

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

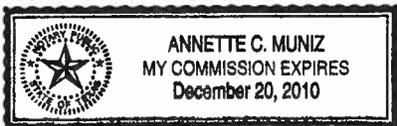
15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

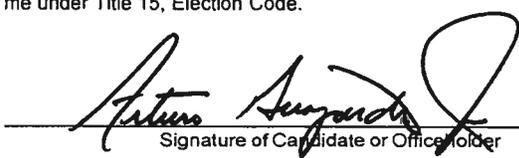
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,423.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,811.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT

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

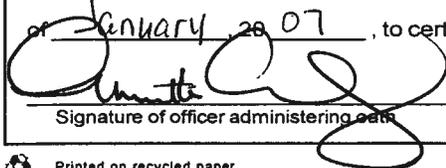


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ARTURO GUAJARDO, JR., this the 16th day of January, 2007, to certify which, witness my hand and seal of office.



Signature of officer administering oath

ANNETTE C. MUNIZ

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ARTURO GUAJARDO, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

SEE ATTACHED SHEET

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor 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 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 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 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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CONTRIBUTIONS
July 1, 2006 - December 31, 2006
Report Type: January Semiannual

8/31/06	<i>Atlas & Hall</i> P.O. Box 3725 McAllen, Texas 78502 \$1,000.00
8/31/06	<i>Sam Sparks</i> P.O.Box 130 Progreso, Texas 78579 \$1,000.00
8/28/06	<i>Dale Nixon</i> P.O. Box 4589 McAllen, Texas 78502 \$5,000.00
8/29/06	<i>Bob Trevino</i> 819 North I Rd. Pharr, Texas 78577 \$500.00
9/5/06	<i>Brent Bottom</i> 4425 S. McColl Rd. Edinburg, Texas 78539 \$6,000.00
9/6/06	<i>Ruben Arcaute</i> 812 Florida Ave. Weslaco, Texas 78596 \$500.00
9/7/06	<i>Henry Lozano</i> P.O. Box 10100 Corpus Christi, Texas 78460 \$500.00
9/8/06	<i>Ray Wood</i> P.O. Box 165001 Austin, Texas 78716 \$500.00
9/11/06	<i>Scott Nixon</i> 2201 School Ln. Mission, Texas 78579 \$1,000.00

Subtotal: **\$16,000.00**

9/11/06 **Roy Ibanez**
1410 Dove
McAllen, Texas 78504
\$1,500.00

9/12/06 **Scott G. Fausto**
7534 Ledgebrook
San Antonio, Texas 78244
\$250.00

9/12/06 **Alan Cellura**
210 Sonterra Blvd. Apt. 836
San Antonio, Texas 78258
\$250.00

9/12/06 **EZ Rivaz**
126 E. Park Suite 4
Pharr, Texas 89688
\$100.00

9/13/06 **Byron J. Lewis**
348 Enfield St.
Edinburg, Texas 78539
\$2,500.00

9/13/06 **Ivan Perez**
P.O. Drawer #1247
Weslaco, Texas 78596
\$500.00

9/14/06 **Raymond Gignac**
3260 Ocean Dr.
Corpus Christi, Texas 78412
\$500.00

9/14/06 **Vicente C. Juvera**
100 W. Moore Rd. #78
Pharr, Texas 78577
\$1,000.00

9/14/06 **Carlos Juvera**
100 W. Moore Rd. #78
Pharr, Texas 78577
\$2,500.00

9/14/06 **Marylin Myers**
104 W. Toronja Rd.
Bayview, Texas 78566
\$200.00

Subtotal: 9,300.00

9/15/06 **Roel R. Gomez**
100 W. Moore Rd. Ste. #78
Pharr, Texas 78577
\$1,000.00

9/21/06 **Saul Ortega**
1220 Castille Cart
Edinburg, Texas 78539
\$1,000.00

9/21/06 **Michael V. McCarthy**
P.O. Box 542
Edinburg, Texas 78539
\$1,000.00

9/21/06 **David O Rogers, Jr.**
P.O. Box 1077
Edinburg, Texas 78539
\$1,000.00

Subtotal: \$4,000.00

Grand Total: \$29,300.00

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#: _____) N/A	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

ARTURO GUAJARDO, JR.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

Y N

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Y N

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

ARTURO GUAJARDO, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

SEE ATTACHED SHEET

7 Amount (\$)

6 Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

EXPENDITURES

July 1, 2006 - December 31, 2006

Report Type: January Semiannual

7/6/2006 First National Bank
Edinburg, Texas
\$305
Purpose: Loan Payment

8/30/2006 Annette C. Muniz
McAllen, Texas
\$39.00
Purpose: Postage Reimbursement

9/14/2006 HEB
Edinburg, Texas
\$88.65
Purpose: Beverage for Fundraiser

9/6/2006 Weslaco Museum
Weslaco, Texas
\$200.00
Purpose: Donation

9/21/2006 Edinburg 4H Club
Edinburg, Texas
\$150.00
Purpose: Donation

9/26/2007 Yolanda Nino
Edinburg, Texas
\$50.00
Purpose: Donation

9/27/2006 Ruben Cobos
Edinburg, Texas
\$100.00
Purpose: Donation

9/26/2006 First National Bank
Edinburg, Texas
\$16,769.50
Purpose: Loan Payment

9.29.06 Beto's
Pharr, Texas
\$350.00
Purpose: Koozies for campaign

SubTotal 18052.15

10/7/2006 First National Bank
Edinburg, Texas
\$250.00
Purpose: Loan Payment

10/19/2006 Frank Garcia
Donna, Texas
\$50.00
Purpose: Yearbook Donation

10/19/2006 Tractor Supply Company
Weslaco, Texas
\$227.96
Purpose: Storage Box

11/13/2006 Laura Gonzalez
Edinburg, Texas
\$100.00
Purose: Donation

11/16/2006 Echo Hotel
Edinburg, Texas
\$780.30
Purpose: Thanksgiving Luncheon

11/17/2006 Annette C. Muniz
McAllen, Texas
\$100.00
Purpose: Reimbursement

11/21/2006 Arturo Guajardo, Jr.
San Juan, Texas
\$500.00
Purpose: Cantu Sisters Donna-Contractual Services

12/15/2006 Jose Salinas
Edinburg, Texas
\$500.00
Purpose: Contractual Services

12/15/2006 Annette Muniz
McAllen, Texas
\$500.00
Purpose: Reimbursement

Sub Total 3008.26

12/20/2006 Annette Muniz
McAllen, Texas
\$86.61
Purpose: Reimbursement

12/20/2006 Basilio Rendon Jr.
Edinburg, Texas
\$276.04
Purpose: Donation

Sub Total 362.65

Grand Total 21,423.06

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

ARTURO GUAJARDO, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name N/A	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

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.)	

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.)	

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.)	

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.)	

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

N/A

7 Amount (\$)

6 Business address; City; State; Zip Code

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

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.)

** 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.)

** 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.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

ARTURO GUAJARDO, JR.

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name N/A	8 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME **ARTURO GUAJARDO, JR.**

3 ACCOUNT # (Ethics Commission files)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED