

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 FIRST MI Mr. Arturo NICKNAME LAST SUFFIX Guajardo Jr.	OFFICE USE ONLY Date Received: 2013 JAN 9 PM 3:06 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 1213 S. Lincoln Street San Juan, Texas 78589		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 318-2149		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Ray NICKNAME LAST SUFFIX Thomas		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4900 North 10th Street Suite B McAllen, Texas 78504		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 686-8797		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 12 THROUGH 12 / 31 / 12		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Hidalgo County Clerk	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

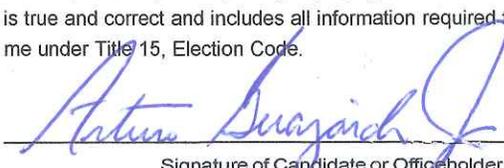
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$ 4,025.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,590.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,868.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

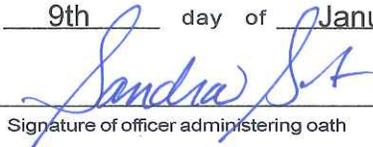
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arturo Guajardo Jr., this the 9th day of January, 20 13, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Sandra Solis

 Printed name of officer administering oath

Hidalgo County Deputy Clerk

 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 Arturo Guajardo Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/27/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. Lynn Moore 6 Contributor address; City; State; Zip Code P.O. Box 797883 Dallas, Texas 75379	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel O. Rios Contributor address; City; State; Zip Code 104 E. Lake Ave. McAllen, Texas 78504	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa Messa Restaurant LLC Contributor address; City; State; Zip Code 1621 N. 11th Street McAllen, Texas 78501	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hidalgo County Property Tax Service, LTD Contributor address; City; State; Zip Code 612 Nolana Suite 570 McAllen, Texas 78504	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saul Ortega Contributor address; City; State; Zip Code 1220 Castille Cart Edingurg, Texas 78539	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T)	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 FILER NAME Arturo Guajardo Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/16/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Muñoz 6 Contributor address; City; State; Zip Code P.O. Box 47 San Juan, Texas 78589	7 Amount of contribution (\$) \$375.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/06/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Barrera Contributor address; City; State; Zip Code 7608 E. Alberta Rd. Edinburg, Texas 78542	Amount of contribution (\$) \$150.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code P.O. Box 17428 Austin, Texas 78760	Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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)
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME Arturo Guajardo Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <p style="text-align: center;">Arturo Guajardo Jr.</p>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Arturo Guajardo Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/23/12		5 Payee name AT&T			
6 Amount (\$) \$15.09		7 Payee address; City; State; Zip Code 1400 E. Expressway 83 #115 McAllen, Texas 78503			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Other Political Expenditures		(b) Description (If travel outside of Texas, complete Schedule T) Wireless Internet Fees for Officeholder	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/16/12		Payee name Rudy's			
Amount (\$) \$55.03		Payee address; City; State; Zip Code 209 W. Nolana Loop Pharr, Texas 78577			
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) Officeholder Lunch Meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/24/12		Payee name Rudy's			
Amount (\$) \$68.14		Payee address; City; State; Zip Code 209 W. Nolana Loop Pharr, Texas 78577			
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) Officeholder Lunch Meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/14/12		Payee name Whataburger			
Amount (\$) \$6.26		Payee address; City; State; Zip Code 513 N. Alamo Rd. Alamo, Texas 78516			
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) Paid Lunch for County Employee	
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:	2 FILER NAME Arturo Guajardo Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/01/12	5 Payee name Feldman's	
6 Amount (\$) \$139.52	7 Payee address; City; State; Zip Code 318 S. Cage Pharr, Texas 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Award/Memorial Expense	(b) Description (If travel outside of Texas, complete Schedule T) Gifts for Constituents
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/12/12	Payee name Joe's Tackle Shop	
Amount (\$) \$281.44	Payee address; City; State; Zip Code 1120 Lindberg Avenue McAllen, Texas 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Prizes for Fishing Tournament Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/04/12	Payee name Wal-Sams	
Amount (\$) \$116.04	Payee address; City; State; Zip Code 1200 E. Jackson Avenue McAllen, Texas 78503	
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) Supplies for Fishing Tournament Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/13/12	Payee name H.E.B.	
Amount (\$) \$84.48	Payee address; City; State; Zip Code 1212 E. Closner Edinburg, Texas 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) Groceries for Staff Thanksgiving Luncheon
