

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:** 1 OF 15

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: MR. ENRIQUE MALDONADO
 FIRST: ENRIQUE LAST: MALDONADO
 MI: 0 SUFFIX: MALDONADO

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: 4308 N. MCCOLL CITY: MCALLEN STATE: TX ZIP CODE: 78504
 APT / SUITE #: APT / SUITE #:
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (956) PHONE NUMBER: 688-7114 EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: MR. GILBERT MALDONADO
 FIRST: GILBERT LAST: MALDONADO
 MI: SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
 STREET ADDRESS (NO PO BOX PLEASE): 4308 N. MCCOLL CITY: MCALLEN, TX STATE: TX ZIP CODE: 78504
 APT / SUITE #: APT / SUITE #:

8 CAMPAIGN TREASURER PHONE
 AREA CODE: (956) PHONE NUMBER: 624-5910 EXTENSION:

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year: 07 / 01 / 2010 THROUGH Month Day Year: 12 / 31 / 2010

11 ELECTION
 ELECTION DATE: Month Day Year: 03 / 06 / 2012
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE / OFFICE HELD (if any): N/A **13 OFFICE SOUGHT (if known):** COUNTY COURT AT LAW 8

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.
 Name: N/A
 Address / PO Box: Apt. / Suite #: City: State: Zip Code:
 additional pages

OFFICE USE ONLY

Date Received: *2010 APR 13 11:01*

Date Hand-delivered or Date Postmarked:

Receipt # Amount:

Date Processed:

Date Imaged:

Walter S. ...

GO TO PAGE 2

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

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

15 C/OH NAME
ENRIQUE OMAR MALDONADO

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

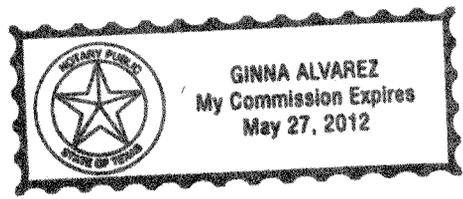
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 825.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,101.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Enrique Omar Maldonado, this the 18th day of January, 20 11, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Ginna Alvarez
Print name of officer administering oath

Notary Public
Title of officer administering oath

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

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J): 3 OF 15
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2 FILER NAME ENRIQUE OMAR MALDONADO	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/1/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIMAS XAVIER DE LEON	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	6 Contributor address; City; State; Zip Code 1617 EAST MCINTYRE EDINBURG, TEXAS 78539		\$395.00
<small>(If travel outside of Texas, complete Schedule T)</small>			

9 Contributor's principal occupation	10 Contributor's job title
--------------------------------------	----------------------------

11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
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13 If contributor is a child, law firm of parent(s) (if any)

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

Contributor's principal occupation	Contributor's job title
------------------------------------	-------------------------

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

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

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

Contributor's principal occupation	Contributor's job title
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Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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If contributor is a child, law firm of parent(s) (if any)

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):
4 OF 15

2 FILER NAME
ENRIQUE OMAR MALDONADO

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID# _____)
N/A

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

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

Date

Full name of pledgor out-of-state PAC (ID# _____)
N/A

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

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

Date

Full name of pledgor out-of-state PAC (ID# _____)
N/A

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE E (J)

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

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 OF 15	2 FILER NAME ENRIQUE OMAR MALDONADO	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/19/10	5 Payee name CRISTELA HERNANDEZ
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 204 WEST 10TH STREET, MERCEDES, TEXAS 78570
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/DONATION MADE BY CANDIDATE	(b) Description (If travel outside of Texas, complete Schedule T)
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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 7/22/10	Payee name TOMAS PENA JR.
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Amount (\$) \$175.00	Payee address; City; State; Zip Code 1414 NTH ALAMO RD. EDINBURG, TEXAS 78541
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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)
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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 7/26/10	Payee name MARIA E. ALVARADO
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 1204 E. HELMER ST. PHARR, TEXAS 78577
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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)
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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 12/13/2010	Payee name MARIA E. ALVARADO
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 1204 E. HELMER ST. PHARR, TEXAS 78577
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 OF 15	2 FILER NAME ENRIQUE OMAR MALDONADO	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/15/10	5 Payee name ROSE E. PENA
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1308 ANDREWS ST. SAN JUAN, TEXAS 78589
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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)
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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	Payee name N/A
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name N/A
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name N/A
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 8 OF 15	2 FILER NAME ENRIQUE OMAR MALDONADO	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/1/10	5 Payee name RIO GRANDE VALLEY KILLER BEE'S HOCKEY CLUB
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6 Amount (\$) \$2000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2600 N.TH 10TH (HWY 336) HIDALGO, TEXAS 78557
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 9/1/10	Payee name RIO GRANDE VALLEY KILLER BEE'S HOCKEY CLUB
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Amount (\$) \$2,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2600 N.TH 10TH (HWY 336), HIDALGO, TEXAS 78557
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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)
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Date 10/1/10	Payee name RIO GRANDE VALLEY KILLER BEE'S HOCKEY CLUB
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Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2600 N. TH 10TH (HWY 336) HIDALGO, TEXAS 78557
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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)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 9 OF 15	2 FILER NAME ENRIQUE OMAR MALDONADO	3 ACCOUNT # (Ethics Commission Filers)
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4 Date N/A	5 Business name N/A
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6 Amount (\$) N/A	7 Business address; City; State; Zip Code N/A
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) N/A	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 10 OF 15	2 FILER NAME ENRIQUE OMAR MALDONADO	3 ACCOUNT # (Ethics Commission Filers)
4 Date N/A	5 Payee name N/A	
6 Amount (\$) N/A	7 Payee address; City; State; Zip Code N/A	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name N/A	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name N/A	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name N/A	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
11 OF 15

2 FILER NAME

ENRIQUE OMAR MALDONADO

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name	8 Amount (\$)
	N/A 6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	N/A Payor address; City; State; Zip Code	
	Reason for credit	
	N/A Payor address; City; State; Zip Code	
	Reason for credit	
	N/A Payor address; City; State; Zip Code	
	Reason for credit	
	N/A Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.	1 Total pages Schedule L: <div style="text-align: center; font-weight: bold;">12 OF 15</div>
2 FILER NAME <div style="text-align: center; font-weight: bold;">ENRIQUE OMAR MALDONADO</div>	3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION	4 Name of lender <div style="text-align: center; font-weight: bold;">N/A</div>
	5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor <div style="text-align: center; font-weight: bold;">N/A</div>
	7 Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender <div style="text-align: center; font-weight: bold;">N/A</div>
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <div style="text-align: center; font-weight: bold;">N/A</div>
	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender <div style="text-align: center; font-weight: bold;">N/A</div>
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <div style="text-align: center; font-weight: bold;">N/A</div>
	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender <div style="text-align: center; font-weight: bold;">N/A</div>
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <div style="text-align: center; font-weight: bold;">N/A</div>
	Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:
13 of 15

2 FILER NAME

ENRIQUE OMAR MALDONADO

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:
14 OF 15

2 FILER NAME
ENRIQUE OMAR MALDONADO 3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
XAVIER DE LEON *POLITICAL AD *

5 Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

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

10 Means of transportation N/A	11 Purpose of travel (including name of conference, seminar, or other event) N/A
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

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

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

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

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

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

1 C/OH NAME ENRIQUE OMAR MALDONADO	2 ACCOUNT # (Ethics Commission Filers)
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3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
 ** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

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

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

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

Signature of Candidate

5 OFFICEHOLDER
 ** Complete this section *only* if you are an officeholder **

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

Signature of Officeholder