>	
Amount (\$) <b>\$183.73</b>	Payee address; City; State; Zip Code <b>2307 Hicewood Rd Harlingen TX 78552</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Loan Repayment/Reimbursements</b>	Description (If travel outside of Texas, complete Schedule T) <b>paid back part of loan</b>
	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME <i>Jose Rubio SR</i>	2 ACCOUNT # (Ethics Commission Filers)
-------------------------------------	--

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder