

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)

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

18 CONTRIBUTION TOTALS

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

\$ 0

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

\$ 120,700.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 29,496.74

CONTRIBUTION BALANCE

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

\$ 199,784.79

OUTSTANDING LOAN TOTALS

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

\$ 0

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jaimes Palacios, this the 15th day of July, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

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

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.

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.

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J) | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 6.11.10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LFD Home furnishings | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) LCD HDTV 32" Toshiba for Golf Tournament Door prize |
| 6 Contributor address; City; State; Zip Code 1602 S. 23rd McAllen TX 78503 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm LFD Home furnishings | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
|---|--|---|--|
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
|---|--|---|--|
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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: | | 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 1.4.10 | | 5 Payee name Catholic Charities | | | |
| 6 Amount (\$) 1500.00 | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Donation | | (b) 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 The Ballot | | | |
| Amount (\$) 500.00 | | Payee address; City; State; Zip Code 1418 Pecan Blvd. McAllen TX 78501 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Advertising | | (b) 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 2.10.10 | | Payee name Edinburg Youth Soccer Club (EYSC) | | | |
| Amount (\$) 175.00 | | Payee address; City; State; Zip Code P.O BOX 2153 Edinburg TX 78539 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Donation | | (b) 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 3.8.10 | | Payee name McAllen Memorial Theatre Booster | | | |
| Amount (\$) 200.00 | | Payee address; City; State; Zip Code 101 E Hackberry Ave. McAllen TX 78501 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Donation | | (b) 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

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: | | 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 2.25.10 | | 5 Payee name A+L Athletics | | | |
| 6 Amount (\$) 250.00 | | 7 Payee address: City: State: Zip Code McAllen TX 78501 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Donation | | (b) 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 | |
| 4 Date 3.12.10 | | 5 Payee name Pat Carter | | | |
| 6 Amount (\$) 200.00 | | 7 Payee address: City: State: Zip Code 6412 N. US Hwy 1 281 Edinburg TX 78541 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Donation | | (b) 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 | |
| 4 Date 3.18.10 | | 5 Payee name St. Joseph Catholic Church | | | |
| 6 Amount (\$) 500.00 | | 7 Payee address: City: State: Zip Code 122 W. Fay Edinburg TX 78539 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Donation | | (b) 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 | |
| 4 Date 4.14.10 | | 5 Payee name Boys + Girls Club of Edinburg | | | |
| 6 Amount (\$) 500.00 | | 7 Payee address: City: State: Zip Code P.O. Box 1079 Edinburg TX 78540 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Donation | | (b) 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

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: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 5-12-10 | 5 Payee name San Juan Parks + Recreation | |
| 6 Amount (\$) 500.00 | 7 Payee address: City: State: Zip Code 301 E. Hall Acres San Juan, TX 78589 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Donation | (b) Description (if travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 5-14-10 | 5 Payee name Hidalgo Co. Bar Association | |
| 6 Amount (\$) 1000.00 | 7 Payee address: City: State: Zip Code 314 South Closer Edinburg TX 78539 | |
| 8 PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description (if travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 5-19-10 | 5 Payee name St. Teresa Catholic Church | |
| 6 Amount (\$) 500.00 | 7 Payee address: City: State: Zip Code Edcouch, TX | |
| 8 PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description (if travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 10-2-10 | 5 Payee name Central Christian School | |
| 6 Amount (\$) 36.00 | 7 Payee address: City: State: Zip Code McAllen, TX 78501 | |
| 8 PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description (if travel outside of Texas, complete Schedule T) |
| 9 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: | | 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 6-16-10 | | 5 Payee name Veronica Reyes - Perez | | | |
| 6 Amount (\$) 100.00 | | 7 Payee address: City: State: Zip Code McAllen TX 78501 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Donation | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 6-25-10 | | Payee name Jaime J. Palacios | | | |
| Amount (\$) 814.67 | | Payee address: City: State: Zip Code 1303 S Ebony Prmr, TX 78511 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 3-4-10 | | Payee name VAMOS | | | |
| Amount (\$) 1000.00 | | Payee address: City: State: Zip Code McAllen TX 78501 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 3-4-10 | | Payee name Mujeres Unidas | | | |
| Amount (\$) 1000.00 | | Payee address: City: State: Zip Code McAllen, TX 78501 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| 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: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 3.26.10 | 5 Payee name Shine Global | |
| 6 Amount (\$) 1000.00 | 7 Payee address: City: State: Zip Code 225 Midland Ave. Montclair, NJ 07042 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) donation | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 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 |
| 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

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.

| | | |
|---|---|---|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 10-12-10 | 5 Payee name Jaime J. Palacios | |
| 6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: City: State: Zip Code 1303 S. Ebony Pharr TX 78577 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| | Food/Beverage Expense | (Mundo's Grocery) |
| Date 10-12-10 | Payee name Jaime J. Palacios | |
| Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address: City: State: Zip Code 1303 S. Ebony Pharr, TX 78577 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Food Beverage Expense | (Lunars SuperMarket) |
| Date 10-12-10 | Payee name Jaime J. Palacios | |
| Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address: City: State: Zip Code 1303 S. Ebony Pharr TX 78577 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Food/Beverage Expense | (Sun's Club) |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 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) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: | 2 FILER NAME Jaime "Jay" Palacios | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

| | |
|--------------------------|---|
| 4 Date 6.12.10 | 5 Business name Monte Cisto Golf and Country Club |
|--------------------------|---|

| | |
|-------------------------------------|---|
| 6 Amount (\$) \$12,389.96 | 7 Business address; City; State; Zip Code 2919 N. Edinburg Tx 78549 78541 Kenyon Rd. |
|-------------------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event Expense | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

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

| | |
|------------------------|------------------------------------|
| Date 6.12.10 | Business name MS Designs |
|------------------------|------------------------------------|

| | |
|----------------------------------|--|
| Amount (\$) \$1,013.22 | Business address; City; State; Zip Code 424 W. Hamison Hawlingen, Tx 78530 |
|----------------------------------|--|

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

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

| | |
|------------------------|---|
| Date 6.11.10 | Business name Academy Sports + Outdoors |
|------------------------|---|

| | |
|--------------------------------|---|
| Amount (\$) \$184.46 | Business address; City; State; Zip Code West McAllen McAllen TX 78501 |
|--------------------------------|---|

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

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

| | |
|------------------------|------------------------------------|
| Date 6.11.10 | Business name Sam's Club |
|------------------------|------------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$713.24 | Business address; City; State; Zip Code McAllen TX 78501 |
|--------------------------------|--|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--------------|--|

| | |
|--------------------|-------------------------------|
| 4 Date 10.11.10 | 5 Business name Sam's Club |
|--------------------|-------------------------------|

| | |
|---------------------------|--|
| 6 Amount (\$) \$648.64 | 7 Business address; City; State; Zip Code McAllen, TX |
|---------------------------|--|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food Beverage Expense | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

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

| | |
|------------------|---------------------------------------|
| Date 10.11.10 | Business name LFD Home furnishings |
|------------------|---------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$490.08 | Business address; City; State; Zip Code 1602. S. 23rd McAllen Texas 78503 |
|-------------------------|--|

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

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

| | |
|-----------------|---------------------------------|
| Date 6.30.10 | Business name The Perfect 10 |
|-----------------|---------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$547.54 | Business address; City; State; Zip Code 2300 S. Cage Pharr, TX 78577 |
|-------------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other / T-shirts / caps | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

| | |
|----------------|---------------------------------|
| Date 6.1.10 | Business name The Perfect 10 |
|----------------|---------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$3,553.85 | Business address; City; State; Zip Code 2300 S. Cage Pharr TX 78577 |
|---------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other / T-shirts / caps | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|--------------|--|
| 1 Total pages Schedule H: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--------------|--|

| | |
|-------------------|---|
| 4 Date 5:25:10 | 5 Business name Lopez Sewing Center + Embroidery |
|-------------------|---|

| | |
|-------------------------|--|
| 6 Amount (\$) 151.55 | 7 Business address; City: State: Zip Code 4108 S 23rd St McAllen TX 78501 |
|-------------------------|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other / T-shirts | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

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

| | |
|-----------------|---------------------------|
| Date 5:13:10 | Business name CopyZone |
|-----------------|---------------------------|

| | |
|-----------------------|---|
| Amount (\$) 280.96 | Business address; City: State: Zip Code 4131 N. 10th Street McAllen TX 78504 |
|-----------------------|---|

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

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

| | |
|-----------------|---|
| Date 6:17:10 | Business name Lopez Sewing Center + Embroidery |
|-----------------|---|

| | |
|----------------------|---|
| Amount (\$) 62.24 | Business address; City: State: Zip Code 4108 S. 23rd St McAllen TX 78501 |
|----------------------|---|

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

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

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--------------|--|

| | |
|-------------------|-----------------------------|
| 4 Date 5.21.10 | 5 Business name Copyzone |
|-------------------|-----------------------------|

| | |
|------------------------|---|
| 6 Amount (\$) \$277.72 | 7 Business address; City; State; Zip Code 4131 North 10th Street McAllen TX 78504 |
|------------------------|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

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

| | |
|-----------------|---|
| Date 5.21.10 | Business name Edinburg MPD - Post office |
|-----------------|---|

| | |
|---------------------|---|
| Amount (\$) \$62.48 | Business address; City; State; Zip Code Edinburg, TX 78539 |
|---------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other - postage for advertising | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

| | | | | |
|--|---|-------------------------------|--|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| 6-30-10 | Attny at Law Beth Bergh 6 Contributor address: City: State: Zip Code 2102 W. University Edinburg TX 78539 | 100.00 | | |
| | | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Attny | | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 6-30-10 | Samuel Reyes Contributor address: City: State: Zip Code 9812 Las Palmas McAllen TX 78501 | 100.00 | | |
| | | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attny | | | Contributor's job title | |
| Contributor's employer/law firm | | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 6-30-10 | Larry and Lorie Cox Contributor address: City: State: Zip Code 203 W. Hall Street Pflugerville TX 78660 | 100.00 | | |
| | | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Business man | | | Contributor's job title | |
| Contributor's employer/law firm | | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 10-30-10 | R. David Guerra 6 Contributor address: City: State: Zip Code 423 Nightingale McAllen TX 78501 | 250.00 | |
| 9 Contributor's principal occupation Banker | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm TBC | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10-30-10 | J. Humberto Rodriguez Contributor address: City: State: Zip Code P.O. Box 1078 Edinburg TX 78539 | 250.00 | |
| Contributor's principal occupation Business man | | Contributor's job title | |
| Contributor's employer/law firm Esquisita Villas | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10-30-10 | A. Ford Sasser and Abbie Sasser Contributor address: City: State: Zip Code 315 E. Dallas McAllen TX 78501 | 250.00 | |
| Contributor's principal occupation Banker | | Contributor's job title | |
| Contributor's employer/law firm Rio Bank | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kelly Rivera</i> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| <i>6-30-10</i> | 6 Contributor address; City; State; Zip Code <i>200 E. Cano Edinburg, TX 78539</i> | <i>250.00</i> | |
| 9 Contributor's principal occupation <i>Attmy.</i> | | (If travel outside of Texas, complete Schedule T) | |
| 11 Contributor's employer/law firm <i>Law office of Kelly Rivera</i> | | 10 Contributor's job title | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | 12 Law firm of contributor's spouse (if any) | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Melissa Rios Montes</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| <i>6-30-10</i> | Contributor address; City; State; Zip Code <i>P.O Box 721044 McAllen TX 78501</i> | <i>250.00</i> | |
| Contributor's principal occupation <i>Attmy</i> | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's employer/law firm <i>Law office of Melissa Rios Montes</i> | | Contributor's job title | |
| If contributor is a child, law firm of parent(s) (if any) | | Law firm of contributor's spouse (if any) | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Emerson Arellano</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| <i>6-30-10</i> | Contributor address; City; State; Zip Code <i>1036 W. Front Street Brownsville, TX 78529</i> | <i>250.00</i> | |
| Contributor's principal occupation | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's employer/law firm | | Contributor's job title | |
| If contributor is a child, law firm of parent(s) (if any) | | Law firm of contributor's spouse (if any) | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Domingo Rodriguez | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address; City; State; Zip Code P.O. Box 882 Edinburg TX 78539 | 250.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Bail Bonds man | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm A-Mingo Bailbonds | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaine Aleman | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address; City; State; Zip Code 3305 W. Alberta Edinburg TX 78539 | 250.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Jaine Aleman | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose J. Reyna | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address; City; State; Zip Code P.O. Box 6780 McAllen TX 78501 | 250.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Jose J. Reyna | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Jaime Morales 6 Contributor address: City: State: Zip Code 5526 N. 10th Street McAllen, TX 78501 | 250.00 | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Jaime Morales | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Discount Bail bonds Contributor address: City: State: Zip Code 3111 S. Hwy 281 Edinburg, TX 78541 | 250.00 | |
| Contributor's principal occupation Bail bonds man | | Contributor's job title | |
| Contributor's employer/law firm Discount Bail bonds | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Antonio Pena Contributor address: City: State: Zip Code 4907 S. Jackson Edinburg TX 78539 | 300.00 | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Antonio Pena | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Rogelio Garza 6 Contributor address: City: State: Zip Code P.O. Box 780074 McAllen TX 78504 | 300.00 | |
| 9 Contributor's principal occupation Attny | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Rogelio Garza | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Robert Capello Contributor address: City: State: Zip Code 101 N. 10th Ave Edinburg TX 78539 | 350.00 | |
| Contributor's principal occupation Attny. | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Robert Capello | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Damian Orozco Contributor address: City: State: Zip Code 1138 E. Expressway Aram, TX 78517 83, Suite C | 350.00 | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Damian Orozco | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose A Vela and Armandina Vela | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 1405 Melinda Drive Mission, TX 78512 | 350.00 | |
| 9 Contributor's principal occupation pharmacists | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Rios and Dolores Rios | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 104 E Lark McAllen TX 78501 | 400.00 | |
| Contributor's principal occupation Business man | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norman Cordova | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 121 S. 8th St. Donna TX 78537 | 500.00 | |
| Contributor's principal occupation Bail bonds man | | Contributor's job title | |
| Contributor's employer/law firm South TX Bail bonds | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. Roel Garcia | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 185 Cherokee Ave. Pharr TX 78577 | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| 9 Contributor's principal occupation Attmy. | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of J. Roel Garcia | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oscar Longoria | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 118 S. Shamy Rd Mission TX 78572 | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Attmy | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Oscar Longoria | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller and Montalvo | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 1112 N. 10th St McAllen TX 78501 Suite 1B | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Attmys | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mania Rojas</i> | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| <i>6-30-10</i> | 6 Contributor address: City: State: Zip Code <i>1311 Quinta Circle Mission TX 78572</i> | <i>500.00</i> | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| 9 Contributor's principal occupation | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michael Tuttle</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| <i>6-30-10</i> | Contributor address: City: State: Zip Code <i>P.O. Box 4450 Edinburg</i> | <i>500.00</i> | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title | |
| Contributor's employer/law firm <i>Law Office of Michael Tuttle</i> | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Eddy Trevino</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| <i>6-30-10</i> | Contributor address: City: State: Zip Code <i>4418 S. McCall Rd. McAllen TX 78501</i> | <i>500.00</i> | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title | |
| Contributor's employer/law firm <i>Law Office of Eddy Trevino</i> | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Traci Evans | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 323 W. Cano Edinburg TX 78539 | 500.00 | |
| 9 Contributor's principal occupation Attny | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Traci L. Evans | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert and Melba Ramirez | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code P.O. Box 1266 Pharr TX 78577 | 500.00 | |
| Contributor's principal occupation Businessman | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnulfo Martinez | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 1606 McColl Rd. Edinburg TX 78539 | 500.00 | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Arnulfo Martinez | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Derek Harkrider 6 Contributor address: City: State: Zip Code P.O Box 3849 McAllen TX 78540 | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| 9 Contributor's principal occupation Attny | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law office of Derek Harkrider | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Rodolfo Canche Contributor address: City: State: Zip Code 3525 W. Edinburg TX 78539 Freddy Gonzalez | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Rodolfo Canche | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | J. Oscar Barrera Contributor address: City: State: Zip Code 708 Quail Ave Edinburg TX 78539 Apt. 3 | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm J. Oscar Barrera Attny at Law | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Candelario Ontiveros | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address; City; State; Zip Code 413 Beaumont Ave McAllen TX 78501 | 500.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Business man | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loredo + Manoguin | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address; City; State; Zip Code 2720 W. Canton Rd. Edinburg TX 78541 Stc. A | 500.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attys | | Contributor's job title | |
| Contributor's employer/law firm Loredo + Manoguin | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erasmus + Cathy Alvarado | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address; City; State; Zip Code 4600 Violet Ave. McAllen TX 78504 | 500.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law office of Cathy Alvarado | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Johnny Rodriguez 6 Contributor address: City: State: Zip Code P.O. Box 1900 Weslaco TX 78599 | 500.00 | |
| 9 Contributor's principal occupation Businessman | | (If travel outside of Texas, complete Schedule T) | |
| 11 Contributor's employer/law firm | | 10 Contributor's job title | |
| 12 Law firm of contributor's spouse (if any) | | | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Alberto Barbosa Contributor address: City: State: Zip Code 817 N. Ware Road Ste 22 McAllen TX 78501 | 500.00 | |
| Contributor's principal occupation Attorney | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's employer/law firm Law Office of Alberto Barbosa | | Contributor's job title | |
| 12 Law firm of contributor's spouse (if any) | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Carlos Ortega Contributor address: City: State: Zip Code 6521 N. 10th Street McAllen TX 78501 Ste. F | 500.00 | |
| Contributor's principal occupation Attorney | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's employer/law firm Law Office of Carlos Ortega | | Contributor's job title | |
| 12 Law firm of contributor's spouse (if any) | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Willetta + Guerra | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 10-30-10 | 6 Contributor address: City: State: Zip Code 10213 North 10th Street McAllen TX 78501 | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| 9 Contributor's principal occupation Attneys | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Willetta + Guerra | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John David Franz | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10-30-10 | Contributor address: City: State: Zip Code 400 N. McColl Rd McAllen TX 78501 Ste. A | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of David Franz | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A-24 Hour Bail Bonds | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10-30-10 | Contributor address: City: State: Zip Code 1506 W. Pecan Blvd. McAllen, TX 78501 | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Bailbonds | | Contributor's job title | |
| Contributor's employer/law firm A-24 Hour Bail Bonds | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Hockema + Longoria 6 Contributor address: City: State: Zip Code 600 E Nolana McAllen TX 78501 | 500.00 | |
| 9 Contributor's principal occupation Attys | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Hockema + Longoria | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Joe Richard Flores Contributor address: City: State: Zip Code 4212 Mar Ave Edinburg TX 78539 | 500.00 | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Joe R. Flores | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Antonio Villeda Contributor address: City: State: Zip Code 5414 North 10th Street McAllen TX 78501 | 500.00 | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Antonio Villeda | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arturo Guerra | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 10-30-10 | 6 Contributor address; City; State; Zip Code 2701 S. 2nd Street Edinburg TX 78539 | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| 9 Contributor's principal occupation Business man | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Callvillo | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10-30-10 | Contributor address; City; State; Zip Code 6316 N. 10th St. McAllen TX 78501 | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Augusto A. Castillon | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10-30-10 | Contributor address; City; State; Zip Code 2805 Santa Esperanza Mission TX 78572 | 500.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Business man | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Horacio Pena Jr 6 Contributor address: City: State: Zip Code 900 N. Bryan Ste. 802 Mission TX 78712 | 500.00 | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Horacio Pena Jr | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Diann Bartek Contributor address: City: State: Zip Code 112 E Pecan San Antonio TX #1800 78205 | 500.00 | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm Matthews + Cox | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | John David Franz + Annette Franz Contributor address: City: State: Zip Code 400 N. McColl Rd. McAllen TX Ste. B 78501 | 500.00 | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of John David Franz | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J) | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis Koeneke + Ramirez | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 1101 Chicago Ave. McAllen TX 78501 | 500.00 | |
| 9 Contributor's principal occupation Atticus | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Ellis, Koeneke + Ramirez | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos + Cynthia Garza | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 2301 Country Ln Mission TX 78572 | 500.00 | |
| Contributor's principal occupation Business man | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Williamson | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 500 Wichita No. 34 McAllen TX 78501 | 500.00 | |
| Contributor's principal occupation Business man | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tijerna Law Firm | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address; City: State: Zip Code 1308 S. 10th Ave. Edinburg TX 78539 | 500.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Attney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Tijerna Law Firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael De Leon | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address; City: State: Zip Code 3005 Dove Ave Mission TX 78572 | 500.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Higdon Law Firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Flores + Torres | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address; City: State: Zip Code 118 E. Cano St. Edinburg TX 78539 | 500.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attneys | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Flores + Torres | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adolfo "A" Alvarez | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 4409 N. McCall Rd. McAllen TX 78501 | 500.00 | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Adolfo Alvarez | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|--|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eloy Sepulveda | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 716 S. Texas Weslaco TX 78596 | 500.00 | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Eloy Sepulveda | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|--|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton Biechlin Segrato | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 418 East Dale McAllen TX 78501 | 500.00 | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm Thornton Biechlin Segrato | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Yzaquiere + Chapa 6 Contributor address: City: State: Zip Code 6521 N. WORTHEN TX 78501 10th St. | 500.00 | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Yzaquiere + Chapa | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Palacios + Love Contributor address: City: State: Zip Code 5120 West Edinburg TX 78539 Carton Suite B | 500.00 | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm Palacios + Love | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Jerry Conover Contributor address: City: State: Zip Code P.O. Box 1577 Edinburg TX 78541 | 500.00 | |
| Contributor's principal occupation Businessman | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Law Office of Arturo Guerra</i> | 7 Amount of contribution (\$) <i>500.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code <i>414 S. Cage Blvd Pharr TX 78577</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation <i>Attorney</i> | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm <i>Law Office of Arturo Guerra</i> | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Manio Davila</i> | Amount of contribution (\$) <i>500.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>P.O. Box 3128 McAllen TX 78502</i> | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title | |
| Contributor's employer/law firm <i>Law Office of Manio Davila</i> | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Slusher + Associates</i> | Amount of contribution (\$) <i>500.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>4400 N. 10th Street Suite F3 McAllen TX 78501</i> | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title | |
| Contributor's employer/law firm <i>Slusher + Associates</i> | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rene A. Ramirez | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code P.O. Box 2234 Edinburg TX 78539 | 500.00 | |
| 9 Contributor's principal occupation County judge | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Hinojosa | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 612 Nolana Ste # 410 McAllen TX 78501 | 500.00 | |
| Contributor's principal occupation Senator / attorney | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saul + Samuel Maldonado | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 801 E. Ferguson Ste. B Pharr TX 78577 | 500.00 | |
| Contributor's principal occupation | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A Budget Bailbonds | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code P.O. Box 4442 McAllen TX 78502 | 500.00 | |
| 9 Contributor's principal occupation Bailbonds man | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm A Budget Bailbonds | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A.E. Martinez | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 606 McColl Rd Edinburg TX 78541 | 500.00 | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Amulfo Martinez | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John David Franz | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 400 N. McColl Rd McAllen TX 78501 | 500.00 | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of John David Franz | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CTC Distributing LTD | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 615 Blaze Edinburg TX 78539 Blvd. | 500.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Businessman | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Efrin Carrera | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 617 S. 12th Edinburg TX Street 78539 | 500.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Efrin Carrera | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez Law Firm | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 4842 S. Edinburg TX Jackson Rd. 78539 | 500.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Sanchez Law Firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orendain + Dominguez | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 10-30-10 | 6 Contributor address: City: State: Zip Code Greystone Centre 320 S. 8th MEALIN TX 78501 | 500.00 | |
| 9 Contributor's principal occupation Attney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Orendain + Dominguez | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernando Saenz | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10-30-10 | Contributor address; City: State: Zip Code 200 East Pike Waslaco TX 78516 | 500.00 | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Fernando Saenz | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawerence Esparza | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10-30-10 | Contributor address; City: State: Zip Code 3525 W. Freddy Gonzalez Ft Stockport TX 78539 | 500.00 | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law of Lawerence Esparza | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A-1 Bailbonds | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address; City; State; Zip Code 710 E. El Cibiolo Rd. Edinburg TX 78539 | 500.00 | |
