



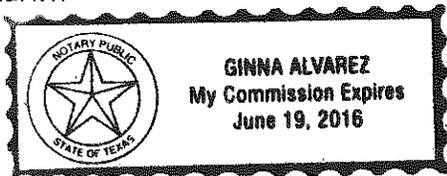
**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

2 of 15

|   |  |                       |  |                                  |                          |   |  |   |  |
|---|--|-----------------------|--|----------------------------------|--------------------------|---|--|---|--|
| <b>15 C/OH NAME</b><br><u>Enrique Omar Maldonado</u>  | <b>16 ACCOUNT # (Ethics Commission Filers)</b>   |                       |  |                                  |                          |   |  |   |  |
| <b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> additional pages | <p style="font-size: small;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;"><b>COMMITTEE TYPE</b></td> <td style="padding: 2px;"><b>COMMITTEE NAME</b></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table> | <b>COMMITTEE TYPE</b> | <b>COMMITTEE NAME</b>  | <input type="checkbox"/> GENERAL | <b>COMMITTEE ADDRESS</b> | <input type="checkbox"/> SPECIFIC   | <b>COMMITTEE CAMPAIGN TREASURER NAME</b> | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |
| <b>COMMITTEE TYPE</b>   | <b>COMMITTEE NAME</b>  |                       |  |                                  |                          |   |  |   |  |
| <input type="checkbox"/> GENERAL  | <b>COMMITTEE ADDRESS</b>   |                       |  |                                  |                          |   |  |   |  |
| <input type="checkbox"/> SPECIFIC   | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>   |                       |  |                                  |                          |   |  |   |  |
| <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>   |  |                       |  |                                  |                          |   |  |   |  |
| <b>18 CONTRIBUTION TOTALS</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">1.</td> <td style="width:75%;">TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="width:20%; text-align: right;">\$ -0-</td> </tr> <tr> <td style="text-align: center;">2.</td> <td>TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="text-align: right;">\$ -0-</td> </tr> </table>  | 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-                                   |   |  |
| 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-                |  |                                  |                          |   |  |   |  |
| <b>EXPENDITURE TOTALS</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">3.</td> <td style="width:75%;">TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED</td> <td style="width:20%; text-align: right;">\$ -0-</td> </tr> <tr> <td style="text-align: center;">4.</td> <td>TOTAL POLITICAL EXPENDITURES</td> <td style="text-align: right;">\$ 947.60</td> </tr> </table>   | 3.                    | TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ -0-                           | 4.                       | TOTAL POLITICAL EXPENDITURES  | \$ 947.60                                |   |  |
| 3.  | TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ -0-                |  |                                  |                          |   |  |   |  |
| 4.  | TOTAL POLITICAL EXPENDITURES   | \$ 947.60             |  |                                  |                          |   |  |   |  |
| <b>CONTRIBUTION BALANCE</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">5.</td> <td style="width:75%;">TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="width:20%; text-align: right;">\$ 225.82</td> </tr> </table>   | 5.                    | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 225.82                        |                          |   |  |   |  |
| 5.  | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 225.82             |  |                                  |                          |   |  |   |  |
| <b>OUTSTANDING LOAN TOTALS</b>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">6.</td> <td style="width:75%;">TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="width:20%; text-align: right;">\$ -0-</td> </tr> </table>   | 6.                    | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ -0-                           |                          |   |  |   |  |
| 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 15th day of January, 2013, 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):<br><b>3 of 15</b> |  |
| 2 FILER NAME<br><b>Enrique Omar Maldonado</b>                |  | 3 ACCOUNT # (Ethics Commission Filers)         |  |
| 4 Date<br><br>N/A  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>N/A</b><br>6 Contributor address; City; State; Zip Code<br><br>N/A | 7 Amount of contribution (\$)                  | 8 In-kind contribution description(if applicable)<br><br>N/A<br><br><small>(If travel outside of Texas, complete Schedule T)</small> |
| 9 Contributor's principal occupation                         |  | 10 Contributor's job title                     |  |
| 11 Contributor's employer/law firm                           |  | 12 Law firm of contributor's spouse (if any)   |  |
| 13 If contributor is a child, law firm of parent(s) (if any) |  |  |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>N/A</b><br>Contributor address; City; State; Zip Code<br><br>N/A     | Amount of contribution (\$)                    | In-kind contribution description(if applicable)  |
| Contributor's principal occupation                           |  | Contributor's job title                        |  |
| Contributor's employer/law firm                              |  | Law firm of contributor's spouse (if any)      |  |
| If contributor is a child, law firm of parent(s) (if any)    |  |  |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>N/A</b><br>Contributor address; City; State; Zip Code<br><br>N/A     | Amount of contribution (\$)                    | In-kind contribution description(if applicable)  |
| Contributor's principal occupation                           |  | Contributor's job title                        |  |
| Contributor's employer/law firm                              |  | Law firm of contributor's spouse (if any)      |  |
| 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>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 <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>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 <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>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):<br><b>5 of 15</b> |
| 2 FILER NAME<br><b>Enrique Omar Maldonado</b>                           |  | 3 ACCOUNT # (Ethics Commission Filers)         |
| 4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$               |  |  |
| 5 Date of loan  | 7 Name of lender<br>N/A <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$)                             |
| 6 Is lender a financial Institution?<br><br>Y    N                      | 8 Lender address;   City;   State;   Zip Code<br><br>N/A                       | 10 Interest rate                               |
|   |  | 11 Maturity date                               |
| 12 Lender's Principal Occupation  |  | 13 Lender's Job Title                          |
| 14 Lender's Employer/Law Firm   |  | 15 Law Firm of lender's spouse (if any)        |
| 16 If lender is child, law firm of parent(s) (if any)                   |  |  |
| 17 Description of Collateral<br><br><input type="checkbox"/> none       |  |  |
| 18 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 19 Name of guarantor<br>N/A  | 21 Amount Guaranteed (\$)                      |
|   | 20 Guarantor address;   City;   State;   Zip Code<br><br>N/A                   |  |
| 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:<br>6 of 15 | 2 FILER NAME<br>Enrique Omar Maldonado | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------------|--|--|

