



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

13 C/OH NAME **Maldonado, Enrique Omar (Mr.)**

14 ACCOUNT # (Ethics Commission filers)  
**00000001**

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

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

16 CONTRIBUTION TOTALS

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) \$ 9,400.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 53,049.88

CONTRIBUTION BALANCE

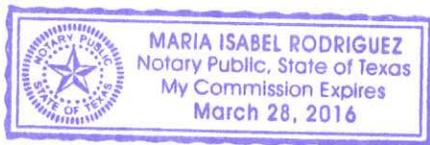
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 170,763.35

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 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.



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Omar Maldonado, this the 4th day of February, 2014, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Maria Isabel Rodriguez Notary Public  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The <b>I</b> NSTRUCTION <b>G</b> UIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/4 Report: 4/36	
<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  01/30/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JONES, GALLIGAN, KEY & LOZANO, LLP  <b>6</b> Contributor address; City; State; Zip Code P.O. DRAWER 1247 WESLACO, TX 78599-1247	<b>7</b> Amount of contribution (\$)  \$750.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Contributor's principal occupation ATTORNEY		<b>10</b> Contributor's job title ATTORNEY	
<b>11</b> Contributor's employer / law firm JONES, GALLIGAN, KEY & LOZANO, LLP		<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)			
Date  01/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF CARLOS R. GALVAN  Contributor address; City; State; Zip Code 3525 W. FREDDY GONZALEZ, SUITE C EDINBURG, TX 78539-8544	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF CARLOS R. GALVAN		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date  01/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF DENNIS RAMIREZ PLLC  Contributor address; City; State; Zip Code 111 N. 17TH ST. SUITE D DONNA, TX 78537	Amount of contribution (\$)  \$750.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF DENNIS RAMIREZ PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/36	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF JORGE MUNOZ PLLC  6 Contributor address; City; State; Zip Code 210 W. CANO ST. SUITE A EDINBURG, TX 78539	7 Amount of contribution (\$)  \$750.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm LAW OFFICE OF JORGE MUNOZ PLLC		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date  01/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF MICHAEL R DE LEON PLLC  Contributor address; City; State; Zip Code 301 N. MAIN ST. SUITE 1 MCALLEN, TX 78501	Amount of contribution (\$)  \$1,500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF MICHAEL R. DE LEON PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date  01/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF MONICA M. GALVAN  Contributor address; City; State; Zip Code 3525 W. FREDDY GONZALEZ DR., SUITE C EDINBURG, TX 78539	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF MONICA M. GALVAN		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4 Report: 6/36	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NATIVE SCAPES  6 Contributor address; City; State; Zip Code 535 TANGERINE EDINBURG, TX 78539	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation INDIVIDUAL		10 Contributor's job title INDIVIDUAL	
11 Contributor's employer / law firm NATIVE SCAPES		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date  01/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RODRIGUEZ, JOHN (Mr.)  Contributor address; City; State; Zip Code 220 S. JACKSON RD. EDINBURG, TX 78539	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation PHARMACY		Contributor's job title PHARMACY	
Contributor's employer / law firm PHARR FAMILY PHARMACY		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL EXPENDITURES	SCHEDULE F
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EXPENDITURE CATEGORIES			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
The INSTRUCTION GUIDE explains how to complete this form.			

1 PAGE # Schedule: 1/29 Report: 7/36	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 01/23/2014	5 Payee name ACOSTA, HILDA (Ms.)
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6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code  TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/25/2014	Payee name ALANIZ, MARIA (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code  TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/20/2014	Payee name ALVARADO, GABRIEL (Mr.)
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Amount (\$) \$300.00	Payee address City; State; Zip Code P.O. BOX 34 EDCOUCH, TX 78538
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/31/2014	Payee name ANGELS OF LOVE
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Amount (\$) \$500.00	Payee address City; State; Zip Code 4020 N. 22ND ST. MCALLEN, TX 78504
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRIBUTION-FASHION EVENT
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/29 Report: 8/36	<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 01/20/2014	<b>5 Payee name</b> BETANCOURT, JOE (Mr.)
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<b>6 Amount (\$)</b> \$200.00	<b>7 Payee address</b> City; State; Zip Code 4825 EAST TEXAS RD. EDINBURG, TX 78539
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/04/2014	<b>Payee name</b> CANDELARIA, MATHIU (Mr.)
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<b>Amount (\$)</b> \$534.00	<b>Payee address</b> City; State; Zip Code 3332 LOS ARCOS WESLACO, TX 78596
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/18/2014	<b>Payee name</b> CANDELARIA, MATHIU (Mr.)
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<b>Amount (\$)</b> \$470.00	<b>Payee address</b> City; State; Zip Code 3332 LOS ARCOS WESLACO, TX 78596
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/30/2014	<b>Payee name</b> CANDELARIA, MATHIU (Mr.)
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<b>Amount (\$)</b> \$270.00	<b>Payee address</b> City; State; Zip Code 3332 LOS ARCOS WESLACO, TX 78596
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/29 Report: 9/36	<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/14/2014	<b>5</b> Payee name CANO, ALBERTO (Mr.)
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address City; State; Zip Code 1418 SOUTH TEXAS MERCEDES, TX 78570
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER - MID VALLEY EVENT	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MID VALLEY EVENT
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/25/2014	Payee name CANO, ALBERTO (Mr.)
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Amount (\$) \$250.00	Payee address City; State; Zip Code 1418 SOUTH TEXAS MERCEDES, TX 78570
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/20/2014	Payee name CANTU, NORMA (Ms.)
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Amount (\$) \$300.00	Payee address City; State; Zip Code P.O. BOX 1258 EDCOUCH, TX 78548
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/04/2014	Payee name CARDMEMBER SERVICE
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Amount (\$) \$17,712.49	Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - PAYMENT TO CAMPAIGN CREDIT CARD	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PAYMENT TO CAMPAIGN CREDIT CARD
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/29 Report: 10/36	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 01/16/2014	5 Payee name CARRERA COMMUNICATIONS		
6 Amount (\$) \$4,250.00	7 Payee address City; State; Zip Code 3406 WEST ALBERTA EDINBURG, TX 78539		

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN CONSULTING
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/31/2014	Payee name CHAVARRIA, EVANGELINA (Ms.)		
Amount (\$) \$420.00	Payee address City; State; Zip Code TX		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> BLOCKWALKING EDINBURG
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/14/2014	Payee name CIRO'S RESTAURANT		
Amount (\$) \$75.67	Payee address City; State; Zip Code 1506 W. PIKE BLVD WESLACO, TX 78596		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD EXPENSE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/25/2014	Payee name CITY OF LA VILLA		
Amount (\$) \$150.00	Payee address City; State; Zip Code 916 S. MIKE CHAPA DR. LA VILLA, TX 78562		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CITY RENTAL FOR CAMPAIGN SOCIAL
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 5/29 Report: 11/36		<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 01/25/2014	<b>5 Payee name</b> CONDE, LETICIA (Ms.)				
<b>6 Amount (\$)</b> \$200.00	<b>7 Payee address</b> City; State; Zip Code P.O. BOX 658 ELSA, TX 78543				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/15/2014	<b>Payee name</b> COUNTRY CAFE				
<b>Amount (\$)</b> \$50.56	<b>Payee address</b> City; State; Zip Code 2905 N. CLOSNER BLVD. EDINBURG, TX 78541				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD EXPENSE		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/25/2014	<b>Payee name</b> DIAZ, JUAN (Mr.)				
<b>Amount (\$)</b> \$300.00	<b>Payee address</b> City; State; Zip Code P.O. BOX 655 ELSA, TX 78543				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/20/2014	<b>Payee name</b> DOMINGUEZ, MELISA (Ms.)				
<b>Amount (\$)</b> \$600.00	<b>Payee address</b> City; State; Zip Code 1109 LIVE OAKS ELSA, TX 78543				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/29 Report: 12/36	<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 01/27/2014	<b>5 Payee name</b> DON PEPE'S RESTAURANT		
<b>6 Amount (\$)</b> \$43.00	<b>7 Payee address</b> City; State; Zip Code 306 N. MCCOLL RD. MCALLEN, TX 78501		

<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD EXPENSE
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/25/2014	<b>Payee name</b> DORANTES, OSCAR (Mr.)		
<b>Amount (\$)</b> \$300.00	<b>Payee address</b> City; State; Zip Code P.O. BOX 655 ELSA, TX 78543		

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/14/2014	<b>Payee name</b> EDINBURG BOYS & GIRLS CLUB		
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code 702 CULLEN STREET EDINBURG, TX 78541		

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> STEAK IN YOUR COMMUNITY DONATION
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/30/2014	<b>Payee name</b> ENVIRONMENTAL AWARENESS CLUB		
<b>Amount (\$)</b> \$175.00	<b>Payee address</b> City; State; Zip Code 1201 W. UNIVERSITY DR EDINBURG, TX 78539		

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> UTPA EVENT
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 7/29 Report: 13/36	<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/31/2014	<b>5</b> Payee name ESPINOZA, ROSA (Ms.)
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<b>6</b> Amount (\$) \$320.00	<b>7</b> Payee address City; State; Zip Code 1209 VICTORY ST. SAN JUAN, TX 78589
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/13/2014	Payee name ESQUIVEL, CLAUDIA (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 4105 HIBISCUS MCALLEN, TX 78501
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/23/2014	Payee name ESQUIVEL, CLAUDIA (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 4105 HIBISCUS MCALLEN, TX 78501
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/01/2014	Payee name FACEBOOK
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Amount (\$) \$40.00	Payee address City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 8/29 Report: 14/36		<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 01/03/2014	<b>5 Payee name</b> FACEBOOK				
<b>6 Amount (\$)</b> \$40.00	<b>7 Payee address City; State; Zip Code</b> 1601 WILLOW RD. MENLO PARK, CA 94025				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> ADVERTISING		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/05/2014	<b>Payee name</b> FACEBOOK				
<b>Amount (\$)</b> \$40.00	<b>Payee address City; State; Zip Code</b> 1601 WILLOW RD. MENLO PARK, CA 94025				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> ADVERTISING		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/07/2014	<b>Payee name</b> FACEBOOK				
<b>Amount (\$)</b> \$40.00	<b>Payee address City; State; Zip Code</b> 1601 WILLOW RD. MENLO PARK, CA 94025				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> ADVERTISING		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/09/2014	<b>Payee name</b> FACEBOOK				
<b>Amount (\$)</b> \$40.00	<b>Payee address City; State; Zip Code</b> 1601 WILLOW RD. MENLO PARK, CA 94025				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> ADVERTISING		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 9/29 Report: 15/36		<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 01/10/2014		<b>5 Payee name</b> FACEBOOK			
<b>6 Amount (\$)</b> \$37.19		<b>7 Payee address</b> City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 01/11/2014		<b>Payee name</b> FACEBOOK			
<b>Amount (\$)</b> \$27.81		<b>Payee address</b> City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 01/13/2014		<b>Payee name</b> FACEBOOK			
<b>Amount (\$)</b> \$45.00		<b>Payee address</b> City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 01/15/2014		<b>Payee name</b> FACEBOOK			
<b>Amount (\$)</b> \$40.00		<b>Payee address</b> City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 10/29 Report: 16/36	<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/17/2014	<b>5</b> Payee name FACEBOOK
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<b>6</b> Amount (\$) \$42.13	<b>7</b> Payee address City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/18/2014	Payee name FACEBOOK
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Amount (\$) \$37.87	Payee address City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/20/2014	Payee name FACEBOOK
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Amount (\$) \$40.60	Payee address City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/22/2014	Payee name FACEBOOK
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Amount (\$) \$40.00	Payee address City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 11/29 Report: 17/36	<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/24/2014	<b>5</b> Payee name FACEBOOK
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<b>6</b> Amount (\$) \$41.45	<b>7</b> Payee address City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/26/2014	Payee name FACEBOOK
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Amount (\$) \$40.00	Payee address City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/29/2014	Payee name FACEBOOK
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Amount (\$) \$40.00	Payee address City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/31/2014	Payee name FACEBOOK
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Amount (\$) \$40.00	Payee address City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 12/29 Report: 18/36	<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)	<b>3 ACCOUNT #</b> (TEC filers) 00000001
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<b>4 Date</b> 01/23/2014	<b>5 Payee name</b> FLORES, SYLVIA (Ms.)
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<b>6 Amount (\$)</b> \$200.00	<b>7 Payee address</b> City; State; Zip Code 2509 PASEO ENCANTADO ST. MISSION, TX 78572
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/10/2014	<b>Payee name</b> GARCIA, HUMBERTO (Mr.)
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<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code 420 EAST LIBERTY MERCEDES, TX 78570
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/06/2014	<b>Payee name</b> GARCIA, LUPE (Mr.)
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<b>Amount (\$)</b> \$200.00	<b>Payee address</b> City; State; Zip Code P.O. BOX 1048 ELSA, TX 78538
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/25/2014	<b>Payee name</b> GARCIA, LUPITA (Ms.)
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<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code P.O. BOX 1048 ELSA, TX 78538
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 13/29 Report: 19/36	<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/14/2014	<b>5</b> Payee name GARCIA, OSCAR (Mr.)
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address City; State; Zip Code 152 N. MISSOURI WESLACO, TX 78596
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/25/2014	Payee name GARZA, IRENE (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 1018 E. MCINTYRE EDINBURG, TX 78539
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/25/2014	Payee name GARZA, RAMONA (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 821 SOUTH 21ST STREET EDINBURG, TX 78539
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/13/2014	Payee name GOMEZ, MILAGROS (Ms.)
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Amount (\$) \$100.00	Payee address City; State; Zip Code 504 SAN CARLOS ST. WESLACO, TX 78596
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 14/29 Report: 20/36	<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 01/14/2014	<b>5 Payee name</b> GONZALEZ, AARON (Mr.)
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<b>6 Amount (\$)</b> \$250.00	<b>7 Payee address City; State; Zip Code</b> P.O. BOX 567 EDCOUCH, TX 78538
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor	<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> CONTRACT LABOR
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/14/2014	<b>Payee name</b> GONZALEZ, LUCIA (Ms.)
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<b>Amount (\$)</b> \$300.00	<b>Payee address City; State; Zip Code</b> 1014 N. 4TH EDINBURG, TX 78539
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/25/2014	<b>Payee name</b> GRANADOS, ANNETTE (Ms.)
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<b>Amount (\$)</b> \$200.00	<b>Payee address City; State; Zip Code</b> P.O. BOX 849 EDCOUCH, TX 78538
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/11/2014	<b>Payee name</b> HEB
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<b>Amount (\$)</b> \$54.94	<b>Payee address City; State; Zip Code</b> 901 TRENTON RD. MCALLEN, TX 78504
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Transportation Equipment & Related Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> FUEL/GAS
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES	SCHEDULE F
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EXPENDITURE CATEGORIES			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
The INSTRUCTION GUIDE explains how to complete this form.			

<b>1 PAGE #</b> Schedule: 15/29 Report: 21/36	<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 01/17/2014	<b>5 Payee name</b> HEB
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<b>6 Amount (\$)</b> \$34.67	<b>7 Payee address City; State; Zip Code</b> 2700 W. FREDDY GONZALEZ DR. EDINBURG, TX 78539
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Transportation Equipment & Related Expense	<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> FUEL/GAS
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/17/2014	<b>Payee name</b> HEB
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<b>Amount (\$)</b> \$20.00	<b>Payee address City; State; Zip Code</b> 512 E. EDINBURG AVE ELSA, TX 78543
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUEL/GAS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/17/2014	<b>Payee name</b> HERNANDEZ, AURORA (Ms.)
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<b>Amount (\$)</b> \$200.00	<b>Payee address City; State; Zip Code</b> 633 OAXACA ALTON, TX 78572
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/17/2014	<b>Payee name</b> HERNANDEZ, REBECCA (Ms.)
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<b>Amount (\$)</b> \$200.00	<b>Payee address City; State; Zip Code</b> 633 OAXACA ALTON, TX 78572
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 16/29 Report: 22/36		<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 01/11/2014	<b>5 Payee name</b> KOLACHE FACTORY				
<b>6 Amount (\$)</b> \$49.46	<b>7 Payee address City; State; Zip Code</b> 7017 N. 10TH ST. MCALLEN, TX 78504				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> FOOD EXPENSE		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/13/2014	<b>Payee name</b> LA FOGATA				
<b>Amount (\$)</b> \$88.75	<b>Payee address City; State; Zip Code</b> 300 N. SHARY RD. MISSION, TX 78572				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> FOOD EXPENSE		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/23/2014	<b>Payee name</b> LIRA, DANNY (Mr.)				
<b>Amount (\$)</b> \$300.00	<b>Payee address City; State; Zip Code</b> 7203 SABINO PHARR, TX 78577				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> CONTRACT LABOR		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 01/17/2014	<b>Payee name</b> LOGAN'S ROADHOUSE				
<b>Amount (\$)</b> \$50.77	<b>Payee address City; State; Zip Code</b> 7612 N. 10TH ST. MCALLEN, TX 78504				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> FOOD EXPENSE		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 17/29 Report: 23/36	<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/21/2014	<b>5</b> Payee name LONE STAR NATIONAL BANK
<b>6</b> Amount (\$) \$373.61	<b>7</b> Payee address City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - INTEREST FEES	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> INTEREST FEES
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/16/2014	Payee name LONGHORN STEAKHOUSE
Amount (\$) \$83.37	Payee address City; State; Zip Code 7401 N. 10TH ST. MCALLEN, TX 78501

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD EXPENSE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/16/2014	Payee name LOWE'S
Amount (\$) \$13.79	Payee address City; State; Zip Code 5700 N. 10TH ST. MCALLEN, TX 78504

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - MISC ITEMS FOR SIGNS	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MISC ITEMS FOR SIGNS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/25/2014	Payee name MARTINEZ, ISABEL Jr. (Mr.)
Amount (\$) \$500.00	Payee address City; State; Zip Code P.O. BOX 1569 EDCOUCH, TX 78538

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 18/29 Report: 24/36	<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/11/2014	<b>5</b> Payee name MARTINEZ, MARIA (Ms.)
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<b>6</b> Amount (\$) \$90.00	<b>7</b> Payee address City; State; Zip Code 1209 EAST MOORE PHARR, TX 78577
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - FOOD PREPARATION AND SERVICE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD PREPARATION AND SERVICE
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/18/2014	Payee name MARTINEZ, MARIA (Ms.)
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - COOKING FOR EVENT	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> COOKING FOR EVENT
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/18/2014	Payee name MARTINEZ, MARIA (Ms.)
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Amount (\$) \$120.00	Payee address City; State; Zip Code TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - COOKING FOR EVENT	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> COOKING FOR EVENT
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/20/2014	Payee name MERCADO, IRENE (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 910 SOUTH 3RD EDINBURG, TX 78539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 19/29 Report: 25/36	<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 01/25/2014	<b>5 Payee name</b> MOLINA BERNAL, AURORA (Ms.)
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<b>6 Amount (\$)</b> \$200.00	<b>7 Payee address</b> City; State; Zip Code P.O. BOX 534 ELSA, TX 78538
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/22/2014	<b>Payee name</b> MURPHY EXPRESS
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<b>Amount (\$)</b> \$68.75	<b>Payee address</b> City; State; Zip Code 1400 EXPWY 83 PENITAS, TX 78576
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUEL/GAS
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/13/2014	<b>Payee name</b> OJEDA, ANGIE (Ms.)
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<b>Amount (\$)</b> \$200.00	<b>Payee address</b> City; State; Zip Code 4128 W. HWY 107 #88 EDINBURG, TX 78540
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/23/2014	<b>Payee name</b> OJEDA, ANGIE (Ms.)
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<b>Amount (\$)</b> \$200.00	<b>Payee address</b> City; State; Zip Code 4128 W. HWY 107 #88 EDINBURG, TX 78540
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 20/29 Report: 26/36		<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 01/13/2014	<b>5 Payee name</b> ORTIZ, ORALIA (Ms.)				
<b>6 Amount (\$)</b> \$400.00	<b>7 Payee address</b> City; State; Zip Code 4908 AMELIA DONNA, TX 78537				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/31/2014	<b>Payee name</b> PALOMIN, MARIO (Mr.)				
<b>Amount (\$)</b> \$200.00	<b>Payee address</b> City; State; Zip Code P.O. BOX 174 EDCOUCH, TX 78538				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/25/2014	<b>Payee name</b> PALOMIN, RAUL (Mr.)				
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code P.O. BOX 849 EDCOUCH, TX 78538				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/30/2014	<b>Payee name</b> PALOMIN, RAUL (Mr.)				
<b>Amount (\$)</b> \$250.00	<b>Payee address</b> City; State; Zip Code P.O. BOX 849 EDCOUCH, TX 78538				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 21/29 Report: 27/36	<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 01/11/2014	<b>5 Payee name</b> PIZZA HUT
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<b>6 Amount (\$)</b> \$119.35	<b>7 Payee address</b> City; State; Zip Code 1802 S. CLOSNER BLVD. EDINBURG, TX 78539
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD EXPENSE
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/29/2014	<b>Payee name</b> PIZZA HUT
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<b>Amount (\$)</b> \$50.90	<b>Payee address</b> City; State; Zip Code 739 W. DOVE MCALLEN, TX 78504
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD EXPENSE
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/21/2014	<b>Payee name</b> PRINTWORKS
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<b>Amount (\$)</b> \$1,968.42	<b>Payee address</b> City; State; Zip Code 1414 PECAN BLVD. MCALLEN, TX 78501
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SKEET SHOOT FLYERS / ADVERTISING
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/10/2014	<b>Payee name</b> RAMIREZ, MIRELLA (Ms.)
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<b>Amount (\$)</b> \$315.00	<b>Payee address</b> City; State; Zip Code 24618 GREEN BAY EDCOUCH, TX 78538
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 22/29 Report: 28/36	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 01/25/2014	5 Payee name REYES, JAMES (Mr.)
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6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code P.O. BOX 655 ELSA, TX 78543
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/09/2014	Payee name RIOJAS, ABEL (Mr.)
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Amount (\$) \$2,125.00	Payee address City; State; Zip Code 2214 SUGAR LANE MISSION, TX 78572
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - CAMPAIGN PHOTOS	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN PHOTOS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/17/2014	Payee name RODRIGUEZ, CLAUDIA (Ms.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1622 E. MILE 15 NORTH WESLACO, TX 78596
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/14/2014	Payee name RODRIGUEZ, RANDY (Mr.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 900 WEST PUENTE EDINBURG, TX 78539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 23/29 Report: 29/36	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 01/25/2014	5 Payee name RODRIGUEZ, RODOLFO (Mr.)
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6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 1638 SOUTH GEORGIA MERCEDES, TX 78570
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/14/2014	Payee name ROTARY CLUB OF EDINBURG
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 1903 S. CLOSNER BLVD. EDINBURG, TX 78539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAJUN FEST OF EDINBURG SPONSORSHIP
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/25/2014	Payee name RUIZ, ALVA (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code P.O. BOX 1936 ELSA, TX 78538
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/25/2014	Payee name RUIZ, SHANE (Mr.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code P.O. BOX 1239 ELSA, TX 78538
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 24/29 Report: 30/36	<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 01/23/2014	<b>5 Payee name</b> SALDANA, TONY (Mr.)
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<b>6 Amount (\$)</b> \$300.00	<b>7 Payee address</b> City; State; Zip Code 304 RICKY ST PHARR, TX 78577
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/27/2014	<b>Payee name</b> SAM'S CLUB
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<b>Amount (\$)</b> \$32.57	<b>Payee address</b> City; State; Zip Code 7601 N. 10TH ST. MCALLEN, TX 78504
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MISC FOOD ITEMS FOR SKEET SHOOT
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/29/2014	<b>Payee name</b> SAM'S CLUB
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<b>Amount (\$)</b> \$159.14	<b>Payee address</b> City; State; Zip Code 7601 N. 10TH ST. MCALLEN, TX 78504
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SUPPLIES FOR FUNDRAISER
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/09/2014	<b>Payee name</b> SCHWARZ, NATHAN (Mr.)
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<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code TX
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 25/29 Report: 31/36	<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/25/2014	<b>5</b> Payee name SIFUENTES, MARTHA (Ms.)
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<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address City; State; Zip Code P.O. BOX 483 SULLIVAN, TX 78595
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DONATION FOR CANCER TREATMENT-KATELYNN RENEE SIFUENTES
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/22/2014	Payee name SOCIALIFE MAGAZINE
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Amount (\$) \$1,450.00	Payee address City; State; Zip Code 1300 N. 10TH ST., SUITE 310 MCALLEN, TX 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/25/2014	Payee name SOTO, SAN JUANITA (Ms.)
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Amount (\$) \$250.00	Payee address City; State; Zip Code P.O. BOX 849 EDCOUCH, TX 78538
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/17/2014	Payee name SOUTH TEXAS ARGICULTURE ROUNDUP (STARR)
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code P.O. BOX 1939 EDINBURG, TX 78540
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DONATION TO STARR EVENT
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 26/29 Report: 32/36		<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 01/23/2014	<b>5 Payee name</b> STC BAR & GRILL				
<b>6 Amount (\$)</b> \$250.00	<b>7 Payee address</b> City; State; Zip Code 416 EDINBURG AVE. ELSA, TX 78543				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - EVENT AT STC BAR		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> EVENT AT STC BAR		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/14/2014	<b>Payee name</b> STRIPES 2156				
<b>Amount (\$)</b> \$66.00	<b>Payee address</b> City; State; Zip Code 4218 S. MCCOLL RD. EDINBURG, TX 78539				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUEL/GAS		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/25/2014	<b>Payee name</b> STRIPES 2287				
<b>Amount (\$)</b> \$102.25	<b>Payee address</b> City; State; Zip Code 1006 N. TEXAS BLVD. WESLACO, TX 78596				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUEL/GAS		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 01/05/2014	<b>Payee name</b> STRIPES 9110				
<b>Amount (\$)</b> \$94.50	<b>Payee address</b> City; State; Zip Code 2824 W. FREDDY GONZALEZ DR. EDINBURG, TX 78539				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUEL/GAS		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 27/29 Report: 33/36		<b>2 FILER NAME</b> Maldonado, Enrique Omar (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 01/03/2014		<b>5 Payee name</b> STRIPES 9132			
<b>6 Amount (\$)</b> \$66.50		<b>7 Payee address City; State; Zip Code</b> 4420 W. STATE HWY 107 EDINBURG, TX 78539			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Transportation Equipment & Related Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> FUEL/GAS	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/18/2014		<b>Payee name</b> STRIPES 9145			
<b>Amount (\$)</b> \$93.00		<b>Payee address City; State; Zip Code</b> 2626 S. SUGAR RD EDINBURG, TX 78539			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Transportation Equipment & Related Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> FUEL/GAS	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/26/2014		<b>Payee name</b> STRIPES 9145			
<b>Amount (\$)</b> \$45.00		<b>Payee address City; State; Zip Code</b> 2626 S. SUGAR RD EDINBURG, TX 78539			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Transportation Equipment & Related Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> FUEL/GAS	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/10/2014		<b>Payee name</b> STRIPES 9640			
<b>Amount (\$)</b> \$69.00		<b>Payee address City; State; Zip Code</b> 1100 N. CAGE BLVD. PHARR, TX 78577			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Transportation Equipment & Related Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> FUEL/GAS	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES	SCHEDULE F
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EXPENDITURE CATEGORIES			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
The INSTRUCTION GUIDE explains how to complete this form.			

<b>1</b> PAGE # Schedule: 28/29 Report: 34/36	<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/03/2014	<b>5</b> Payee name STRIPES 9655
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<b>6</b> Amount (\$) \$43.00	<b>7</b> Payee address City; State; Zip Code 711 N. ED CAREY DR. HARLINGEN, TX 78550
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUEL/GAS
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/29/2014	Payee name STRIPES 9673
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Amount (\$) \$70.00	Payee address City; State; Zip Code 621 E. NOLANA MCALLEN, TX 78504
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FUEL/GAS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/15/2014	Payee name THE MONITOR
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Amount (\$) \$298.00	Payee address City; State; Zip Code P.O. BOX 3267 MCALLEN, TX 78502
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ONLINE -MEET THE CANDIDATE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/25/2014	Payee name TREVINO, FRANK (Mr.)
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Amount (\$) \$250.00	Payee address City; State; Zip Code 507 SOUTH 21ST DONNA, TX 78537
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 29/29 Report: 35/36	<b>2</b> FILER NAME Maldonado, Enrique Omar (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/28/2014	<b>5</b> Payee name TREVINO, KENNY (Mr.)
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address City; State; Zip Code 2204 NORTH VICTORIA RD DONNA, TX 78537
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/16/2014	Payee name VILLARREAL, JESSE (Mr.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 200 SOUTH BORDER WESLACO, TX 78596
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRACT LABOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/15/2014	Payee name WINGSTOP
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Amount (\$) \$41.37	Payee address City; State; Zip Code 207 E. TRENTON RD. EDINBURG, TX 78539
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FOOD EXPENSE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 36/36

**2** FILER NAME Maldonado, Enrique Omar (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**LENDER INFORMATION**

**4** Name of lender  
LONE STAR NATIONAL BANK

**5** Lender address; City; State; Zip Code  
600 EAST NOLANA  
MCALLEN, TX 78501

**GUARANTOR INFORMATION**

**6** Name of guarantor

**7** Guarantor address; City; State; Zip Code

not applicable