| 9 Contributor's principal occupation Bailbonds man | | (If travel outside of Texas, complete Schedule T) | |
| 11 Contributor's employer/law firm A-1 Bail bonds | | 10 Contributor's job title | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | 12 Law firm of contributor's spouse (if any) | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Juanita Campos | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address; City; State; Zip Code 1505 Tierra Bella Westlaco TX 78596 | 500.00 | |
| Contributor's principal occupation Attney | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's employer/law firm Law office of San Juanita Campos | | Contributor's job title | |
| If contributor is a child, law firm of parent(s) (if any) | | Law firm of contributor's spouse (if any) | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricardo Flores | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address; City; State; Zip Code 300 E. Pecan MAILER TX 78501 | 500.00 | |
| Contributor's principal occupation Attney | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's employer/law firm Law Office of Ricardo Flores | | Contributor's job title | |
| If contributor is a child, law firm of parent(s) (if any) | | Law firm of contributor's spouse (if any) | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roosevelt Roy Valdez | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 300 E Pecan MEALLEN TX 78572 | 500.00 | |
| 9 Contributor's principal occupation Attney | | (If travel outside of Texas, complete Schedule T) | |
| 11 Contributor's employer/law firm | | 10 Contributor's job title | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | 12 Law firm of contributor's spouse (if any) | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roel Esquivel | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 114th S. 12th AVE Edinburg TX 78539 | 500.00 | |
| Contributor's principal occupation Attney | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's employer/law firm Law Office of Roel Esquivel | | Contributor's job title | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | Law firm of contributor's spouse (if any) | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mauro Barniero | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 3100 Le W. Albert Rd. Edinburg TX 78539 | 500.00 | |
| Contributor's principal occupation Attney | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's employer/law firm Law Office of Mauro Barniero | | Contributor's job title | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | Law firm of contributor's spouse (if any) | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vidaurre Lyde, Rodriguez & Haynes | 7 Amount of contribution (\$) 700.00 | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 202 N 10th Ave Edinburg TX 78539 | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Attys | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Vidaurre Lyde, Rodriguez, Haynes | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Atlas + Hall | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code P.O. Drawer 3725 McAllen TX 78501 | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attys | | Contributor's job title | |
| Contributor's employer/law firm Atlas + Hall | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime Gonzalez | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 1500 Northgate Lane McAllen TX 78504 | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attys | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Jaime Gonzalez | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime J. Munoz | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 1308 Presidente San Juan Tx 78539 | 1000.00 | |
| 9 Contributor's principal occupation Attny | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law office of Jaime J Munoz | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rolando Centru | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 9805 N. 10th Street McAllen TX 78501 | 1000.00 | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Rolando Centru | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricardo Godinez | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 2415 N. 10th Street McAllen TX 78501 | 1000.00 | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Ricardo Godinez | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia + Martinez | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 10113 N 10th St. Suite # McAllen TX 78501 | 1000.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| 9 Contributor's principal occupation Attneys | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Will Steele | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 101 E Xanthisma Ave McAllen TX 78501 | 1000.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Business man | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Ramirez Law Firm | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 820 E Hackberry McAllen TX 78501 | 1000.00 | |
| (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Attneys | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Fernandez | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address; City; State; Zip Code 215 W. Stubbs Edinburg TX 78541 | 1000.00 | |
| 9 Contributor's principal occupation Attney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Robert Fernandez | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) V. Gonzalez + Associates | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address; City; State; Zip Code 121 W. 10th St. McAllen TX 78504 | 1000.00 | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Vicente Gonzalez | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffith + Garza | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address; City; State; Zip Code 100 Savannah Suite 500 McAllen TX 78503 | 1000.00 | |
| Contributor's principal occupation attneys | | Contributor's job title | |
| Contributor's employer/law firm LAW OFFICE OF Griffith & Garza | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J) | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6.30.10 | Barrera, Sanchez + Assoc. 6 Contributor address: City: State: Zip Code 10113 N. 10th Street + suite A McAllen TX 78501 | 1000.00 | |
| 9 Contributor's principal occupation Attyns | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Barrera Sanchez + Assoc. | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6.30.10 | Frank Hausenfluck Jr. Contributor address: City: State: Zip Code P.O Box 1680 pharr TX 78577 | 1000.00 | |
| Contributor's principal occupation Businessman | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6.30.10 | Rene Anzaldua Contributor address: City: State: Zip Code P.O Box 2658 Edinburg TX 78539 | 1000.00 | |
| Contributor's principal occupation Bail bonds man | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Hernandez Law Firm 6 Contributor address: City: State: Zip Code 222 E Vanburen St Ste 700 Houston TX 78550 | 1000.00 | |
