

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

Handwritten: 2008 JUL -7 PM 3:32
Signature: [Handwritten Signature]

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
1213 S. LINCOLN SANJUAN, TX 78589

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 318-2100

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MR. RAY
 NICKNAME LAST SUFFIX
THOMAS

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
4900 N. 10TH STE. B MCALLEN, TX 78504

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 01 / 2008 THROUGH 06 / 30 / 2008

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
 / /

12 OFFICE

OFFICE HELD (if any)
HIDALGO COUNTY CLERK

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

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. ••

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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) **\$ 5,000.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. **TOTAL POLITICAL EXPENDITURES** **\$ 8,593.38**

CONTRIBUTION BALANCE

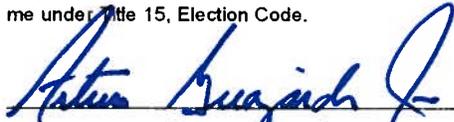
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$

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 **7TH** day of **JULY**, 20**08**, 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 out-of-state PAC (ID#: _____)

SEE ATTACHED SHEET

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution 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 FORM AS NEEDED

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

CONTRIBUTIONS

January 1, 2008- June 30, 2008
Report Type: January Semiannual

1/4/08 Border Health PAC

McAllen, TX

\$ 5,000.00

Purpose: Campaign Contribution

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 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		(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 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 HIDALGO COUNTY CLERK ARTURO GUAJARDO, JR.		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$
5 Date of loan	7 Name of lender N/A <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 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
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		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 3 ACCOUNT # (Ethics Commission filers)
HIDALGO COUNTY CLERK ARTURO GUAJARDO, JR.

4 Date	5 Payee name PLEASE SEE ATTACHED SHEETS	7 Amount (\$)
	6 Payee 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	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** 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.) (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 (\$)
	Payee 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
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

EXPENDITURES

January 1, 2008-June 30, 2008
Report Type: January Semiannual

1/09 **University of Texas-Pan American**
Edinburg, TX
\$1,273.45
Purpose: Tuition

1/17 **Ulta 326**
College Station, TX
\$216.45
Purpose: Door Prizes for State Conference

1/18 **UTPA Bookstore**
Edinburg, TX
\$ 136.67
Purpose: Textbook

1/25 **Annette C. Muñiz**
McAllen, TX
\$ 54.12
Purpose: Reimbursement for Ranson Photography

1/28 **San Juan Middle School**
San Juan, TX
\$ 50.00
Purpose: Sponsorship

1/29 **Hidalgo County**
Edinburg, TX
\$ 18.00
Purpose: Travel Reimbursement

1/31 **Dan Elliot**
McAllen, TX
\$ 50.00
Purpose: Donation

2/1 **Delia S. Rodriguez**
Edinburg, TX
\$ 60.00
Purpose: Reimbursement for Staff Meeting Supplies

2/8 **Chato Alaniz**
McAllen, TX
\$ 10.00
Purpose: Donation

2/26 **Victoria Zavala**
San Juan, TX
\$ 100.00
Purpose: Drill Team Donation

Subtotal : \$1,968.69

- 2/11 **Daddy's**
South Padre Island, TX
\$ 57.27
Purpose: Business Meeting with USDA Representatives
- 2/15 **Ranson Photography**
McAllen, TX
\$ 137.48
Purpose: Professional Portrait
- 2/21 **Office Depot**
McAllen, T X
\$ 777.20
Purpose: Personal Computer
- 2/25 **AT&T**
Alpharetta, GA
\$66.19
Purpose: Cell Phone Bill
- 3/07 **Logans Restaurant**
McAllen, TX
\$ 48.47
Purpose: Business Lunch Meeting
- 3/10 **Dollar General**
Edinburg, TX
\$ 6.00
Purpose: Supplies for Meeting
- 3/11 **Sam's Club**
McAllen, TX
Purpose: \$43.04
Purpose: Supplies for Meeting
- 3/12 **Subway**
Edinburg, TX
\$ 27.05
Purpose: Catering for Meeting
- 3/19 **Ciro's Restaurant**
Edinburg, TX
\$ 80.11
Purpose: Business Meeting
- 3/25 **Kohl's Department Store**
McAllen, TX
\$ 154.75
Purpose: Business Attire

Subtotal: \$1,397.56

3/25 **AT&T**
Alpharetta, GA
\$ 65.69
Purpose: Cell Phone Bill

4/3 **Pro Gem Lab**
San Antonio, TX
\$ 193.81
Purpose: Gifts

4/8 **Rio Grande Valley CCA Banquet**
McAllen, TX
\$ 125.00
Purpose: Donation

4/10 **Sonystyle Direct**
California
\$ 81.18
Purpose: Voice Recorder

4/11 **Annette Muñiz**
McAllen, TX
\$ 1,000.00
Purpose: Contract Labor

4/25 **AT&T**
Rio Grande City, TX
\$ 65.69
Purpose: Cell Phone Bill

4/28 **Juanitas Flowers Shop**
McAllen, TX
\$ 162.38
Purpose: Flower Arrangement

5/1 **University of Texas-Pan American**
Edinburg, TX
\$ 638.42
Purpose: Tuition

5/13 **Papa John's Pizza**
Edinburg, TX
\$ 30.27
Purpose: Lunch for Staff Meeting

5/15 **Salvador Salinas**
McAllen, TX
\$ 100.00
Purpose: Donation

Subtotal: \$2,462.44

5/22 **White Sands Motor Lodge**
Port Isabel, TX
\$ 61.60
Purpose: A.C.T.S. Sponsorship

5/27 **Travelodge**
South Padre Island
\$ 133.70
Purpose: Urban County Conference

5/27 **AT&T**
Alpharetta, GA
\$87.80
Purpose: Cell Phone Bill

5/30 **Edible Arrangements**
McAllen, TX
\$ 107.71
Purpose: Award for Employee

6/04 **SGS Industrial Supplies**
San Juan, TX
\$ 1,045.54
Purpose: Honda 2000 Watt Generator

6/09 **South Padre Beach Resort**
South Padre Island
\$ 157.07
Purpose: Bail Bond Course

6/10 **Delia S. Rodriguez**
Edinburg, TX
\$ 140.00
Purpose: Reimbursement for Textbook

6/16 **ATM Express**
Kerrville, TX
\$ 200.00
Purpose: Donation to County and District Clerks' Association

6/23 **Images in Ink**
McAllen, TX
\$ 518.28
Purpose: Promotional Items

6/23 **Delia S. Rodriguez**
Edinburg, TX
\$ 30.00
Purpose: Office Supplies

Subtotal: \$2,481.70

6/23 **Debbies Flowers & Stuff**
McAllen, TX
\$ 178.61
Purpose: Funeral Arrangement

6/25 **AT&T**
Alpharetta, GA
\$ 104.38
Purpose: Cell Phone Bill

Subtotal: \$282.99

Grand Total \$8,593.38

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

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 N/A	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	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED