

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|  |   |  |                            |
|--|---|--|----------------------------|
| The JC/OH Instruction Guide explains how to complete this form.                          |   | 1 ACCOUNT #<br>(Ethics Commission Filers)  | 2 Total pages filed:       |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>NICKNAME<br><b>MR.</b>   | FIRST<br>LAST<br><b>Arnoldo</b><br><b>CANTU</b>  | MI<br>SUFFIX<br><b>JR.</b> |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>505 W. 9th St. SAN JUAN TX 78589</b>   |  |                            |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(956) 318-2460</b>   |  |                            |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>NICKNAME<br><b>MR.</b>   | FIRST<br>LAST<br><b>DAVID</b><br><b>GORENA</b>   | MI<br>SUFFIX               |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>420 W. UNIVERSITY DR. Edinburg TX 78539</b>   |  |                            |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(956) 318-5605</b>   |  |                            |
| 9 REPORT TYPE  | <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)<br><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) |  |                            |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br><b>July / 15 / 2013    THROUGH    JAN / 14 / 2014</b>  |  |                            |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><b>11 / / 2003</b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                            |
| 12 OFFICE<br>OFFICE HELD (if any)<br><b>Judge; Hidalgo County<br/>COURT AT LAW #5</b>    | 13 OFFICE SOUGHT (if known)   |  |                            |

**OFFICE USE ONLY**

Date Received  
**10/4/2013**

Date Hand-delivered or Postmarked  
*[Signature]*

|           |        |
|-----------|--------|
| Receipt # | Amount |
|           |        |

Date Processed

Date Imaged

RECD JAN 06 2014

**GO TO PAGE 2**

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

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

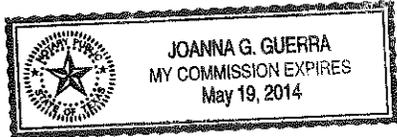
|              |   |
|--------------|---|
| 14 C/OH NAME | 15 ACCOUNT # (Ethics Commission Filers) |
|--------------|---|

|   |   |                                      |
|---|---|--------------------------------------|
| <b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME                       |
|   |   | COMMITTEE ADDRESS                    |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

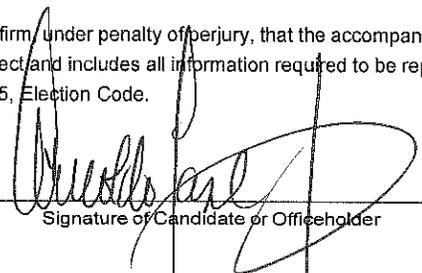
|                         |   |  |
|-------------------------|---|--|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$                                     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 16750 <sup>00</sup> / <sub>xx</sub> |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3878 <sup>86</sup> / <sub>xx</sub>  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 60011 <sup>55</sup> / <sub>xx</sub> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$                                     |

**18 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.



AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Arnoldo Cantu Jr., this the 6 day of January, 20 14, to certify which, witness my hand and seal of office.

Joanna D. Duena  
Signature of officer administering oath

Joanna G. Guerra  
Print name of officer administering oath

Notary  
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<br>Arnoldo Cantu Jr   |  | 3 ACCOUNT # (Ethics Commission Filers)              |  |
| 4 Date<br>18/SEPT/2013   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LAW OFFICES OF Felipe Garcia Jr | 7 Amount of contribution (\$)<br>1000 <sup>00</sup> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>201 E. UNIVERSITY DRIVE<br>Edinburg Tx 78542   |  | (If travel outside of Texas, complete Schedule T)   |  |
| 9 Contributor's principal occupation<br>ATTORNEY   |  | 10 Contributor's job title                          |  |
| 11 Contributor's employer/law firm<br>SELF   |  | 12 Law firm of contributor's spouse (if any)        |  |
| 13 If contributor is a child, law firm of parent(s) (if any)   |  |   |  |
| Date<br>12/SEPT/2013   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Border Health PAC                 | Amount of contribution (\$)<br>5000                 | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>612 W. NOLANA Bldg 300 STE 340<br>MCALLEN TX 78504   |  | (If travel outside of Texas, complete Schedule T)   |  |
| Contributor's principal occupation<br>PAC  |  | 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<br>14/DEC/13  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DANIEL Q LONGORIA                 | Amount of contribution (\$)<br>500 <sup>00</sup>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>4610 S. CLOSER<br>Edinburg Tx 78539  |  | (If travel outside of Texas, complete Schedule T)   |  |
| Contributor's principal occupation<br>ATTORNEY   |  | Contributor's job title                             |  |
| Contributor's employer/law firm<br>SELF  |  | 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 SCHEDULE 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<br><b>Arnaldo Cantu Jr</b>   |   | 3 ACCOUNT # (Ethics Commission Filers)                   |  |
| 4 Date<br><b>16/Dec/2013</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>LAW OFFICE OF ROEL ESQUIVEL, P.C.</b> | 7 Amount of contribution (\$)<br><b>500<sup>00</sup></b> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>114 S. 12<sup>th</sup> Ave<br/>Edinburg Tx 78539</b> |   | (If travel outside of Texas, complete Schedule T)        |  |
| 9 Contributor's principal occupation<br><b>ATTORNEY</b>   |   | 10 Contributor's job title                               |  |
| 11 Contributor's employer/law firm<br><b>SELF</b>   |   | 12 Law firm of contributor's spouse (if any)             |  |
| 13 If contributor is a child, law firm of parent(s) (if any)  |   |  |  |

|  |   |  |  |
|--|---|--|--|
| Date<br><b>1/Dec/2013</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>LAW OFFICE OF ALFRED DENHAM</b> | Amount of contribution (\$)<br><b>500<sup>00</sup></b> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>3700 N. 10<sup>th</sup> St. Ste. 100<br/>McAllen Tx 78501</b> |   | (If travel outside of Texas, complete Schedule T)      |  |
| Contributor's principal occupation<br><b>ATTORNEY</b>  |   | Contributor's job title                                |  |
| Contributor's employer/law firm<br><b>SELF</b>   |   | Law firm of contributor's spouse (if any)              |  |
| If contributor is a child, law firm of parent(s) (if any)  |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Date<br><b>10/Dec/2013</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ELLIS KOENEKE RAMIREZ LLP</b> | Amount of contribution (\$)<br><b>500<sup>00</sup></b> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>1101 Chicago Ave.<br/>McAllen Tx 78501</b> |   | (If travel outside of Texas, complete Schedule T)      |  |
| Contributor's principal occupation<br><b>ATTORNEYS</b>                                      |   | Contributor's job title                                |  |
| Contributor's employer/law firm<br><b>S/A/A</b>   |   | 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<br>Arnoldo Cantu Jr   |  | 3 ACCOUNT # (Ethics Commission Filers)             |  |
| 4 Date<br>16/Dec/2013  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Guerra Law Firm | 7 Amount of contribution (\$)<br>500 <sup>00</sup> | 8 In-kind contribution description (if applicable) |
|  | 6 Contributor address; City; State; Zip Code<br>320 W. PECAN BLVD.<br>MCALLEN TX 78501               | (If travel outside of Texas, complete Schedule T)  |  |
| 9 Contributor's principal occupation<br>ATTORNEY   |  | 10 Contributor's job title                         |  |
| 11 Contributor's employer/law firm<br>SELF   |  | 12 Law firm of contributor's spouse (if any)       |  |
| 13 If contributor is a child, law firm of parent(s) (if any)   |  |  |  |
| Date<br>11/Dec/13  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jose R Guerrero   | Amount of contribution (\$)<br>500 <sup>00</sup>   | In-kind contribution description (if applicable)   |
|  | Contributor address; City; State; Zip Code<br>914 E. ALAN<br>PHARR TX 78577                          | (If travel outside of Texas, complete Schedule T)  |  |
| Contributor's principal occupation<br>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<br>6/Dec/13   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ricardo Gonzalez  | Amount of contribution (\$)<br>500 <sup>00</sup>   | In-kind contribution description (if applicable)   |
|  | Contributor address; City; State; Zip Code<br>P.O. <del>Box</del> DRAWER 630<br>Edinburg Tx 78540    | (If travel outside of Texas, complete Schedule T)  |  |
| Contributor's principal occupation<br>ATTORNEY   |  | Contributor's job title                            |  |
| Contributor's employer/law firm<br>OXFORD & GONZALEZ   |  | 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 SCHEDULE 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<br>Arnoldo Cantu Jr   |   | 3 ACCOUNT # (Ethics Commission Filers)             |  |
| 4 Date<br>26/Nov/13  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Julian Rodriguez                 | 7 Amount of contribution (\$)<br>500 <sup>00</sup> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>2010 MESQUITE<br>Edinburg Tx 78539   |   | (If travel outside of Texas, complete Schedule T)  |  |
| 9 Contributor's principal occupation<br>ATTORNEY   |   | 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<br>26/Nov/13  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LAW OFFICE OF ROBERT M. CAPELLO JR | Amount of contribution (\$)<br>500 <sup>00</sup>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>114 S. 12 <sup>TH</sup> AVE<br>Edinburg Tx 78539   |   | (If travel outside of Texas, complete Schedule T)  |  |
| Contributor's principal occupation<br>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<br>3/Dec/13   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LAW OFFICES OF MARIO DAVIDA        | Amount of contribution (\$)<br>1000                | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>PO Box 3726<br>McAllen Tx 78502  |   | (If travel outside of Texas, complete Schedule T)  |  |
| Contributor's principal occupation<br>ATTORNEY   |   | Contributor's job title                            |  |
| Contributor's employer/law firm<br>SELF  |   | 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 SCHEDULE 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<br><b>Arnoldo Cantu Jr</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)                   |  |
| 4 Date<br><b>5/Dec/13</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ALBERTO BARBOSA, ATTORNEY AT LAW</b> | 7 Amount of contribution (\$)<br><b>500<sup>00</sup></b> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>3327 N. WARE RD. STE. 3<br/>MCALLEN TX 78501</b> |  | (If travel outside of Texas, complete Schedule T)        |  |
| 9 Contributor's principal occupation<br><b>ATTORNEY</b>   |  | 10 Contributor's job title                               |  |
| 11 Contributor's employer/law firm<br><b>SELF</b>   |  | 12 Law firm of contributor's spouse (if any)             |  |
| 13 If contributor is a child, law firm of parent(s) (if any)  |  |  |  |

|  |  |  |  |
|--|--|--|--|
| Date<br><b>2/Dec/13</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>LAW OFFICE OF RODRIGO MARTINEZ</b> | Amount of contribution (\$)<br><b>500<sup>00</sup></b> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>323 W. CANO<br/>EDINBURG TX 78539</b> |  | (If travel outside of Texas, complete Schedule T)      |  |
| Contributor's principal occupation<br><b>ATTORNEY</b>                                  |  | Contributor's job title                                |  |
| Contributor's employer/law firm<br><b>SELF</b>   |  | Law firm of contributor's spouse (if any)              |  |
| If contributor is a child, law firm of parent(s) (if any)                              |  |  |  |

|  |   |  |  |
|--|---|--|--|
| Date<br><b>1/Dec/13</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rogelio Solis</b> | Amount of contribution (\$)<br><b>500<sup>00</sup></b> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>3036 SCOTLAND DR. APT 2<br/>EDINBURG TX 78539</b> |   | (If travel outside of Texas, complete Schedule T)      |  |
| Contributor's principal occupation<br><b>ATTORNEY</b>  |   | Contributor's job title                                |  |
| Contributor's employer/law firm<br><b>SELF</b>   |   | 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**  
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**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<br><b>Arnoldo Cantu Jr</b>   |   | 3 ACCOUNT # (Ethics Commission Filers)                    |  |
| 4 Date<br><b>2/Dec/13</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>KITHEMAN, THOMAS &amp; GONZALEZ, PLLC</b> | 7 Amount of contribution (\$)<br><b>1000<sup>00</sup></b> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>P.O. Box 1416<br/>McAllen Tx 78506</b>                     |   | (If travel outside of Texas, complete Schedule T)         |  |
| 9 Contributor's principal occupation<br><b>ATTORNEYS</b>  |   | 10 Contributor's job title                                |  |
| 11 Contributor's employer/law firm<br><b>S/A/A</b>  |   | 12 Law firm of contributor's spouse (if any)              |  |
| 13 If contributor is a child, law firm of parent(s) (if any)  |   |   |  |
| Date<br><b>6/Dec/13</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>PALACIOS &amp; ASSOCIATES</b>               | Amount of contribution (\$)<br><b>1000<sup>00</sup></b>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>2724 W. CANTON<br/>Edinburg Tx 78539</b>                     |   | (If travel outside of Texas, complete Schedule T)         |  |
| Contributor's principal occupation<br><b>ATTORNEYS</b>  |   | Contributor's job title                                   |  |
| Contributor's employer/law firm<br><b>SAME AS ABOVE</b>   |   | Law firm of contributor's spouse (if any)                 |  |
| If contributor is a child, law firm of parent(s) (if any)   |   |   |  |
| Date<br><b>6/Dec/13</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>WILLIAM R. GARZA &amp; ASSOC., PLLC</b>     | Amount of contribution (\$)<br><b>250<sup>00</sup></b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>3700 N. 10<sup>th</sup> St. Ste 102<br/>McAllen Tx 78501</b> |   | (If travel outside of Texas, complete Schedule T)         |  |
| Contributor's principal occupation<br><b>ATTORNEY</b>   |   | Contributor's job title                                   |  |
| Contributor's employer/law firm<br><b>S/A/A</b>   |   | 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**

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**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<br><b>Arnoldo Cantu Jr</b>   |   | 3 ACCOUNT # (Ethics Commission Filers)                     |  |
| 4 Date<br><b>3/DEC/13</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>THORNTON, BIECHLIN, SEGRATO, REYNOLDS</b> | 7 Amount of contribution (\$)<br><b>500<sup>00</sup>xx</b> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>418 E. DOVE<br/>MCALLEN TX 78504</b> |   | (If travel outside of Texas, complete Schedule T)          |  |
| 9 Contributor's principal occupation<br><b>ATTORNEYS</b>                                |   | 10 Contributor's job title                                 |  |
| 11 Contributor's employer/law firm<br><b>S/A/A</b>                                      |   | 12 Law firm of contributor's spouse (if any)               |  |
| 13 If contributor is a child, law firm of parent(s) (if any)                            |   |  |  |

|  |  |  |  |
|--|--|--|--|
| Date<br><b>3/DEC/13</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>HERNANDEZ LAW FIRM LLP</b> | Amount of contribution (\$)<br><b>500<sup>00</sup></b> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>222 E. VAN BUREN ST. STE 700<br/>HARLINGEN TX 78550</b> |  | (If travel outside of Texas, complete Schedule T)      |  |
| Contributor's principal occupation<br><b>ATTORNEYS</b>   |  | Contributor's job title                                |  |
| Contributor's employer/law firm<br><b>S/A/A</b>  |  | 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#: _____)<br><b>LAW OFFICE OF Ruben Ramirez</b> | Amount of contribution (\$)<br><b>500<sup>00</sup></b> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><b>520 W. PECAN, STE. A<br/>MCALLEN TX 78501</b> |   | (If travel outside of Texas, complete Schedule T)      |  |
| Contributor's principal occupation<br><b>ATTORNEY</b>  |   | Contributor's job title                                |  |
| Contributor's employer/law firm<br><b>SELF</b>   |   | 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)

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

# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B (J)

