

CANDIDATE /OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Hidalgo County Clerk Arturo Guajardo, Jr.

16 ACCOUNT# (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

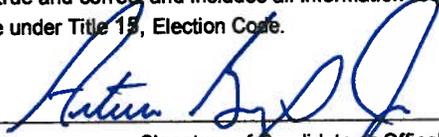
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to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

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,063.26
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,220.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25,747.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

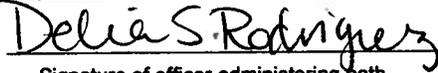
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arturo Guajardo, Jr., this the 8th day of January, 20 10 to certify which, witness my hand and seal of office.

 Delia S. Rodriguez Hidalgo County Deputy Clerk
 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 Hidalgo County Clerk Arturo Guajardo, Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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

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

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
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
Hidalgo County Clerk Arturo Guajardo, Jr. **3 ACCOUNT #** (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$ 5,063.26

5 Date 7/06/09	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suites at Sun Chase 7 Pledgor address; City; State; Zip Code 1004 Padre Blvd South Padre Island, TX 78597	8 Amount of pledge (\$) \$190.97	9 In-kind description (if applicable) Credit for Hotel Charge <small>(if travel outside of Texas, complete Schedule T)</small>
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10 Principal occupation / Job title (See Instructions) **11 Employer (See Instructions)**

Date 7/06/09	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suites at Sun Chase Pledgor address; City; State; Zip Code 1004 Padre Blvd South Padre Island, TX 78597	Amount of pledge (\$) \$190.97	In-kind description (if applicable) Credit for Hotel Charge <small>(if travel outside of Texas, complete Schedule T)</small>
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9/02/09	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedro Rafael Diaz Pledgor address; City; State; Zip Code McAllen, TX	Amount of pledge (\$) \$3,500.00	In-kind description (if applicable) Campaign Contribution <small>(if travel outside of Texas, complete Schedule T)</small>
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9/08/09	Full name of pledgor <input type="checkbox"/> out of state PAC (ID#: _____) Aurelio Aleman IV Pledgor address; City; State; Zip Code Pharr, TX	Amount of pledge (\$) \$1,000.00	In-kind description (if applicable) Campaign Contribution <small>(if travel outside of Texas, complete Schedule T)</small>
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12/17/09	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) University of Texas- Pan American Bookstore Pledgor address; City; State-, Zip Code 1201 W. University Edinburg, TX 78539	Amount of pledge (\$) \$181.32	In-kind description (if applicable) Credit for Graduation Announcement Return <small>(if travel outside of Texas, complete Schedule T)</small>
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

LOANS	SCHEDULE E
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule E-
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2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS:	\$
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5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
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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)	13 Employer (See Instructions)
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14 Description of Collateral <input type="checkbox"/> none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	

19 Principal Occupation	20 Employer
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Date of loan	Name of lender <input type="checkbox"/> out of state PAC (ID#: _____)	Loan Amount (\$)
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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)
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Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City State; Zip Code	

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

POLITICAL EXPENDITURES	SCHEDULE F
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The Instruction Guide explains how to complete this form.	Total pages Schedule F: _____
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2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.	3 ACCOUNT # (Ethics Commission filers)
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4	Date	5 Payee name	7	Amount (\$)
	07/01/09	University of Texas- Pan American 6 Payee address; City; State; Zip Code 1201 W. University Edinburg, TX 78539		\$719.75

8 Purpose of payment (See instructions regarding type of information required.) Tuition (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
7/03/09	Frank Garcia Payee address; City; State; Zip Code	\$50.00

Purpose of payment (See instructions regarding type of information required.) Donation 4th of July Cookoff (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
7/09/09	Academy Payee address; City; State; Zip Code 716 E. Exp 83 McAllen, TX 78503	\$349.65

Purpose of payment (See instructions regarding type of information required.) Door Prize Donations for A.C.T.S. Fishing Tournament (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
7/09/09	Taco Ole Payee address; City; State; Zip Code 2620 W. Freddy Gonzalez Edinburg, TX 78539	\$32.46

Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.	3 ACCOUNT # (Ethics Commission filers)
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4 Date 7/13/09	5 Payee name Coffee Zone 6 Payee address; City; State; Zip Code 1108 S. McColl Edinburg, TX 78539	7 Amount (\$) \$15.13
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8 Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 7/23/09	Payee name Costa Messa Restaurant Payee address; City; State; Zip Code 1621 N. 11th St. McAllen, TX 78501	Amount (\$) \$62.56
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Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 7/27/09	Payee name Gray Line Inc. Payee address; City; State; Zip Code 2416 Music Valley Dr. Ste. 103 Nashville, TN 37214	Amount (\$) \$130.00
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Purpose of payment (See instructions regarding type of information required.) National Association of Counties (NACO) National Conference Expense (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 7/27/09	Payee name Gaylord Opryland Restaurant Payee address; City; State; Zip Code 2800 Opryland Nashville, TN 37214	Amount (\$) \$68.50
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Purpose of payment (See instructions regarding type of information required.) Lunch Meeting during NACO Annual Conference (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES	SCHEDULE F
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.	3 ACCOUNT # (Ethics Commission filers)
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4 Date 8/03/09	5 Payee name T.I.F.T. 6 Payee address; City; State; Zip Code P.O. Box 2715 South Padre Island, TX 78597	7 Amount (\$) \$250.00
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8 Purpose of payment (See instructions regarding type of information required.) T.I.F.T. Sponsorship (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 8/10/09	Payee name Rudy's Barbeque Restaurant Payee address; City; State; Zip Code 209. W. Nolana Loop Pharr, TX 78589	Amount (\$) \$62.38
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Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 8/11/09	Payee name Donna Quarterback Club Payee address; City; State; Zip Code 116 N. 10th Street Donna, TX 78537	Amount (\$) \$250.00
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Purpose of payment (See instructions regarding type of information required.) Football Program Campaign Ad (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 8/11/09	Payee name Edinburg High School Band Payee address; City; State; Zip Code P.O. Box 2248 Edinburg, TX 78540	Amount (\$) \$150.00
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Purpose of payment (See instructions regarding type of information required.) Football Program Campaign Ad (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES	SCHEDULE F
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The Instruction Guide explains how to complete this form.	I Total pages Schedule F:
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2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.	3 ACCOUNT # (Ethics Commission filers)
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4 Date 8/12/09	5 Payee name University of Texas- Pan American 6 Payee address; City; State; Zip Code 1201 W. University Edinburg, TX 78539	7 Amount (\$) \$871.25
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8 Purpose of payment (See instructions regarding type of information required.) University of Texas-Pan American Tuition (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 8/14/09	Payee name Edcouch Elsa Athletic Booster Club Payee address; City; State; Zip Code P.O. Box 127 Edcouch, TX 78538	Amount (\$) \$175.00
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Purpose of payment (See instructions regarding type of information required.) Football Program Campaign Ad (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 8/18/09	Payee name Mission High School Payee address; City; State; Zip Code 802 Cleo Dawson Mission, TX 78572	Amount (\$) \$150.00
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Purpose of payment (See instructions regarding type of information required.) Football Program Campaign Ad (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 8/19/09	Payee name Weslaco Athletic Booster Club Payee address; City; State; Zip Code P.O. Box 1616 Weslaco, TX 78599	Amount (\$) \$185.00
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Purpose of payment (See instructions regarding type of information required.) Football Program Campaign Ad (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

I Total pages Schedule F:

2 FILER NAME

Hidalgo County Clerk Arturo Guajardo, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
8/19/09	Sylvia Garza 6 Payee address; City; State; Zip Code Edinburg, TX	\$120.00

8 Purpose of payment (See instructions regarding type of information required.) Donation Benefit BBQ Tickets (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
8/20/09	Jason's Deli Restaurant Payee address; City; State; Zip Code 1308 W. Expressway McAllen, TX 78501	\$30.45

Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
9/01/09	Sharkathon Payee address; City; State; Zip Code South Padre Island, TX-Corpus Christi, TX PayPal Online Purchase	\$50.00

Purpose of payment (See instructions regarding type of information required.) Tournament Sponsorship-Frank Zavala (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
9/01/09	Sharkathon Payee address; City; State; Zip Code South Padre Island, TX-Corpus Christi, TX PayPal Online Purchase	\$50.00

Purpose of payment (See instructions regarding type of information required.) Tournament Sponsorship-Marco Guajardo (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES	SCHEDULE F
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.	3 ACCOUNT # (Ethics Commission filers)
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4 Date 9/02/09	5 Payee name Beto's Printing 6 Payee address; City; State; Zip Code 110 W. 4th St. San Juan, TX 78589	7 Amount (\$) \$1,000.00
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8 Purpose of payment (See instructions regarding type of information required.) Pay Sign Printing Services (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME
Hidalgo County Clerk Arturo Guajardo, Jr. **3 ACCOUNT #** (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
9/17/09	Luby's Cafe	\$39.88
	6 Payee address; City; State; Zip Code 2201. W. University Edinburg, TX 78539	

