

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Arturo NICKNAME                      LAST                      SUFFIX Guajardo                      Jr.	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Postmarked Receipt #                      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 1213 S. Lincoln Street    San Juan, Texas 78589		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 956 )                      318-2149		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Ray NICKNAME                      LAST                      SUFFIX Thomas		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 4900 North 10th Street Suite B                      McAllen, Texas 78504		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 956 )                      686-8797		
<b>9 REPORT TYPE</b>	<input 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 checked="" 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)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 01 / 01 / 13                      THROUGH                      06 / 30 / 13		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year /                      /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Hidalgo County Clerk	<b>13 OFFICE SOUGHT (if known)</b>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME** Arturo Guajardo, Jr. **15 ACCOUNT #** (Ethics Commission Filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,520.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 6,320.60
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33,088.10
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Arturo Guajardo Jr.*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arturo Guajardo, Jr., this the 10th day of July, 20 13, to certify which, witness my hand and seal of office.

*Sandra Solis*  
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: ( 9 ) 1 of 9	
2 FILER NAME Arturo Guajardo, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/07/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Monroe & Peña Attorneys At Law 6 Contributor address; City; State; Zip Code 3111 W. Freddy Gonzalez Dr. Edinburg, TX 78539	7 Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Political Contribution
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atlas, Hall & Rodriguez, LLP Contributor address; City; State; Zip Code P.O. Box Drawer 3725 McAllen, Texas 78502	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel Chapa Contributor address; City; State; Zip Code 1801 Mozelle St. Pharr, Texas 78577	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Regalado Bail Bonds Contributor address; City; State; Zip Code P.O. Box 5217 McAllen, Texas 78502	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/14/13	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 Ste. 570 McAllen, Texas 78504	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: ( 9 ) 2 of 9	
2 FILER NAME Arturo Guajardo, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/14/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Reed Roach & Mrs. W. Reed Roach 6 Contributor address; City; State; Zip Code 1339 Waterside Dr. Dallas, Texas 75218	7 Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Political Contribution
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Ramirez DBA Image Consultant Contributor address; City; State; Zip Code P.O. Box 2234 Edinburg, Texas 78540	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Discount Bail Bonds Contributor address; City; State; Zip Code 3111 S. Business Hwy 281 Edinburg, Texas 78539	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Armando M. Guerra Contributor address; City; State; Zip Code 113 N. 9th Ave. Edinburg, Texas 78541	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedro Rafael Diaz Contributor address; City; State; Zip Code 320 S. 10th St. McAllen, Texas 78501	Amount of contribution (\$) \$1,500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: ( 9 ) 3 of 9	
2 FILER NAME Arturo Guajardo, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/21/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. & Mrs. Pablo Tagle, Jr. 6 Contributor address; City; State; Zip Code 2215 Fern Ave. McAllen, Texas 78501	7 Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Political Contribution
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue Brandon Fielder Collins & Mott LLP Contributor address; City; State; Zip Code 400 N. McColl, Suite A McAllen, Texas 78501	Amount of contribution (\$) \$1,000.00 <small>(if travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia & Martinez, L.L.P. Contributor address; City; State; Zip Code 5211 W. Mile 17 1/2 Road Edinburg, Texas 78541	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberto Treviño/Alma Treviño Contributor address; City; State; Zip Code 819 N. Veterans Blvd. Pharr, Texas 78577	Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Sanchez & Associates, P.C. Contributor address; City; State; Zip Code 10113 N. 10th St. Suite A McAllen, Texas 78504	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: ( 9 ) 4 of 9	
2 FILER NAME Arturo Guajardo, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/15/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yzaguirre & Chapa 6 Contributor address; City; State; Zip Code 6521 N. 10th Street McAllen, Texas 78504	7 Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Political Contribution
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Galligan, Key & Lozano, L.L.P. Contributor address; City; State; Zip Code P.O. Box Drawer 1247 Weslaco, Texas 78599	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo Ortega Contributor address; City; State; Zip Code 4824 S. Jackson Rd. Edinburg, Texas 78539	Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LCH Sandia Ranch Contributor address; City; State; Zip Code 315 E. McIntyre Edinburg, Texas 78539	Amount of contribution (\$) \$1,500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon Montalvo III Contributor address; City; State; Zip Code P.O. Box 2 Weslaco, Texas 78599	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: ( 9 ) 5 of 9

2 FILER NAME Arturo Guajardo, Jr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
3/20/13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Leonel J. Lopez, Jr.