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

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

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

|   |   |   |                                       |
|---|---|---|---------------------------------------|
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$)                           | 9 In-kind description (if applicable) |
| 7 Pledgor address;      City;   State;   Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                       |

|                                   |                        |
|-----------------------------------|------------------------|
| 10 Pledgor's principal occupation | 11 Pledgor's job title |
|-----------------------------------|------------------------|

|                                |  |
|--------------------------------|--|
| 12 Pledgor's employer/law firm | 13 Law firm of pledgor's spouse (if any) |
|--------------------------------|--|

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

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address;      City;   State;   Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                     |

|                                |                     |
|--------------------------------|---------------------|
| Pledgor's principal occupation | Pledgor's job title |
|--------------------------------|---------------------|

|                             |                                       |
|-----------------------------|---------------------------------------|
| Pledgor's employer/law firm | Law firm of pledgor's spouse (if any) |
|-----------------------------|---------------------------------------|

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

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address;      City;   State;   Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                     |

|                                |                     |
|--------------------------------|---------------------|
| Pledgor's principal occupation | Pledgor's job title |
|--------------------------------|---------------------|

|                             |                                       |
|-----------------------------|---------------------------------------|
| Pledgor's employer/law firm | Law firm of pledgor's spouse (if any) |
|-----------------------------|---------------------------------------|

If pledgor 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.

# LOANS (JUDICIAL)

# SCHEDULE E (J)

|   |  |  |                           |
|---|--|--|---------------------------|
| The Instruction Guide explains how to complete this form.               |  | 1 Total pages Schedule E(J):   |                           |
| 2 FILER NAME  |  | 3 ACCOUNT # (Ethics Commission Filers)   |                           |
| 4 TOTAL OF UNITEMIZED LOANS:    ⇒    ⇒    ⇒    ⇒    ⇒    ⇒              |  |  | \$                        |
| 5 Date of loan  | 7 Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$)   |                           |
| 6 Is lender a financial institution?<br><br>Y    N                      | 8 Lender address;    City;    State;    Zip Code                           | 10 Interest rate   |                           |
|   |  | 11 Maturity date   |                           |
| 12 Lender's Principal Occupation  |  | 13 Lender's Job Title  |                           |
| 14 Lender's Employer/Law Firm   |  | 15 Law Firm of lender's spouse (if any)  |                           |
| 16 If lender is child, law firm of parent(s) (if any)                   |  |  |                           |
| 17 Description of Collateral<br><br><input type="checkbox"/> none       |  | 18 Check if personal funds were deposited into political account<br><br><input type="checkbox"/> |                           |
| 19 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 20 Name of guarantor   |  | 22 Amount Guaranteed (\$) |
|   | 21 Guarantor address;    City;    State;    Zip Code                       |  |                           |
| 23 Guarantor's Principal Occupation                                     |  | 24 Guarantor's Job Title   |                           |
| 25 Guarantor's Employer/Law Firm  |  | 26 Law Firm of guarantor's spouse (if any)   |                           |
| 27 If guarantor is child, law firm of parent(s) (if any)                |  |  |                           |

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                  |   |   |
|----------------------------------|---|---|
| <b>1</b> Total pages Schedule F: | <b>2</b> FILER NAME<br>Arnoldo Cantu Jr | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---|---|

|               |   |
|---------------|---|
| <b>4</b> Date | <b>5</b> Payee name<br>H. Jalgo County Democratic Party |
|---------------|---|

|  |  |
|--|--|
| <b>6</b> Amount (\$)<br>250 <sup>00</sup> / <sub>100</sub> | <b>7</b> Payee address; City; State; Zip Code<br>3307 N. McCOIL Ste. D.<br>McALLEN, TX |
|--|--|

