

# 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 13												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> FIRST <b>Enrique</b> MI <b>0.</b> NICKNAME LAST <b>Maldonado</b> SUFFIX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%; padding: 5px;">Date Received</td> <td style="padding: 5px; vertical-align: top;"> <div style="text-align: center;"> <p>2012 JUL 13 PM 2 45</p> <p><i>Hilda Rivas</i></p> </div> </td> </tr> <tr> <td style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td style="padding: 5px;">Date Processed</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Date Imaged</td> <td style="padding: 5px;"></td> </tr> </table>		OFFICE USE ONLY		Date Received	<div style="text-align: center;"> <p>2012 JUL 13 PM 2 45</p> <p><i>Hilda Rivas</i></p> </div>	Date Hand-delivered or Date Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
Date Received	<div style="text-align: center;"> <p>2012 JUL 13 PM 2 45</p> <p><i>Hilda Rivas</i></p> </div>														
Date Hand-delivered or Date Postmarked															
Receipt #	Amount														
Date Processed															
Date Imaged															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE#; CITY; STATE; ZIP CODE <b>4308 N. McColl Rd., McAllen, Texas 78504</b>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(956)</b>	PHONE NUMBER <b>668-7114</b>	EXTENSION												
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> FIRST <b>Gilbert</b> MI NICKNAME LAST <b>Maldonado</b> SUFFIX														
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#; CITY; STATE; ZIP CODE <b>4308 N. McColl Rd., McAllen, Texas 78504</b>														
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(956)</b>	PHONE NUMBER <b>483-5586</b>	EXTENSION												
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)														
10 PERIOD COVERED	Month    Day    Year    THROUGH    Month    Day    Year <b>01 / 01 / 2012</b> <b>07 / 01 / 2012</b>														
11 ELECTION	ELECTION DATE Month    Day    Year <b>03 / 14 / 2014</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special													
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>County Court At Law Number 8</b>													
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	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 <b>N/A</b> Address / PO Box; Apt. / Suite #; City; State; Zip Code														
<b>GO TO PAGE 2</b>															

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

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

2 of 13

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

<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,228.50
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,389.67
<b>OUTSTANDING LOAN TOTALS</b>	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.

*[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 13th day of July, 2012, to certify which, witness my hand and seal of office.

*[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): <b>3 of 13</b>	
2 FILER NAME <b>Enrique Omar Maldonado</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>N/A</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>N/A</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)  <b>N/A</b>
6 Contributor address; City; State; Zip Code <b>N/A</b>		(If travel outside of Texas, complete Schedule T)	
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#: _____) <b>N/A</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>N/A</b>		
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#: _____) <b>N/A</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>N/A</b>		
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.



**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>5 of 13</b>
2 FILER NAME <b>Enrique Omar Maldonado</b>		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#: _____) <b>N/A</b>	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 <b>N/A</b> 20 Guarantor address;                      City;    State;    Zip Code	21 Amount Guaranteed (\$)
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: <b>6 of 13</b>	2 FILER NAME <b>Enrique Omar Maldonado</b>	3 ACCOUNT # (Ethics Commission Filers)
---	---	--

4 Date <b>06/02/2012</b>	5 Payee name <b>Alamo Tee's &amp; Advertising</b>
-----------------------------	--

6 Amount (\$) <b>\$1,254.25</b>	7 Payee address; City; State; Zip Code <b>12814 Cogburn Ave., San Antonio, Texas 78249</b>
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(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)
	Candidate / Officeholder name	Office sought                      Office held

Date <b>06/15/2012</b>	Payee name <b>Antonio Manuel Flores Jr.</b>
---------------------------	--

Amount (\$) <b>\$750.00</b>	Payee address; City; State; Zip Code <b>1804 Nugget St., Penitas. Texas 78576</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought                      Office held

Date <b>06/25/2012</b>	Payee name <b>Alamo Tee's &amp; Advertising</b>
---------------------------	--

Amount (\$) <b>\$216.25</b>	Payee address; City; State; Zip Code <b>12814 Cogburn Ave., San Antonio, Texas 78249</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought                      Office held

Date <b>06/27/2012</b>	Payee name <b>Well's Fargo Bank</b>
---------------------------	--

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fee's</b>	Description (If travel outside of Texas, complete Schedule T) <b>Monthly Service Fee</b>
	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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <b>7 of 13</b>	<b>2</b> FILER NAME <b>Enrique Omar Maldonado</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <b>N/A</b>	
<b>6</b> Amount (\$)  <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 <b>N/A</b>	
Amount (\$)  <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 <b>N/A</b>	
Amount (\$)  <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 <b>N/A</b>	
Amount (\$)  <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.

1 Total pages Schedule H: <b>8 of 13</b>	2 FILER NAME <b>Enrique Omar Maldonado</b>	3 ACCOUNT # (Ethics Commission Filers)
---	---	--

4 Date	5 Business name <b>N/A</b>
--------	-------------------------------

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

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

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

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

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

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

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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: <b>9 of 13</b>	2 FILER NAME <b>Enrique Omar Maldonado</b>	3 ACCOUNT # (Ethics Commission Filers)
---	---	--

4 Date <b>N/A</b>	5 Payee name <b>N/A</b>
----------------------	----------------------------

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

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

Date	Payee name <b>N/A</b>
------	--------------------------

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 <b>N/A</b>
------	--------------------------

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 <b>N/A</b>
------	--------------------------

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.		<b>1</b> Total pages Schedule K: <b>10 of 13</b>
<b>2</b> FILER NAME <b>Enrique Omar Maldonado</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payor name N/A <hr style="border-top: 1px dashed black;"/> <b>6</b> Payor address; City; State; Zip Code	<b>8</b> Amount (\$)
	<b>7</b> Reason for credit	
Date	Payor name N/A <hr style="border-top: 1px dashed black;"/> Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name N/A <hr style="border-top: 1px dashed black;"/> Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name N/A <hr style="border-top: 1px dashed black;"/> Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name N/A <hr style="border-top: 1px dashed black;"/> Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name N/A <hr style="border-top: 1px dashed black;"/> Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: <b>11 of 13</b>
2 FILER NAME <b>Enrique Omar Maldonado</b>		3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender <b>N/A</b>	
	5 Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor <b>N/A</b>	
	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <b>N/A</b>	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <b>N/A</b>	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <b>N/A</b>	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <b>N/A</b>	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <b>N/A</b>	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <b>N/A</b>	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender <b>N/A</b>	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <b>N/A</b>	
	Guarantor address; City; State; Zip Code	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:  
12 of 13

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: <b>13 of 13</b>
2 FILER NAME <b>Enrique Omar Maldonado</b>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <b>N/A</b>		
5 Contribution / Expenditure reported on: <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 <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  <b>N/A</b>	7 Name of person(s) traveling <b>N/A</b>	
	8 Departure city or name of departure location <b>N/A</b>	
	9 Destination city or name of destination location <b>N/A</b>	
10 Means of transportation <b>N/A</b>	11 Purpose of travel (including name of conference, seminar, or other event) <b>N/A</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <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 <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: <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 <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>		