8 Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
9/21/09	White Sands Motel	\$50.40
	Payee address; City; State; Zip Code 418 State Hwy 100 Port Isabel, TX 78578	

Purpose of payment (See instructions regarding type of information required.) Hotel Stay for A.C.T.S. Fundraiser (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
9/21/09	White Sands Motel	\$50.40
	Payee address; City; State; Zip Code 418 State Hwy 100 Port Isabel, TX 78578	

Purpose of payment (See instructions regarding type of information required.) Hotel Stay for A.C.T.S. Fundraiser (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
9/22/09	Luby's Cafe	\$37.73
	Payee address; City; State; Zip Code 2201 W. University Edinburg, TX 78539	

Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Hidalgo County Clerk Arturo Guajardo, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
09/22/09	Sam Houston PTO	\$50.00
	6 Payee address; City; State; Zip Code McAllen, TX	

8 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
10/02/09	Annette C. Muñiz	\$100.00
	Payee address; City; State; Zip Code McAllen, TX 78501	

Purpose of payment (See instructions regarding type of information required.) Gift Cards for Office Family Picnic (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
10/05/09	Sam's Club	\$336.46
	Payee address; City; State; Zip Code 1400 E. Jackson McAllen, TX 78501	

Purpose of payment (See instructions regarding type of information required.) Supplies for Office Family Picnic (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
10/05/09	Academy	\$251.48
	Payee address; City; State; Zip Code 651 East Trenton Edinburg, TX 78539	

Purpose of payment (See instructions regarding type of information required.) Supplies for Office Family Picnic (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES **SCHEDULE F**

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

2 FILER NAME
Hidalgo County Clerk Arturo Guajardo, Jr. **3 ACCOUNT # (Ethics Commission filers)**

4 Date	5 Payee name	7 Amount (\$)
10/05/09	Alyssa's Acres	\$150.00
	6 Payee address; City; State; Zip Code 2 Mile Line and Glasscock Mission, TX 78577	

8 Purpose of payment (See instructions regarding type of information required.) Office Family Picnic Expense (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
10/05/09	Annette C. Muñiz	\$100.00
	Payee address; City; State; Zip Code McAllen, TX 78501	

Purpose of payment (See instructions regarding type of information required.) Reimbursement for Office Family Picnic Expense (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
10/20/09	Cash Withdrawal	\$260.00
	Payee address; City; State; Zip Code Edinburg, TX 78539	

Purpose of payment (See instructions regarding type of information required.) Employee Reimbursement for Breast Cancer Walk (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
10/22/09	Concerned Citizens of Hidalgo	\$500.00
	Payee address; City; State; Zip Code Hidalgo, TX	

Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES	SCHEDULE F
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The Instruction Guide explains how to complete this form.	I Total pages Schedule F:
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2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.	3 ACCOUNT # (Ethics Commission filers)
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4 Date 10/26/09	5 Payee name Taco Ole 6 Payee address; City; State; Zip Code 2620 Freddy Gonzalez, Edinburg, TX 78539	7 Amount (\$) \$43.29
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8 Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 10/26/09	Payee name Olive Garden Payee address; City; State; Zip Code 222 Expressway 83 McAllen, TX 78501	Amount (\$) \$39.06
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Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 11/02/09	Payee name Kumori Restaurant Payee address; City; State; Zip Code 4500 N. 10th Ste. 50 McAllen, TX 78501	Amount (\$) \$76.95
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Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date 11/03/09	Payee name Academy Payee address; City; State; Zip Code 651 East Trenton Edinburg, TX 78539	Amount (\$) \$119.44
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Purpose of payment (See instructions regarding type of information required.) Gift Items for St. Joseph's School Auction (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES	SCHEDULE F
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name Pete's Mobile Home Supply	7 Amount (\$)
11/05/09	6 Payee address; City; State; Zip Code 2911 N. Cesar Chavez San Juan, TX 78589	\$54.15

8 Purpose of payment (See instructions regarding type of information required.) Gift Items for St. Joseph's School Auction (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name Rudy's Barbeque Restaurant	Amount (\$)
11/09/09	Payee address; City; State; Zip Code 209 W. Nolana Loop, Pharr, TX 78589	\$35.45

Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name San Juan Middle School	Amount (\$)
11/10/09	Payee address; City; State; Zip Code 1229 S. "I" Rd. San Juan, TX 78589	\$100.00