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

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

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# 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<br>22/NOV/13 | 5 Payee name<br>Russo's New York Pizzeria |
|---------------------|---|

|   |   |
|---|---|
| 6 Amount (\$) 93.70<br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br>7017 N. 10 <sup>th</sup> St. McAllen Tx 78504 |
|---|---|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br>Fundraising expense | (b) Description (If travel outside of Texas, complete Schedule T)<br>Fundraising committee MEETINGS/Lunch |
|--------------------------|---|---|

|      |                                |
|------|--------------------------------|
| Date | Payee name<br>Russo's Pizzeria |
|------|--------------------------------|

|   |   |
|---|---|
| Amount (\$) 78 87<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>7017 N. 10 <sup>th</sup> St. McAllen Tx 78504 |
|---|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Fundraising expense | Description (If travel outside of Texas, complete Schedule T)<br>Fundraising committee MEETINGS Lunch. |
|------------------------|---|--|

|                  |   |
|------------------|---|
| Date<br>7/Dec/13 | Payee name<br>Griselda @ MONTE CRISTO GOLF COURSE |
|------------------|---|

|  |  |
|--|--|
| Amount (\$) 24 288<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>3101 KENYON Rd; Edinburg TEXAS 78542 |
|--|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Fundraising expense | Description (If travel outside of Texas, complete Schedule T)<br>Breakfast served to participants |
|------------------------|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><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) |
|------------------------|--|---|

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# 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<br><b>ARNOLDO CANTU JR</b>   | 3 ACCOUNT # (Ethics Commission Filers)   |
| 4 Date<br><b>14/NOV/13</b>  | 5 Payee name<br><b>WIDALGO COUNTY DEMOCRATIC PARTY</b>  |  |
| 6 Amount (\$) <b>1500<sup>00</sup></b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code  |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See categories listed at the top of this schedule)<br><b>FEES (filing fees)</b>                   | (b) Description (If travel outside of Texas, complete Schedule T)                      |
| Date<br><b>18/NOV/13</b>  | Payee name<br><b>COPY ZONE</b>  |  |
| Amount (\$) <b>258<sup>93</sup></b><br><input type="checkbox"/> Reimbursement from political contributions intended               | Payee address; City; State; Zip Code<br><b>4131 N. 10<sup>th</sup> St. McALLEN Tx 78504</b>                     |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>Printed Fundraising brochures</b>            | Description (If travel outside of Texas, complete Schedule T)                          |
| Date<br><b>21/NOV/13</b>  | Payee name<br><b>COPY ZONE</b>  |  |
| Amount (\$) <b>190<sup>11</sup></b><br><input type="checkbox"/> Reimbursement from political contributions intended               | Payee address; City; State; Zip Code<br><b>4131 N. 10<sup>th</sup> St. McALLEN Tx 78504</b>                     |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>Additional Printed Fundraising Brochures</b> | Description (If travel outside of Texas, complete Schedule T)                          |
| Date<br><b>20/NOV/13</b>  | Payee name<br><b>Edinburg Post Office</b>   |  |
| Amount (\$) <b>165<sup>60</sup></b><br><input type="checkbox"/> Reimbursement from political contributions intended               | Payee address; City; State; Zip Code<br><b>Edinburg MPO Edinburg Tx 78539 9998</b>                              |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>Fundraising expense</b>                      | Description (If travel outside of Texas, complete Schedule T)<br><b>POSTAGE STAMPS</b> |

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# 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<br><b>Arnoldo Cantu Jr</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

|                            |   |
|----------------------------|---|
| 4 Date<br><b>21/NOV/13</b> | 5 Payee name<br><b>Edinburg Post Office</b> |
|----------------------------|---|

|   |  |
|---|--|
| 6 Amount (\$) <b>138<sup>00</sup>xx</b><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>Edinburg MPO Edinburg Tx 78539 9998</b> |
|---|--|

|                          |  |  |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>Fundraising expense</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>POSTAGE STAMPS</b> |
|--------------------------|--|--|

|                          |                                       |
|--------------------------|---------------------------------------|
| Date<br><b>21/NOV/13</b> | Payee name<br><b>GATEWAY PRINTING</b> |
|--------------------------|---------------------------------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$) <b>14<sup>68</sup></b><br><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)<br><b>TABS FOR BROCHURES</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Required by Post Office for brochures</b> |
|------------------------|---|---|

