



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

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

15 C/OH NAME Celestino Avila Jr. 16 ACCOUNT # (Ethics Commission Filers)

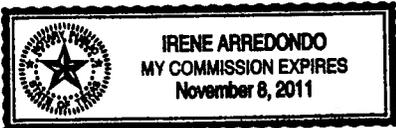
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIRC  <input type="checkbox"/> additional pages	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	\$ 8,250 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,700 <sup>00</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,550
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000

**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.

*Celestino Avila Jr.*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Celestino Avila, Jr. this the 14th day of January, 20 08, to certify which, witness my hand and seal of office.

Irene Arredondo IRENE ARREDONDO NOTARY PUBLIC  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME Celestino Avila Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date  
5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
George Guerra

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

\$400.-

6 Contributor address; City; State; Zip Code  
2602 N. Texas Westlaw TX 78546

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Erasmus Lopez

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$1000.-

Contributor address; City; State; Zip Code  
2100 W. Express 83-4 Mercedes TX 78570

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Norman Cordova SR

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$500

Contributor address; City; State; Zip Code

121 S. 8th Donna TX 78537

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Norman Cordova JR

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$500

Contributor address; City; State; Zip Code

121 S 8th Donna, TX 78537

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Joel Rivera

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$850.00

Contributor address; City; State; Zip Code

4 3/4 W, Mile 10 N., Westlaw, TX 78594

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

**The Instruction Guide explains how to complete this form.** **1** Total pages this Schedule B:

**2** FILER NAME **3** ACCOUNT # (Ethics Commission filers)

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

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

(If travel outside of Texas, complete Schedule T)

**10** Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*Celestino Avila, Jr*

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

*11-1-07*

7 Name of lender

*Celestino Avila, Jr*

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

*\$5,000.00*

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

*Constable*

13 Employer (See Instructions)

*Hidalgo County*

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME <b>Celestino Avila Jr.</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <b>Beto's Signs</b>	7 Amount (\$) <b>\$3,200.00</b>
6 Payee address; City; State; Zip Code <b>110 W. W. St., San Juan Tx 78589</b>		

8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name <b>AC/OC Signs</b>	Amount (\$) <b>\$1,500.00</b>
Payee address; City; State; Zip Code <b>1902 J Stevens, Waco TX 78589</b>		

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

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