| 9 Contributor's principal occupation Attny | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Michael Flanagan Contributor address: City: State: Zip Code 809 Chicago Ave McAllen TX 78501 | 1000.00 | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Michael Flanagan | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Renee Rodriguez - Bertanourt Contributor address: City: State: Zip Code 119 N. 9th Ave Edinburg TX 78539 | 1000.00 | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 6.30.10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rerales Franz | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code 1414 Dove Ave McAllen TX 78502 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation attny | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date 6.30.10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Reyes | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 4016 N. 22nd Street McAllen TX 78501 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation attny | | Contributor's job title | |
| Contributor's employer/law firm Daniel Reyes Attney at Law | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date 6.30.10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jonathan Ball | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 1115 Cardinal Ave McAllen TX 78501 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation attny | | Contributor's job title | |
| Contributor's employer/law firm Jonathan Ball attny at law | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Workplace Benefit Advisors 6 Contributor address; City: State: Zip Code 819 North F Pharr TX 78571 Road | 1000.00 | |
| 9 Contributor's principal occupation Businessman | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Macias Law Firm Contributor address; City: State: Zip Code 4715 South Edinburg TX 78539 Jackson | 1000.00 | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | CRUZ, CANTU, III Contributor address; City: State: Zip Code 810 W. Ferguson Pharr, TX 78537 | 1000.00 | |
| Contributor's principal occupation Businessman | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Loyd Ins. Group Employee Political Action Committee 6 Contributor address: City: State: Zip Code 11900 N. 26th Suite 200 McAllen | 1000.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Villalobos + Villalobos PC Contributor address: City: State: Zip Code 8701 N 23rd McAllen TX 78504 | 1000.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Roel Trevino Contributor address: City: State: Zip Code 1401 W. Polk Pharr TX 78577 | 1000.00 | |
| | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Colunga + Ahlman 6 Contributor address: City: State: Zip Code 106 12th St Edinburg TX 78539 Suite 212 | 1000.00 | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Colunga + Ahlman | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Raul Medina Contributor address: City: State: Zip Code 301 N. Jackson Rd Weather TX 78501 | 1000.00 | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Raul Medina | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Jones Key Galligan Lozano Contributor address: City: State: Zip Code P.O. Box Drawer 1247 Weslaco TX 78596 | 1000.00 | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm Jones, Key Galligan Lozano | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 6-30-10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lucia Thompson | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code 711 Nolana Loop Suite 105 McAllen TX 78501 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Attney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Lucia Thompson | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date 6-30-10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guana + Moore | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 4201 N. McColl Rd. McAllen TX 78501 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Guana + Moore | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date 6-30-10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Santos | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 4409 N. McColl Rd. McAllen TX 78501 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Daniel Santos | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Mike Lopez 6 Contributor address: City: State: Zip Code 2007 E Griffin Parkway Missum TX 78572 | 1000.00 | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Mike Lopez | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Escobedo, Tippit, Cardenas Contributor address: City: State: Zip Code 3900 N. 10th Suite 950 McAllen TX 78504 | 1000.00 | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm Escobedo Tippit Cardenas | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Rosendo Almaraz Contributor address: City: State: Zip Code 260 S. Texas Blvd. Waslaco TX 76794 | 1000.00 | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Rosendo Almaraz | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Everado Abrego 6 Contributor address: City: State: Zip Code 944 W. Nolana, Suite C, Frasn TX 78571 | 1000.00 | |
| 9 Contributor's principal occupation Attney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Everado Abrego | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Felipe Garcia Contributor address: City: State: Zip Code 201 E. University Dr. Edinburg TX 78539 | 1000.00 | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of Felipe Garcia | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | E. Omar Maldonado Contributor address: City: State: Zip Code 4308 N. McCall Rd. HEAllen TX 78501 | 1000.00 | |
| Contributor's principal occupation Attney | | Contributor's job title | |
| Contributor's employer/law firm Law Office of E. Omar Maldonado | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hosana Health Care | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 6-30-10 | 6 Contributor address: City: State: Zip Code 1001 W. Conuzuy Ave Mission TX 78512 | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Hosana Health Care | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruben Ramirez | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 520 W Pecan St. A McAllen TX 78501 | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attny | | Contributor's job title | |
| Contributor's employer/law firm Law of Ruben Ramirez | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jonathan Garza | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| 6-30-10 | Contributor address: City: State: Zip Code 3301 N. K Center Apt. 11202 | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6-30-10 | Ryan Solis 6 Contributor address: City: State: Zip Code 3900 N. 10th Street Suite 915 McAllen, TX 78751 | 1000.00 | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Ryan Solis | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | Ramon Garcia Campaign Contributor address: City: State: Zip Code 222 W. University Dr. Edinburg TX 78539 | 1000.00 | |
| Contributor's principal occupation County Judge | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6-30-10 | James D. Dannenbaum Contributor address: City: State: Zip Code 3100 W. Alabama Street Houston TX | 1000.00 | |
| Contributor's principal occupation Businessman | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 6-30-10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Bobby Garcia | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code 5301 S. McColl Rd Edinburg TX 78539 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Army | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Bobby Garcia | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date 6-30-10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Fred Regalado Builbonds | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code P.O. Box 5217 McAllen TX 78502 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Builbonds man | | Contributor's job title | |
| Contributor's employer/law firm Fred Regalado Builbonds | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date 6-30-10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Marco Alberto Cantu | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 801 W. Ndana Suite 380 McAllen TX 78501 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J) | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6.30.10 | Sergio Valdez 6 Contributor address: City: State: Zip Code P.O BOX 4400 McAllen TX 78501 | 1000.00 | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Law Office of Sergio Valdez | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6.30.10 | The Cisneros Law Firm Contributor address: City: State: Zip Code 312 Lindberg Ave. McAllen TX | 1000.00 | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm The Cisneros Law Firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6.30.10 | Richard Garza Contributor address: City: State: Zip Code 4610 S. Edinburg TX Closner Blvd 78539 | 1000.00 | |
| Contributor's principal occupation attorney | | Contributor's job title | |
| Contributor's employer/law firm law office of Richard Garza | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | | |
|--|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | |
| 6-30-10 | Ricardo Perez + Carolina Perez | 1000.00 | | |
| 6 Contributor address: City: State: Zip Code | | (If travel outside of Texas, complete Schedule T) | | |
| P.O. Box 4629 McAllen TX 78502 | | | | |
| 9 Contributor's principal occupation | | | 10 Contributor's job title | |
| Attorney | | | | |
| 11 Contributor's employer/law firm | | | 12 Law firm of contributor's spouse (if any) | |
| Law Office of Ricardo Perez | | | | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | | |
| | | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 6-30-10 | Salinas-Flores Ricardo Salinas | 1000.00 | | |
| Contributor address: City: State: Zip Code | | (If travel outside of Texas, complete Schedule T) | | |
| 2011 n. Conway Mission TX 78572 | | | | |
| Contributor's principal occupation | | | Contributor's job title | |
| Ricardo Salinas | | | | |
| Contributor's employer/law firm | | | Law firm of contributor's spouse (if any) | |
| Salinas-Flores | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
| | | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 6-30-10 | Roy Meino | 1500.00 | | |
| Contributor address: City: State: Zip Code | | (If travel outside of Texas, complete Schedule T) | | |
| 1012 Martin Ave. Ste. B McAllen TX 78501 | | | | |
| Contributor's principal occupation | | | Contributor's job title | |
| Attorney | | | | |
| Contributor's employer/law firm | | | Law firm of contributor's spouse (if any) | |
| Law Office of Roy Meino | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
| | | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>6-30-10</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Cynthia Gutierrez</i> | 7 Amount of contribution (\$) <i>1500.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code <i>5518 S. Jackson Rd. Edinburg TX 78539</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation <i>Outny</i> | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm <i>Law Office of Cynthia Gutierrez</i> | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date <i>6-30-10</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Reza Badiozzamari</i> | Amount of contribution (\$) <i>1500.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>2820 Royal Palm Circle Heallen TX 78501</i> | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation <i>Businessman</i> | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date <i>6-30-10</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Texas Decon L.P</i> | Amount of contribution (\$) <i>2000.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>5801 N. 10th St. Ste 500 Heallen TX 78501</i> | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation <i>Businessman</i> | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6:30.10 | Ortiz & Millian 6 Contributor address: City: State: Zip Code 1305 Nolana Loop Suite F McAllen TX 78501 | 2500.00 | |
| 9 Contributor's principal occupation | | 10 Contributor's job title | |
| Attny | | | |
| 11 Contributor's employer/law firm | | 12 Law firm of contributor's spouse (if any) | |
| Ortiz & Millian | | | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6:30.10 | Linbarger Goggan Blair Simpson Contributor address: City: State: Zip Code PO Box 17428 Austin TX 78760 | 2500.00 | |
| Contributor's principal occupation | | Contributor's job title | |
| Attny | | | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| Linbarger Goggan Blair Simpson | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 6:30.10 | Garcia + Karam Contributor address: City: State: Zip Code 820 South Main McAllen TX 78501 | 2500.00 | |
| Contributor's principal occupation | | Contributor's job title | |
| Attny | | | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| Garcia + Karam | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 6-30-10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kittelman, Thomas + Gonzalez | 7 Amount of contribution (\$) 2500.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code P.O. Box 1416 HEALDEN TX 78501 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title | |
| 11 Contributor's employer/law firm Kittelman Thomas + Gonzalez | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date 6-30-10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mark Edward Wilkins + GC Wilkins | Amount of contribution (\$) 2500.00 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 1512 N. 14th Street McAllen TX 78501 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attorney | | Contributor's job title | |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date 6-30-10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Roieg, Oliveira + Fisher | Amount of contribution (\$) 2500.00 | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code 855 W. Price Rd. Ste. 9 Brownsville TX 78520 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attorneys | | Contributor's job title | |
| Contributor's employer/law firm Roieg, Oliveira + Fisher | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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 (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

| | | | |
|--|--|---|--|
| 4 Date <i>6-30-10</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Gonzalez + Palacios</i> | 7 Amount of contribution (\$) <i>2500.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code <i>1317 Quebec Ave. NEAthen TX 78501</i> | | (If travel outside of Texas, complete Schedule T) | |

9 Contributor's principal occupation *Attny* 10 Contributor's job title

11 Contributor's employer/law firm *Gonzalez + Palacios* 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

| | | | |
|---|--|---|--|
| Date <i>6-30-10</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Daniel RiOs</i> | Amount of contribution (\$) <i>250.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>4117 Hobbs St. Edinburg TX 78539</i> | | (If travel outside of Texas, complete Schedule T) | |

Contributor's principal occupation *Attay* Contributor's job title

Contributor's employer/law firm *Law office of Daniel RiOs* Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

| | | | |
|--|---|---|--|
| Date <i>6-30-10</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Boarder Health PAC</i> | Amount of contribution (\$) <i>5000.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>4122 W. Nolana NEAthen TX 78501</i> | | (If travel outside of Texas, complete Schedule T) | |

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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