Purpose of payment (See instructions regarding type of information required.) Sponsorship for Cheerleader Calendar (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name Academy	Amount (\$)
11/12/09	Payee address; City; State; Zip Code 651 East Trenton Edinburg, TX 78539	\$100.00

Purpose of payment (See instructions regarding type of information required.) Gift Card Donation to Hidalgo County Adult Probation (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES **SCHEDULE F**

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

2 FILER NAME
Hidalgo County Clerk Arturo Guajardo, Jr. **3 ACCOUNT # (Ethics Commission filers)**

4 Date	5 Payee name	7 Amount (\$)
11/12/09	Sky Promotions/ J.J. Ayala	\$200.00
	6 Payee address; City; State; Zip Code San Juan, TX	

8 Purpose of payment (See instructions regarding type of information required.) Donation for Coach Josie Ayala Scholarship Fund (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/13/09	Staples	\$150.47
	Payee address; City; State; Zip Code 1606 W. University Dr. Edinburg, TX 78539	

Purpose of payment (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/16/09	The Men's Warehouse	\$261.41
	Payee address; City; State; Zip Code 2017 S. 10th McAllen, TX 78503	

Purpose of payment (See instructions regarding type of information required.) Business Suit (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/17/09	University of Texas- Pan American Bookstore	\$287.24
	Payee address; City; State; Zip Code 1201 W. University Edinburg, TX 78539	

Purpose of payment (See instructions regarding type of information required.) Graduation Announcements (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

I Total pages Schedule F:

2 FILER NAME

Hidalgo County Clerk Arturo Guajardo, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
11/20/09	El Pastor Grill Restaurant	\$329.21
	6 Payee address; City; State; Zip Code 1400 East Expressway McAllen, TX 78503	
8 Purpose of payment (See instructions regarding type of information required.) Lunch Meeting (If travel outside of Texas, complete Schedule T)		9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
11/20/09	Cash Withdrawal	\$200.00
	Payee address; City; State; Zip Code San Juan, TX	
Purpose of payment (See instructions regarding type of information required.) To Pay for Beto's Signs-Printing Service (If travel outside of Texas, complete Schedule T)		• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
11/23/09	HEB	\$107.93
	Payee address; City; State; Zip Code 1300 E. Business 83 San Juan, TX 78589	
Purpose of payment (See instructions regarding type of information required.) Staff Thanksgiving Luncheon Expense (If travel outside of Texas, complete Schedule T)		• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
11/23/09	Lowe's	\$49.94
	Payee address; City; State; Zip Code 707 S. Jackson Rd Pharr, TX	
Purpose of payment (See instructions regarding type of information required.) Staff Thanksgiving Luncheon Expense (If travel outside of Texas, complete Schedule T)		• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME
Hidalgo County Clerk Arturo Guajardo, Jr. **3 ACCOUNT #** (Ethics Commission filers)

4	Date	5 Payee name	7	Amount (\$)
	11/24/09	HEB		
		6 Payee address; City; State; Zip Code		
		1300 E. Business 83 San Juan, TX 78589		\$96.98

8 Purpose of payment (See instructions regarding type of information required.) Staff Thanksgiving Luncheon Expense (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/24/09	Dollar General	
	Payee address; City; State; Zip Code	
	302 East Cano Edinburg, TX 78539	\$29.50

Purpose of payment (See instructions regarding type of information required.) Staff Thanksgiving Luncheon Expense (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/25/09	Luby's Cafe	
	Payee address; City; State; Zip Code	
	2201 W. University Edinburg, TX 78539	\$525.33

Purpose of payment (See instructions regarding type of information required.) Staff Thanksgiving Luncheon Expense (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
11/27/09	Honey Glazed Ham & Deli	
	Payee address; City; State; Zip Code	
	5524 N. McColl Rd. McAllen, TX 78504	\$46.00

Purpose of payment (See instructions regarding type of information required.) Staff Thanksgiving Luncheon Expense (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Hidalgo County Clerk Arturo Guajardo, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/04/09

5 Payee name

Hidalgo County Democratic Party

6 Payee address; City; State; Zip Code

305 (A) Shary Rd. Mission, TX 78572

7 Amount (\$)

\$1,250.00

8 Purpose of payment (See instructions regarding type of information required.)

Filing Fee for Ballot Placement

(If travel outside of Texas, complete Schedule T)

9 • • Complete if direct expenditure to benefit C/OH • •

Candidate / Officeholder name Office sought Office held

Date

12/07/09

Payee name

Annette C. Mufiz

Payee address; City; State; Zip Code

McAllen, TX

Amount (\$)

