

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Arnoldo</u> MI: _____ NICKNAME: _____      LAST: <u>Lantu</u> SUFFIX: <u>Jr.</u>	<b>OFFICE USE ONLY</b> Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt #: _____      Amount: _____ Date Processed: _____ Date Imaged: _____ <i>2010 JAN 15 AM 11:53</i>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <input type="checkbox"/> Change of Address <u>211 West Park, Pharr, TX 78577</u>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <u>(956) 318-2460</u>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <u>Mr.</u> FIRST: <u>David</u> MI: <u>R</u> NICKNAME: _____      LAST: <u>Gorona</u> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #:      CITY:      STATE:      ZIP CODE <u>420 W. University Dr., Edinburg, TX 78539</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <u>(956) 381-5605</u>		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <u>07 / 01 / 09</u> <u>12 / 31 / 09</u>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <u>03 / 02 / 10</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>Midalgo County Cart #5</u>	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box, Apt. / Suite #:      City:      State:      Zip Code		
<input type="checkbox"/> additional pages			

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

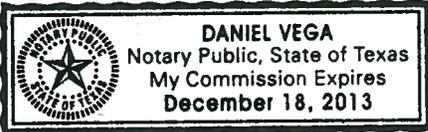
**FORM JC/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>	<b>16 ACCOUNT # (Ethics Commission Filers)</b>
---------------------	--

<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	-- 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	

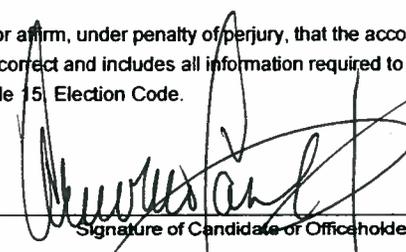
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,250.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 67.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,582.42
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,684.58
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 27,446.00

**19 AFFIDAVIT**

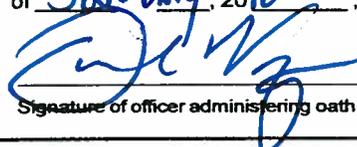


AFFIX NOTARY STAMP / SEAL ABOVE

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

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

  
 \_\_\_\_\_  
 Signature of officer administering oath

Daniel Vega

 \_\_\_\_\_  
 Print name of officer administering oath

Notary Public

 \_\_\_\_\_  
 Title of officer administering oath

**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 6/15/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Macias	7 Amount of contribution (\$) \$1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4715 South Jackson, Edinburg, Tx 78539		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title Owner	
11 Contributor's employer/law firm Macias 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 6/22/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Vega	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1600 Fern, McAllen, Tx 78501		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Owner	
Contributor's employer/law firm Oscar Vega Attorney at Law		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 7/13/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Ortega	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6521 N. 10 <sup>th</sup> , McAllen, Tx 78501		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Owner	
Contributor's employer/law firm Carlos Ortega Attorney 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 FORM 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 7/14/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Canales 6 Contributor address; City; State; Zip Code 2727 West University Dr., Edinburg, TX 78539	7 Amount of contribution (\$) \$1000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Owner	
11 Contributor's employer/law firm Terry Canales attorney at law		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 7/21/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto M. Capello, Jr. Contributor address; City; State; Zip Code 101 N. 10th, Edinburg, TX 78539	Amount of contribution (\$) \$1500.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Owner	
Contributor's employer/law firm Roberto M. Capello, Jr. Attorney at Law		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 6/25/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael D. Tuttle Contributor address; City; State; Zip Code P.O. Box 4450, Edinburg, TX 78540	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Owner	
Contributor's employer/law firm Tuttle Law Firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></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 8/11/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roel Esquivel	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 114 S. 12 <sup>th</sup> Avenue, Edinburg, TX 78539		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title Owner	
11 Contributor's employer/law firm Law Office of Roel Esquivel		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 8/24/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Loredo	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2220 W. Canton Rd., Ste. A, Edinburg, TX 78541		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Partner	
Contributor's employer/law firm Loredo Marroquin P.L.L.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 8/27/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Regalado	Amount of contribution (\$) \$500.00	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 Bail Bond Agent		Contributor's job title Owner	
Contributor's employer/law firm Regalado Bail Bonds		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></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 files)	
4 Date 10/2/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerardo Arriaga 6 Contributor address; City; State; Zip Code 117 Hawk, McAllen, TX 78504	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Owner	
11 Contributor's employer/law firm Law Office of Gerardo Arriaga		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 9/18/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas Ahlman Contributor address; City; State; Zip Code 106 S. 12 <sup>th</sup> , Suite 12, Edinburg, TX 78539	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Partner	
Contributor's employer/law firm Ahlman & Coburn P.L.L.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/6/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Israel Rivas Contributor address; City; State; Zip Code 1401 West Ranch, Pharr, TX 78577	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation Bail Bond Agent		Contributor's job title Owner	
Contributor's employer/law firm 107. 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 FORM 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 10/16/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noises Hernandez 6 Contributor address; City; State; Zip Code 222 E. Van Burton, Marlin, TX 78650	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Clerk	
11 Contributor's employer/law firm Noises Hernandez 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 11/3/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberto Treviño Contributor address; City; State; Zip Code 819 N. I road, Pharr, TX 78577	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any) Alma Treviño	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/16/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loya Insurance Group Employee Pol. Action Com Contributor address; City; State; Zip Code 11900 N. 26th, Suite 200, McAllen, TX 78504	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation Insurance Agent		Contributor's job title	
Contributor's employer/law firm Fred Loya Insurance		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 FORM AS NEEDED**

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/14/09	5 Payee name Law Office of Arnoldo Cantu, Jr. 6 Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	7 Amount (\$) \$4,000.00
8 Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date 11/4/09	Payee name Law Office of Arnoldo Cantu, Jr. Payee address; City; State; Zip Code 211 West Park, Pharr, TX 78577	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) Payment on loan (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date 11/29/09	Payee name Molinar Marketing Payee address; City; State; Zip Code 1101 E. 495, Suite G, San Juan, TX 78540	Amount (\$) \$357.46
Purpose of payment (See instructions regarding type of information required.) Advertising (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date 12/3/09	Payee name Midalgo County Democratic Party Payee address; City; State; Zip Code 305 N. Sharp Road, Mission, TX 78572	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Filing Fees (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/13/09	5 Payee name Law Office of Arnaldo Castro, Jr. 6 Payee address; City; State; Zip Code 211 West Park, Pharr, Tx 78577	7 Amount (\$) \$ 3000.00
8 Purpose of payment (See instructions regarding type of information required.) Payment on Loan (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date 12/21/09	Payee name A.A.M. - Enterprises Payee address; City; State; Zip Code 1101 E. 495, Suite G, San Juan, Tx 78540	Amount (\$) \$ 357.46
Purpose of payment (See instructions regarding type of information required.) Advertisement (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date 10/14/09	5 Payee name Concerned Citizens of Hidalgo 6 Payee address; City; State; Zip Code 418 S. Bridge, Hidalgo, TX 78557	8 Amount (\$) \$ 300.00
7 Purpose of expenditure (See instructions regarding type of information required.) Contribution		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

OUTSTANDING LOANS

SCHEDULE L

The instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnoldo Cantu, Jr

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Law Office of Arnoldo Cantu, Jr

5 Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Law Office of Arnoldo Cantu, Jr

Lender address; City; State; Zip Code

211 West Park, Pharr, TX 78577

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**ASSETS VALUED AT \$500 OR MORE**

**SCHEDULE M**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

HP Computer with Monitor, CPU and Printer.

Description of Asset

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**