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:	2 FILER NAME Arturo Guajardo Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/13/12	5 Payee name Outback	
6 Amount (\$) \$65.85	7 Payee address; City; State; Zip Code 1109 Hwy 83 East McAllen, Texas 78501	
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) Meeting with Constituents
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/16/12	Payee name Wal-Mart	
Amount (\$) \$281.42	Payee address; City; State; Zip Code 1724 W. University Edinburg, Texas 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) Supplies for Staff Thanksgiving Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/03/12	Payee name Maki Sushi	
Amount (\$) \$43.16	Payee address; City; State; Zip Code 1661 W. University Edinburg, Texas 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Event	Description (If travel outside of Texas, complete Schedule T) Meeting to Discuss Officeholder Issues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/13/12	Payee name Wal-Mart	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1274 W. University Edinburg, Texas 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorial Expense	Description (If travel outside of Texas, complete Schedule T) Gifts for Constituents
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:	2 FILER NAME Arturo Guajardo Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/17/12	5 Payee name Feldman's
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6 Amount (\$) \$202.77	7 Payee address; City; State; Zip Code 318 S. Cage Pharr, Texas 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorial Expense	(b) Description (If travel outside of Texas, complete Schedule T) Gifts for Constituents
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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 12/31/12	Payee name Pappadeaux
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Amount (\$) \$92.17	Payee address; City; State; Zip Code 1610 W. Expressway 83 Pharr, Texas 78577
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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) Meeting to Discuss Officeholder Issues
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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**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 FILER NAME Arturo Guajardo Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 08/15/12	5 Payee name PSJA Quarterback Club - ck# 5196	
6 Amount (\$) \$275.00	7 Payee address; City; State; Zip Code 805 W. Ridge Rd. San Juan, Texas 78589	
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) Full Page Ad in Football Program
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/31/12	Payee name Veterans Relief Fund - ck# 5197	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 716 Elsa, Texas 78543	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gifts/Awards/Memorial Expense	Description (If travel outside of Texas, complete Schedule T) Monetary Gift to Veteran's Group
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/18/12	Payee name Advance Publishing Company - ck# 5198	
Amount (\$) \$140.00	Payee address; City; State; Zip Code 1101 N. Cage, Ste C1 Pharr, Texas 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Various Campaign Advertisements
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/27/12	Payee name Oscar Mejia - ck# 5199	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 110 West 4th Street San Juan, Texas 78589	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) T-Shirts for Fishing Tournament
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:		2 FILER NAME Arturo Guajardo Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/28/12		5 Payee name The Sign Depot - ck# 5200			
6 Amount (\$) \$233.82		7 Payee address; City; State; Zip Code 1229 W. Hwy 83 Pharr, Texas 78577			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Supplies for Fishing Tournament	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/15/12		Payee name Guadalupe R. Garza - ck# 5201			
Amount (\$) \$140.00		Payee address; City; State; Zip Code 1705 Miller Ave. Donna, Texas 78537			
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) Catering for Office Thanksgiving Luncheon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/14/12		Payee name Texas Valley Communities Foundation - ck# 5202			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 1098 W. Expressway 83 Mercedes, Texas 78570			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift/Awards/Memorial Expense		Description (If travel outside of Texas, complete Schedule T) County Christmas Party Donation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/17/12		Payee name Sandra Solis - ck# 5203			
Amount (\$) \$100.00		Payee address; City; State; Zip Code P.O. Box 1302 Donna, Texas 78537			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other Political Expenditures		Description (If travel outside of Texas, complete Schedule T) Christmas Cards for Constituents	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME Arturo Guajardo Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Arturo Guajardo Jr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME Arturo Guajardo Jr.		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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 SCHEDULE AS NEEDED		



Date 7/31/12
 Primary Account
 CIF Number
 Enclosures

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*****AUTO**5-DIGIT 78589
 13353 0.6580 AV 0.350 53 1 90
 ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT
 1213 SOUTH LINCOLN
 SAN JUAN TX 78589-2529

Deposits conducted before 6PM CST may now credit the same business day. Terms & conditions may apply. Visit with a banker or call customer service at 1-877-380-8573 for details.

Checking Account

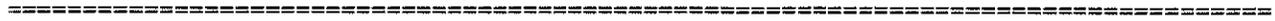
Account Title: ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT

Interest Checking			
Account Number	XXXXX6304	Statement Dates	7/02/12 thru 7/31/12
Last Statement Balance	9,412.60	Days in the statement period	30
1 Deposits/Credits	15.09	Average Ledger	9,411.59
1 Checks/Debits	15.09	Average Collected	9,411.59
Service Charge	.00	Interest Earned	.78
Interest Paid	.80	Annual Percentage Yield Earned	0.10%
This Statement Balance	9,413.40	2012 Interest Paid	7.17



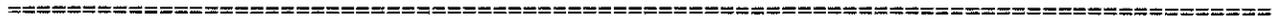
-----DEPOSITS-----

Date	Description	Amount
7/31	Interest Deposit	.80



-----OTHER CREDITS-----

7/25	CREDIT 1011 07/25/12 00219952 AT&T DATA	15.09
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-----OTHER DEBITS-----

Date	Description	Amount
7/23	DBT CRD 1011 07/23/12 00219398 AT&T DATA 08003310500 GA Card# **7918	15.09-



ARTURO GUAJARDO JR
CAMPAIGN ACCOUNT
1213 SOUTH LINCOLN
SAN JUAN TX 78589

Date 7/31/12
Primary Account
CIF Number
Enclosures

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Interest Checking

XXXXX6304 (Continued)

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---DAILY BALANCE INFORMATION---			
Date	Balance	Date	Balance
7/02	9,412.60	7/25	9,412.60
7/23	9,397.51	7/31	9,413.40

End Of Statement



Date 8/31/12
 Primary Account
 CIF Number
 Enclosures

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 GAA2587



*****AUTO**5-DIGIT 78589
 13246 0.6580 AV 0.350 52 1 94
 ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT
 1213 SOUTH LINCOLN
 SAN JUAN TX 78589-2529

Deposits conducted before 6PM CST may now credit the same business day. Terms & conditions may apply. Visit with a banker or call customer service at 1-877-380-8573 for details.

Checking Account

Account Title: ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT

Interest Checking			Statement Dates	8/01/12 thru	9/03/12
Account Number	XXXXX6304		Days in the statement period		34
Last Statement Balance	9,413.40		Average Ledger		9,263.54
Deposits/Credits	.00		Average Collected		9,263.54
3 Checks/Debits	398.17		Interest Earned		.86
Service Charge	.00		Annual Percentage Yield Earned		0.10%
Interest Paid	.78		2012 Interest Paid		7.95
This Statement Balance	9,016.01				



-----DEPOSITS-----

Date	Description	Amount
8/31	Interest Deposit	.78



-----OTHER DEBITS-----

Date	Description	Amount
8/16	DBT CRD 1010 08/15/12 12790366 RUDY S 02 209 W NOLANA LOOP PHARR TX C***7918	55.03-
8/24	DBT CRD 1021 08/23/12 08806311 RUDY S 02 209 W NOLANA LOOP PHARR TX C***7918	68.14-





ARTURO GUAJARDO JR
CAMPAIGN ACCOUNT
1213 SOUTH LINCOLN
SAN JUAN TX 78589

Date 8/31/12
Primary Account
CIF Number
Enclosures

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Interest Checking

XXXXX6304 (Continued)

--- CHECKS IN NUMBER ORDER ---

Date	Check No	Amount
8/23	5196	275.00

* Denotes missing check numbers

=====

---DAILY BALANCE INFORMATION---

Date	Balance	Date	Balance	Date	Balance
8/01	9,413.40	8/23	9,083.37	8/31	9,016.01
8/16	9,358.37	8/24	9,015.23		

End Of Statement



Date 9/28/12
 Primary Account
 CIF Number
 Enclosures

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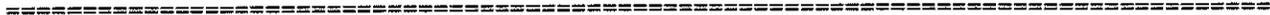
*****AUTO**5-DIGIT 78589
 19528 0.6580 AV 0.350 66 1 120
 ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT
 1213 SOUTH LINCOLN
 SAN JUAN TX 78589-2529

Deposits conducted before 6PM CST may now credit the same business day. Terms & conditions may apply. Visit with a banker or call customer service at 1-877-380-8573 for details.

Checking Account

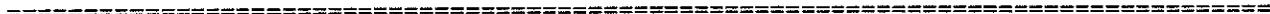
Account Title: ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT

Interest Checking			
Account Number	XXXXX6304	Statement Dates	9/04/12 thru 9/30/12
Last Statement Balance	9,016.01	Days in the statement period	27
3 Deposits/Credits	2,500.00	Average Ledger	9,252.80
2 Checks/Debits	506.26	Average Collected	9,252.80
Service Charge	.00	Interest Earned	.70
Interest Paid	.78	Annual Percentage Yield Earned	0.10%
This Statement Balance	11,010.53	2012 Interest Paid	8.73



-----DEPOSITS-----

Date	Description	Amount
9/27	Deposit	500.00
9/28	Deposit	250.00
9/28	Deposit	1,750.00
9/30	Interest Deposit	.78



-----OTHER DEBITS-----

Date	Description	Amount
9/14	DBT CRD 1021 09/13/12 90298285 WHATABURGE 513 N ALAMO ROAD ALAMO TX C##*7918	6.26-





ARTURO GUAJARDO JR
CAMPAIGN ACCOUNT
1213 SOUTH LINCOLN
SAN JUAN TX 78589

Date 9/28/12
Primary Account
CIF Number
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Interest Checking

XXXXX6304 (Continued)

--- CHECKS IN NUMBER ORDER ---

Date	Check No	Amount
9/28	5199	500.00

* Denotes missing check numbers

=====

---DAILY BALANCE INFORMATION---

Date	Balance	Date	Balance	Date	Balance
9/04	9,016.01	9/27	9,509.75	9/30	11,010.53
9/14	9,009.75	9/28	11,009.75		

End Of Statement



Date 10/31/12
 Primary Account
 CIF Number
 Enclosures

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*****AUTO**5-DIGIT 78589
 13073 0.6580 AV 0.350 53 1 88
 ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT
 1213 SOUTH LINCOLN
 SAN JUAN TX 78589-2529

Deposits conducted before 6PM CST may now credit the same business day. Terms & conditions may apply. Visit with a banker or call customer service at 1-877-380-8573 for details.

Checking Account

Account Title: ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT

Please note: The Research/Maintenance fee "Account Research (1 Hr. Min.) \$50.00 per Hour + \$1.00 per Item" erroneously printed as " \$5.00 per Hour + \$1.00 per Item" on the 9/17/12 version of Schedule of Fees. The printing error has been corrected. We apologize for any inconvenience.

Interest Checking			
Account Number	XXXXX6304	Statement Dates	10/01/12 thru 10/31/12
Last Statement Balance	11,010.53	Days in the statement period	31
2 Deposits/Credits	1,525.00	Average Ledger	10,863.04
6 Checks/Debits	1,010.82	Average Collected	10,863.04
Service Charge	.00	Interest Earned	1.11
Interest Paid	1.11	Annual Percentage Yield Earned	0.12%
This Statement Balance	11,525.82	2012 Interest Paid	9.84



-----DEPOSITS-----

Date	Description	Amount
10/12	Deposit	525.00
10/18	Deposit	1,000.00
10/31	Interest Deposit	1.11



-----OTHER DEBITS-----

Date	Description	Amount
10/01	POS DEB 1631 09/29/12 74250018 FELDMANS (FELDMANS (30) PHARR TX C***7918	139.52-



ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT
 1213 SOUTH LINCOLN
 SAN JUAN TX 78589

Date 10/31/12
 Primary Account
 CIF Number
 Enclosures

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Interest Checking XXXXX6304 (Continued)

-----OTHER DEBITS-----
 Date Description Amount
 10/02 POS DEB 1443 10/01/12 00921617 281.44-
 JOE S TACK
 1120 LINDBERG STE
 MCALLEN TX C#**7918
 10/04 POS DEB 1646 10/03/12 03845586 116.04-
 WAL SAM S
 8250 WAL-SAMS
 MCALLEN TX C#**7918

 --- CHECKS IN NUMBER ORDER ---
 Date Check No Amount Date Check No Amount Date Check No Amount
 10/15 5197 100.00 10/01 5198 140.00 10/02 5200* 233.82
 * Denotes missing check numbers

 ---DAILY BALANCE INFORMATIONS---
 Date Balance Date Balance Date Balance
 10/01 10,731.01 10/12 10,624.71 10/31 11,525.82
 10/02 10,215.75 10/15 10,524.71
 10/04 10,099.71 10/18 11,524.71

End Of Statement

Date 11/30/12
Primary Account
CIF Number
Enclosures

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*****AUTO**5-DIGIT 78589
12924 0.6580 AV 0.350 52 1 88
ARTURO GUAJARDO JR
CAMPAIGN ACCOUNT
1213 SOUTH LINCOLN
SAN JUAN TX 78589-2529

Deposits conducted before 6PM CST may now credit the same business day. Terms & conditions may apply. Visit with a banker or call customer service at 1-877-380-8573 for details.

Checking Account

Account Title: ARTURO GUAJARDO JR
CAMPAIGN ACCOUNT

Please note: The Research/Maintenance fee "Account Research (1 Hr. Min.) \$50.00 per Hour + \$1.00 per item" erroneously printed as " \$5.00 per Hour + \$1.00 per Item" on the 9/17/12 version of Schedule of Fees. The printing error has been corrected. We apologize for any inconvenience.

Interest Checking			
Account Number	XXXXX6304	Statement Dates	11/01/12 thru 12/02/12
Last Statement Balance	11,525.82	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	11,223.42
4 Checks/Debits	571.75	Average Collected	11,223.42
Service Charge	.00	Interest Earned	1.18
Interest Paid	1.11	Annual Percentage Yield Earned	0.12%
This Statement Balance	10,955.18	2012 Interest Paid	10.95

=====

-----DEPOSITS-----		
Date	Description	Amount
11/30	Interest Deposit	1.11

=====

-----OTHER DEBITS-----		
Date	Description	Amount
11/13	POS DEB 1346 11/13/12 08917001	84.48-
	HEB HEB 1	
	1212 E Closner361	
	Edinburg TX C#**7918	
11/13	DBT CRD 0608 11/10/12 02844358	65.85-
	OUTBACK 44	

ARTURO GUAJARDO JR
CAMPAIGN ACCOUNT
1213 SOUTH LINCOLN
SAN JUAN TX 78589

Date 11/30/12
Primary Account
CIF Number
Enclosures

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Interest Checking XXXXX6304 (Continued)

-----OTHER DEBITS-----
Date Description Amount
1109 HWY 83 EAST
MCALLEN TX C***7918
11/16 POS DEB 1510 11/15/12 72585700 281.42-
WAL-MART
1724 W UNIVERSITY
EDINBURG TX C***7918

--- CHECKS IN NUMBER ORDER ---
Date Check No Amount
11/20 5201 140.00
* Denotes missing check numbers

---DAILY BALANCE INFORMATION---
Date Balance Date Balance Date Balance
11/01 11,525.82 11/16 11,094.07 11/30 10,955.18
11/13 11,375.49 11/20 10,954.07

End Of Statement

Date 12/31/12
 Primary Account
 CIF Number
 Enclosures

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*****AUTO**5-DIGIT 78589
 19029 0.6580 AV 0.350 66 1 114
 ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT
 1213 SOUTH LINCOLN
 SAN JUAN TX 78589-2529

Deposits conducted before 6PM CST may now credit the same business day. Terms & conditions may apply. Visit with a banker or call customer service at 1-877-380-8573 for details.

Checking Account

Account Title: ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT

Please note: The Research/Maintenance fee "Account Research (1 Hr. Min.) \$50.00 per Hour + \$1.00 per item" erroneously printed as " \$5.00 per Hour + \$1.00 per Item" on the 9/17/12 version of Schedule of Fees. The printing error has been corrected. We apologize for any inconvenience.

Interest Checking			
Account Number	XXXXX6304	Statement Dates	12/03/12 thru 12/31/12
Last Statement Balance	10,955.18	Days in the statement period	29
Deposits/Credits	.00	Average Ledger	10,502.58
6 Checks/Debits	1,088.10	Average Collected	10,502.58
Service Charge	.00	Interest Earned	.96
Interest Paid	1.03	Annual Percentage Yield Earned	0.12%
This Statement Balance	9,868.11	2012 Interest Paid	11.98

=====

-----DEPOSITS-----		
Date	Description	Amount
12/31	Interest Deposit	1.03

=====

-----OTHER DEBITS-----		
Date	Description	Amount
12/03	DBT CRD 0922 11/30/12 17464333 MAKI SUSHI 1661 W UNIVERSITY	43.16-
12/13	EDINBURG TX C#**7918 POS DEB 1405 12/13/12 33608089 WAL Wal-Ma	150.00-

ARTURO GUAJARDO JR
 CAMPAIGN ACCOUNT
 1213 SOUTH LINCOLN
 SAN JUAN TX 78589

Date 12/31/12
 Primary Account
 CIF Number
 Enclosures

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Interest Checking XXXXX6304 (Continued)

-----OTHER DEBITS-----
 Date Description Amount
 12/17 0429 WAL-SAMS
 EDINBURG TX C#**7918
 POS DEB 1431 12/14/12 28314014 202.77-
 FELDMANS (
 FELDMANS (30)
 12/31 PHARR TX C#**7918
 DBT CRD 0532 12/29/12 01846382 92.17-
 PAPPADEAUX
 1610 W EXPWY 83
 PHARR TX C#**7918

 --- CHECKS IN NUMBER ORDER ---
 Date Check No Amount Date Check No Amount
 12/24 5202 500.00 12/19 5203 100.00
 * Denotes missing check numbers

 ---DAILY BALANCE INFORMATION---
 Date Balance Date Balance Date Balance
 12/03 10,912.02 12/17 10,559.25 12/24 9,959.25
 12/13 10,762.02 12/19 10,459.25 12/31 9,868.11

End of Statement

ARTURO GUAJARDO, JR.
"CAMPAIGN ACCOUNT"
1215 SOUTH LINCOLN
SAN JUAN, TX 78589

88-2141
1148
0011066304

5196

DATE

8/15/12

PAY TO
the order of

PSJA Quarterback Club

\$ 275⁰⁰

Two hundred seventy five & ⁰⁰/₁₀₀ DOLLARS



Security Fee not included. Details on back.



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DATE

PAY TO

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the order of

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Security Features
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Arturo G. J.

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DATE 9/27/12

PAY TO
the order of

Oscar Mejia

\$ 500⁰⁰

Five hundred & no/100

DOLLARS

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MEMO

T-shirts for sharkfest Arturo Guajardo

MP

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TURO GUAJARDO, JR.
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9/28/12
DATE

The Sign Depot

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the order of

Two hundred Thirty Three and ⁸²/₁₀₀

DOLLARS



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MEMO

Rules for Sharkfest

Anten Guajardo Jr

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PAY TO
the order of

Texas Valley Communities Foundation \$ 500⁰⁰

Five hundred & no/100

DOLLARS



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MEMO DONATION for X-mas Party

Arturo

⑈ 1214921415⑈ 5202⑈ 0011056304⑈

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