

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Atanacio MI: NICKNAME: "JR" LAST: Gaitan SUFFIX:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:80%; padding: 5px;">Date Received <i>3:42 PM, Per CA</i></td> <td style="width:20%; padding: 5px; text-align: center; vertical-align: middle;">RECEIVED OCT 27 2014</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Postmarked</td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received <i>3:42 PM, Per CA</i>	RECEIVED OCT 27 2014	Date Hand-delivered or Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
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Date Hand-delivered or 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 <i>817 W. Russell Rd. Edinburg, TX 78541</i>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 383-8560 EXTENSION:														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Atanacio MI: NICKNAME: "JR" LAST: Gaitan SUFFIX:														
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>817 W. Russell Road, Edinburg, TX 78541</i>														
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 383-8560 EXTENSION:														
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" 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 <i>09 / 26 / 14 10 / 25 / 14</i>														
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special														
12 OFFICE	OFFICE HELD (if any) <i>Hidalgo County Constable Pct. 4</i>	13 OFFICE SOUGHT (if known) <i>Hidalgo County Constable Pct. 4</i>													
GO TO PAGE 2															

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Atencio 'JR' Gaitan

15 ACCOUNT # (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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)

\$ 13500.

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 3793.97

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 10,976.86

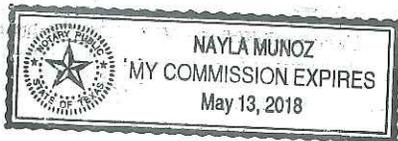
OUTSTANDING LOAN TOTALS

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

\$ 15291.68

18 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.



Atencio 'JR' Gaitan
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Atencio 'JR' Gaitan, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Nayla Munoz
Signature of officer administering oath

Nayla Munoz
Printed name of officer administering oath

Notary Public
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: 1 of 6	
2 FILER NAME Atanacio JR. Gaitan		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-1-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto Delgado 6 Contributor address; City; State; Zip Code 905 W. Russell Rd. Edinburg, TX 78541	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy's Hauling Service Contributor address; City; State; Zip Code 2016 N. Jackson Rd Edinburg, TX 78541	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan G. Cano Contributor address; City; State; Zip Code P.O. Box 3746 Edinburg, TX 78540	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera Funeral Home Contributor address; City; State; Zip Code 1901 Pecan Blvd McAllen, TX 78504	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Rivera Contributor address; City; State; Zip Code 201 Pine Ridge Lane McAllen, TX 78503	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 6	
2 FILER NAME Atencio "JR" Gaitan		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-16-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. Michael Moore 6 Contributor address; City; State; Zip Code 4900 N. 10th St. Suite E-2 McAllen, TX 78504	7 Amount of contribution (\$) 1500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nowell W. Borders Contributor address; City; State; Zip Code 20011 N. Hoehn Edinburg, TX 78541	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Carello Contributor address; City; State; Zip Code 114 S. 12th Ave. Edinburg, TX 78539	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samuel Garcia Contributor address; City; State; Zip Code 137 E. Gardneria McAllen, TX 78501	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Brennan Contributor address; City; State; Zip Code 8315 N. 22nd Lane McAllen, TX 78504	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 6	
2 FILER NAME Atencio "JR" Garten		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-16-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office Eloy Garcia	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 118 E. Cano St. Edinburg, TX 78539		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Royfield	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1300 N. 10th St., Ste 300 McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A Fast Bail Bond	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 710 E. El Cibola Rd. Edinburg, TX 78542		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW Office Preston Herrickson	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 222 W. Cano Edinburg, TX 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Godinez Law Firm	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2415 N. 10th McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 - of 6	
2 FILER NAME Atencio "JR" Coatan		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-16-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office Michael Flanagan	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 809 Chicago Ave. McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mannoguin Law Firm	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 421 S. 12th St. McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-6-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office Felipe Garcia	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 E. University Edinburg, TX 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-7-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pruett Funeral Home	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1901 Pecan Blvd. McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. B. Carter	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6002 Edgewater Corpus Christi, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 6

2 FILER NAME

Atanacio "JR" Gaitan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-10-14

5 Full name of contributor out-of-state PAC (ID# _____)

Doctor's Rehab

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4854 S. Jackson
Edinburg, TX 78539

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-17-14

Full name of contributor out-of-state PAC (ID# _____)

Rodney Robertson

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11507 Elm Bluff
San Antonio, TX 78230

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-17-14

Full name of contributor out-of-state PAC (ID# _____)

Alberto Trevino

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

819 Veterans Blvd
Pharm TX 78577

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-13-14

Full name of contributor out-of-state PAC (ID# _____)

Hinojosa Law Firm

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

612 W. Nolana Loop, Ste 410
McAllen, TX 78504

(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# _____)

Ellis Keenche & Ramirez

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1101 Chicago Ave.
McAllen, TX 78501

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6 of 6

2 FILER NAME

Atencio "JR" Gaitan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-17-14

5 Full name of contributor out-of-state PAC (ID# _____)

Rene Ramirez

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

612 W. Nolana, Ste 415
McAllen, TX 78504

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-20-14

Full name of contributor out-of-state PAC (ID# _____)

Ariel Ramon

Amount of contribution (\$)

800.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

550 W. 3 Mile Ln
Palmhurst, TX 78573

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-23-14

Full name of contributor out-of-state PAC (ID# _____)

Francisco Guerrero

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

664 S. Jackson
Edinburg, TX 78539

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-23-14

Full name of contributor out-of-state PAC (ID# _____)

Law Office Elba Rocha

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

757 W. Austin
Alamo, TX 78516

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-24-14

Full name of contributor out-of-state PAC (ID# _____)

Jesse Salazar

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1110 Hillcrest Dr.
Canyon, TX 79015-5218

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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: 1054		2 FILER NAME Atanacio "JR" Gaitan		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-20-14		5 Payee name Aguirre's Meats Market			
6 Amount (\$) 106.94		7 Payee address; City: State: Zip Code 3317 W. University Edinburg, TX 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-15-14		Payee name H.E.B.			
Amount (\$) 106.16		Payee address; City: State: Zip Code 2700 W. Fredd, Gonzales Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-11-14		Payee name Sam's Club			
Amount (\$) 53.10		Payee address; City: State: Zip Code M. Allen, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-3-14		Payee name Christian Life Church			
Amount (\$) 35.00		Payee address; City: State: Zip Code 321 N. M Road Edinburg, TX 78542			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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.

1 Total pages Schedule F: 2 of 4	2 FILER NAME Atanacio "J.R." Gaitan	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-23-14	5 Payee name BMC Design	
6 Amount (\$) 162.38	7 Payee address; City: State: Zip Code 308 N. Clooner, Ste B Edinburg, TX 78541	
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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-16-	Payee name Brand Boosters	
Amount (\$) 587.26	Payee address; City: State: Zip Code 3607 S.L. Lane McAllen, TX 78503	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-26-14	Payee name Romeo Garcia Agency	
Amount (\$) 1339.00	Payee address; City: State: Zip Code P.O. Box 35 Linn, TX 78563	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-04-14	Payee name BMC Designs	
Amount (\$) 30.00	Payee address; City: State: Zip Code 308 N. Clooner Ste B Edinburg, TX 78541	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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

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: 3 of 4	2 FILER NAME Atanacio "JR" Gaitan	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-30-14	5 Payee name Elite Productions	
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 946 W. Nolana Ste. C Sham. TX 78577	
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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10-7-14	Payee name Astonable Printing	
Amount (\$) 59.54	Payee address; City; State; Zip Code 523 W. Schunior Edinburg, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10-2-14	Payee name Branco Boaters, LLC	
Amount (\$) 73.07	Payee address; City; State; Zip Code 3607 S.L. Lane McAllen, TX 78503	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10-9-14	Payee name Astonable Printing	
Amount (\$) 28.15	Payee address; City; State; Zip Code 523 W. Schunior Edinburg, TX 78	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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

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: 4 of 4	2 FILER NAME Atencio "JR" Gaitan	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-10-14	5 Payee name Tejano Thursday Crew
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6 Amount (\$) 90.00	7 Payee address; City: State: Zip Code Edinburg, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution / Donation	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10-22-14	Payee name McDonalds
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Amount (\$) 35.56	Payee address; City: State: Zip Code 1605 E. University Edinburg, TX 78539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-15-14	Payee name Krispy Kreme
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Amount (\$) 26.67	Payee address; City: State: Zip Code McAllen, TX 7
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-19-14	Payee name Lowe's
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Amount (\$) 19.46	Payee address; City: State: Zip Code 2802 W. University Edinburg, TX 78539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 1	2 FILER NAME Atanacio "JR" Gaitan	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-1-14	5 Payee name Hobby Lobby	
6 Amount (\$) 36.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7600 N. 10th Bldg 300 McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 10-23-14	Payee name Academy	
Amount (\$) 54.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Edinburg, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 10-5-14	Payee name Aguilar's Meat Market	
Amount (\$) 201.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3317 W. University Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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