|                          |                                  |
|--------------------------|----------------------------------|
| Date<br><b>22/OCT/13</b> | Payee name<br><b>KOKO'S CAFE</b> |
|--------------------------|----------------------------------|

|   |   |
|---|---|
| Amount (\$) <b>216<sup>76</sup></b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>6100 N. 10<sup>th</sup> St. McAllen Tx 78504</b> |
|---|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Fundraising expense</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Fundraising committee MEETINGS/LUNCHEON</b> |
|------------------------|--|---|

|                          |                                  |
|--------------------------|----------------------------------|
| Date<br><b>31/OCT/13</b> | Payee name<br><b>KOKO'S CAFE</b> |
|--------------------------|----------------------------------|

|   |   |
|---|---|
| Amount (\$) <b>161<sup>89</sup></b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>6100 N. 10<sup>th</sup> St. McAllen Tx 78504</b> |
|---|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Fundraising expense</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Fundraising committee Mtng/Lunch</b> |
|------------------------|--|--|

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# 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 | 5 Payee name |
|--------|--------------|

|  |  |
|--|--|
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |

|                          |  |   |
|--------------------------|--|---|
| 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) |
|--------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

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

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# 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.

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

|               |                        |
|---------------|------------------------|
| <b>4</b> Date | <b>5</b> Business name |
|---------------|------------------------|

|                      |  |
|----------------------|--|
| <b>6</b> Amount (\$) | <b>7</b> Business address; City; State; Zip Code |
|----------------------|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (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 | 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <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**

# 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 Filers)                                     |
| 4 Date                    | 5 Payee name  |  |
| 6 Amount (\$)             | 7 Payee address; City; State; Zip Code                                |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| Date                      | Payee name  |  |
| Amount (\$)               | Payee address; City; State; Zip Code                                  |  |
| PURPOSE OF EXPENDITURE    | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| Date                      | Payee name  |  |
| Amount (\$)               | Payee address; City; State; Zip Code                                  |  |
| PURPOSE OF EXPENDITURE    | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| Date                      | Payee name  |  |
| Amount (\$)               | Payee address; City; State; Zip Code                                  |  |
| PURPOSE OF EXPENDITURE    | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

|   |                           |
|---|---------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K: |
|---|---------------------------|

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

|        |   |               |
|--------|---|---------------|
| 4 Date | 5 Name of person from whom amount is received                           | 8 Amount (\$) |
|        | 6 Address of person from whom amount is received; City; State; Zip Code |               |
|        | 7 Purpose for which amount is received                                  |               |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received                           | Amount (\$) |
|      | Address of person from whom amount is received; City; State; Zip Code |             |
|      | Purpose for which amount is received                                  |             |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received                           | Amount (\$) |
|      | Address of person from whom amount is received; City; State; Zip Code |             |
|      | Purpose for which amount is received                                  |             |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received                           | Amount (\$) |
|      | Address of person from whom amount is received; City; State; Zip Code |             |
|      | Purpose for which amount is received                                  |             |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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# 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

|   |                           |
|---|---------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule T: |
|---|---------------------------|

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

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

|                   |  |
|-------------------|--|
| 6 Dates of travel | 7 Name of person(s) traveling                      |
|                   | 8 Departure city or name of departure location     |
|                   | 9 Destination city or name of destination location |

|                            |  |
|----------------------------|--|
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) |
|----------------------------|--|

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

|                 |  |
|-----------------|--|
| Dates of travel | Name of person(s) traveling                      |
|                 | Departure city or name of departure location     |
|                 | Destination city or name of destination location |

|                         |   |
|-------------------------|---|
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) |
|-------------------------|---|

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

|                 |  |
|-----------------|--|
| Dates of travel | Name of person(s) traveling                      |
|                 | Departure city or name of departure location     |
|                 | Destination city or name of destination location |

|                         |   |
|-------------------------|---|
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) |
|-------------------------|---|

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

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

1 C/OH NAME

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