\$250.00

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Christmas Expense

(If travel outside of Texas, complete Schedule T)

• • Complete if direct expenditure to benefit C/OH • •

Candidate / Officeholder name Office sought Office held

Date

12/08/09

Payee name

William Clinton Foundation

Payee address; City; State; Zip Code

55 West 125th New York, NY 10027

Amount (\$)

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)

Donation

(If travel outside of Texas, complete Schedule T)

• • Complete if direct expenditure to benefit C/OH • •

Candidate / Officeholder name Office sought Office held

Date

12/15/09

Payee name

Delia S. Rodriguez

Payee address; City; State; Zip Code

Edinburg, TX

Amount (\$)

\$70.40

Purpose of payment (See instructions regarding type of information required.)

Postage Reimbursement

(If travel outside of Texas, complete Schedule T)

• • Complete if direct expenditure to benefit C/OH • •

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES **SCHEDULE F**

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

2 FILER NAME
Hidalgo County Clerk Arturo Guajardo, Jr. **3 ACCOUNT # (Ethics Commission filers)**

4 Date	5 Payee name	7 Amount (\$)
12/16/09	Academy	\$373.53
	6 Payee address; City; State; Zip Code 651 East Trenton Edinburg, TX 78539	

8 Purpose of payment (See instructions regarding type of information required.) Gift Items for Office Christmas Luncheon (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
12/17/09	Holiday Wine & Liquor	\$433.97
	Payee address; City; State; Zip Code 305 West University Dr. Edinburg, TX 78539	

Purpose of payment (See instructions regarding type of information required.) Christmas Gifts (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
12/18/09	Ulta	\$194.80
	Payee address; City; State; Zip Code 3300 Expressway 83 McAllen, TX 78501	

Purpose of payment (See instructions regarding type of information required.) Christmas Gift (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
12/18/09	Walmart	\$47.42
	Payee address; City; State; Zip Code 2206 Kimberly Ln Edinburg, TX 78539	

Purpose of payment (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Hidalgo County Clerk Arturo Guajardo, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
12/18/09	Hobby Lobby 6 Payee address; City; State; Zip Code 7600 N. 10th McAllen, TX 78504	\$44.72

8 Purpose of payment (See instructions regarding type of information required.) Picture Framing Expense (If travel outside of Texas, complete Schedule T)	9 • • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
12/21/09	De Sanchez Day Spa & Salon Payee address; City; State; Zip Code 1308 N. 15th McAllen, TX 78501	\$415.00

Purpose of payment (See instructions regarding type of information required.) Christmas Gift Cards (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
12/21/09	Chillis Payee address; City; State; Zip Code 2303 University Dr. Edinburg, TX 78541	\$260.00

Purpose of payment (See instructions regarding type of information required.) Christmas Gift Cards (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
12/24/09	Moises Ibarra Payee address; City; State; Zip Code McAllen, TX	\$330.00

Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T)	• • Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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

2 FILER NAME
Hidalgo County Clerk Arturo Guajardo, Jr. **3 ACCOUNT #** (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
		<input type="checkbox"/> Reimbursement from political contributions intended.

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
		<input type="checkbox"/> Reimbursement from political contributions intended.

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
		<input type="checkbox"/> Reimbursement from political contributions intended.

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
		<input type="checkbox"/> Reimbursement from political contributions intended.

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
		<input type="checkbox"/> Reimbursement from political contributions intended.

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The Instruction Guide explains how to complete this form.	I Total pages Schedule H:
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2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Hidalgo County Clerk Arturo Guajardo, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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CREDITS (optional)	SCHEDULE K
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.	3 ACCOUNT # (Ethics Commission filers)

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

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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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 1
2 FILER NAME Hidalgo County Clerk Arturo Guajardo, Jr.		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Gray Line Inc.		
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 checked="" 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 7/24-28/2009	7 Name of person(s) traveling Arturo Guajardo, Jr.	
8 Departure city or name of departure location McAllen, TX		
9 Destination city or name of destination location Nashville, TN		
10 Means of transportation Delta Airlines	11 Purpose of travel (including name of conference, seminar, or other event) National Association of Counties (NACO) National Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Gaylord Opryland Restaurant		
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 checked="" 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 7/24-28/2009	Name of person(s) traveling Arturo Guajardo, Jr.	
Departure city or name of departure location McAllen, TX		
Destination city or name of destination location Nashville, TN		
Means of transportation Delta Airlines	Purpose of travel (including name of conference, seminar, or other event) National Association of Counties (NACO) National Conference	
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)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		