|                      |                                   |
|----------------------|-----------------------------------|
| 4 Date<br>07/27/2012 | 5 Payee name<br>Well's Fargo Bank |
|----------------------|-----------------------------------|

|                         |  |
|-------------------------|--|
| 6 Amount (\$)<br>\$8.00 | 7 Payee address; City; State; Zip Code<br>120 West Nolana Street, McAllen, Texas 78504 |
|-------------------------|--|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br>Fee's | (b) Description (If travel outside of Texas, complete Schedule T)<br>Monthly Service Fee |
|--------------------------|---|--|

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

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>08/27/2012 | Payee name<br>Well's Fargo Bank |
|--------------------|---------------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$8.00 | Payee address; City; State; Zip Code<br>120 West Nolana Street, McAllen, Texas 78504 |
|-----------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Fee's | Description (If travel outside of Texas, complete Schedule T)<br>Monthly Service Fee |
|------------------------|---|--|

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

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>09/27/2012 | Payee name<br>Well's Fargo Bank |
|--------------------|---------------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$8.00 | Payee address; City; State; Zip Code<br>120 West Nolana Street, McAllen, Texas 78504 |
|-----------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Fee's | Description (If travel outside of Texas, complete Schedule T)<br>Monthly Service Fee |
|------------------------|---|--|

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

|                    |   |
|--------------------|---|
| Date<br>10/24/2012 | Payee name<br>Alamo Tee's & Advertising |
|--------------------|---|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$899.60 | Payee address; City; State; Zip Code<br>12814 Cogburn Ave., San Antonio, Texas 78249 |
|-------------------------|--|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F:<br>7 of 15 | <b>2</b> FILER NAME<br>Enrique Omar Maldonado | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|---|---|---|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>10/27/2012 | <b>5</b> Payee name<br>Well's Fargo Bank |
|-----------------------------|--|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>\$8.00 | <b>7</b> Payee address; City; State; Zip Code<br>120 West Nolana Street, McAllen, Texas 78504 |
|--------------------------------|---|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br>Fee's | (b) Description (If travel outside of Texas, complete Schedule T)<br>Monthly Service Fee |
|---------------------------------|---|--|

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

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>11/27/2012 | Payee name<br>Well's Fargo Bank |
|--------------------|---------------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$8.00 | Payee address; City; State; Zip Code<br>120 West Nolana Street, McAllen, Texas 78504 |
|-----------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Fee's | Description (If travel outside of Texas, complete Schedule T)<br>Monthly Service Fee |
|------------------------|---|--|

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

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>12/27/2012 | Payee name<br>Well's Fargo Bank |
|--------------------|---------------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$8.00 | Payee address; City; State; Zip Code<br>120 West Nolana Street, McAllen, Texas 78504 |
|-----------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Fee's | Description (If travel outside of Texas, complete Schedule T)<br>Monthly Service Fee |
|------------------------|---|--|

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

|      |                   |
|------|-------------------|
| Date | Payee name<br>N/A |
|------|-------------------|

|                    |   |
|--------------------|---|
| Amount (\$)<br>N/A | Payee address; City; State; Zip Code<br>N/A |
|--------------------|---|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:<br>8 of 15  | <b>2</b> FILER NAME<br>Enrique Omar Maldonado                    | <b>3</b> ACCOUNT # (Ethics Commission Filers)                     |
| <b>4</b> Date  | <b>5</b> Payee name<br>N/A                                       |   |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code                    |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| Date   | Payee name<br>N/A  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code                             |   |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)     |
| Date   | Payee name<br>N/A  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code                             |   |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)     |
| Date   | Payee name<br>N/A  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code                             |   |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)     |

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.

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

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# 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:<br>10 of 15 | 2 FILER NAME<br>Enrique Omar Maldonado | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|--|

|               |                     |
|---------------|---------------------|
| 4 Date<br>N/A | 5 Payee name<br>N/A |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| 6 Amount (\$)<br>N/A | 7 Payee address; City; State; Zip Code<br>N/A |
|----------------------|---|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br>N/A | (b) Description (See instructions regarding type of information required.) |
|--------------------------|---|--|

|      |                   |
|------|-------------------|
| Date | Payee name<br>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<br>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<br>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.) |
|------------------------|--|--|

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**CREDITS (optional)**

**SCHEDULE K**

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule K:<br><b>11 of 15</b> |
| 2 FILER NAME<br>Enrique Omar Maldonado                    |  | 3 ACCOUNT # (Ethics Commission Filers)       |
| 4 Date  | 5 Payor name<br>N/A                    | 8 Amount (\$)                                |
|   | 6 Payor address; City; State; Zip Code |  |
|   | 7 Reason for credit                    |  |
| Date  | Payor name<br>N/A                      | Amount (\$)                                  |
|   | Payor address; City; State; Zip Code   |  |
|   | Reason for credit                      |  |
| Date  | Payor name<br>N/A                      | Amount (\$)                                  |
|   | Payor address; City; State; Zip Code   |  |
|   | Reason for credit                      |  |
| Date  | Payor name<br>N/A                      | Amount (\$)                                  |
|   | Payor address; City; State; Zip Code   |  |
|   | Reason for credit                      |  |
| Date  | Payor name<br>N/A                      | Amount (\$)                                  |
|   | Payor address; City; State; Zip Code   |  |
|   | Reason for credit                      |  |

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# OUTSTANDING LOANS

# SCHEDULE L

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.        |  | 1 Total pages Schedule L:<br><b>12 of 15</b> |
| 2 FILER NAME<br>Enrique Omar Maldonado                           |  | 3 ACCOUNT # (Ethics Commission Filers)       |
| LENDER INFORMATION   | 4 Name of lender<br>N/A                    |  |
|  | 5 Lender address; City; State; Zip Code    |  |
| GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | 6 Name of guarantor<br>N/A                 |  |
|  | 7 Guarantor address; City; State; Zip Code |  |
| LENDER INFORMATION   | Name of lender<br>N/A                      |  |
|  | Lender address; City; State; Zip Code      |  |
| GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | Name of guarantor<br>N/A                   |  |
|  | Guarantor address; City; State; Zip Code   |  |
| LENDER INFORMATION   | Name of lender<br>N/A                      |  |
|  | Lender address; City; State; Zip Code      |  |
| GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | Name of guarantor<br>N/A                   |  |
|  | Guarantor address; City; State; Zip Code   |  |
| LENDER INFORMATION   | Name of lender<br>N/A                      |  |
|  | Lender address; City; State; Zip Code      |  |
| GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | Name of guarantor<br>N/A                   |  |
|  | Guarantor address; City; State; Zip Code   |  |

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**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:<br>14 of 15  |
| 2 FILER NAME<br><b>Enrique Omar Maldonado</b>  |  | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br><b>N/A</b>  |  |  |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |  |  |
| 6 Dates of travel<br><br><b>N/A</b>  | 7 Name of person(s) traveling<br><b>N/A</b>  |  |
|  | 8 Departure city or name of departure location<br><b>N/A</b>                               |  |
|  | 9 Destination city or name of destination location<br><b>N/A</b>                           |  |
| 10 Means of transportation<br><b>N/A</b>   | 11 Purpose of travel (including name of conference, seminar, or other event)<br><b>N/A</b> |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |  |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E   |  |  |
| Dates of travel  | Name of person(s) traveling  |  |
|  | Departure city or name of departure location   |  |
|  | Destination city or name of destination location   |  |
| Means of transportation  | Purpose of travel (including name of conference, seminar, or other event)                  |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |  |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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)                  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |  |

# 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" \*\* 15 of 15

1 C/OH NAME  
Enrique Omar Maldonado

2 ACCOUNT # (Ethics Commission Filers)

### 3 SIGNATURE

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

#### A. CAMPAIGN FUNDS

Check only one:

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

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

#### B. ASSETS

Check only one:

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

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



\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

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

\_\_\_\_\_  
Signature of Officeholder