6 Contributor address; City; State; Zip Code  
401 Anaqua Dr.  
Rio Grande City, Texas 78582

7 Amount of  
contribution (\$)  
\$1,000.00

8 In-kind contribution  
description (if applicable)  
Political  
Contribution

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
3/26/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
A.C. Cuellar

Contributor address; City; State; Zip Code  
1700 E. 28th St.  
Weslaco, Texas 78596

Amount of  
contribution (\$)  
\$1,000.00

In-kind contribution  
description (if applicable)  
Political  
Contribution

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
S.M. De La Garza, Jr.

Contributor address; City; State; Zip Code  
2412 Kings Dr.  
Edinburg, Texas 78539

Amount of  
contribution (\$)  
\$1,000.00

In-kind contribution  
description (if applicable)  
Political  
Contribution

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/27/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Costa Mesa Restaurant LLC

Contributor address; City; State; Zip Code  
1621 N. 11th St.  
McAllen, Texas 78501

Amount of  
contribution (\$)  
\$500.00

In-kind contribution  
description (if applicable)  
Political  
Contribution

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/27/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kittleman, Thomas & Gonzales, PLLC

Contributor address; City; State; Zip Code  
P.O. Box 1416  
McAllen, Texas 78505

Amount of  
contribution (\$)  
\$1,000.00

In-kind contribution  
description (if applicable)  
Political  
Contribution

(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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: ( 9 ) 6 of 9	
2 FILER NAME Arturo Guajardo, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene A. Anzaldua 6 Contributor address; City; State; Zip Code P.O. Box 2658 Edinburg, Texas 78540	7 Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Political Contribution
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A-Fast / A-1 Bail Bonds Contributor address; City; State; Zip Code 710 E. El Cibolo Rd. Edinburg, Texas 78542	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime J. Muñoz Contributor address; City; State; Zip Code P.O. Box 47 San Juan, Texas 78589	Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RGV Careers Contributor address; City; State; Zip Code 1200 W. Polk Ave. Ste. Q Pharr, Texas 78577	Amount of contribution (\$) \$1,500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsa State Bank & Trust Company Contributor address; City; State; Zip Code P.O. Box 397 Elsa, Texas 78543	Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: ( 9 ) 7 of 9	
2 FILER NAME Arturo Guajardo, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/21/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP 6 Contributor address; City; State; Zip Code P.O. Box 17428 Austin, Texas 78760	7 Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Political Contribution
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cepeda's Bookkeeping & Tax Service Contributor address; City; State; Zip Code 1001 W. Hwy Bus. 83 Suite #4 Alamo, Texas 78516	Amount of contribution (\$) \$500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Medina & Minerva Medina Contributor address; City; State; Zip Code 401 Woodland Dr. Pharr, Texas 78577	Amount of contribution (\$) \$20.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosita Juvera & Roel R. Gomez Contributor address; City; State; Zip Code 2203 N. Sugar Rd. Pharr, Texas 78577	Amount of contribution (\$) \$1,500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/01/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. G's Propane, Inc. Contributor address; City; State; Zip Code 5201 N. La Homa Rd. Mission, Texas 78574	Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: ( 9 ) 8 of 9	
2 FILER NAME Arturo Guajardo, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/28/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office Of Sergio Muñoz, Jr. P.C. 6 Contributor address; City; State; Zip Code 1110 S. Closner Blvd. Edinburg, Texas 78539	7 Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Political Contribution
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OC Development LTD Contributor address; City; State; Zip Code 810 W. Ferguson St. Pharr, Texas 78577	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quality Readymix, LTD., LLP Contributor address; City; State; Zip Code P.O. Box 10100 Corpus Christi, Texas 78460	Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard LeFevre Contributor address; City; State; Zip Code Rio Grande City, Texas 78582	Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ovidio N. Alanis POD Sara Alanis Contributor address; City; State; Zip Code 2711 Silent Spring Creek Dr. Katy, Texas 77450	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Political Contribution
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: <b>( 9 ) 9 of 9</b>	
2 FILER NAME <b>Arturo Guajardo, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>04/19/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ERO International, LLP</b>	7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable) <b>Political Contribution</b>
6 Contributor address; City; State; Zip Code <b>300 S. 8th St. McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 SCHEDULE 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 Schedule B:

**2** FILER NAME Arturo Guajardo, Jr. **3** ACCOUNT # (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
	<b>7</b> 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#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(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#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(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#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(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#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(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 Arturo Guajardo, Jr.		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	Poling 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.

<b>1</b> Total pages Schedule F: ( 3 ) 1 of 3	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 01/31/13	<b>5</b> Payee name Staples, Inc.	
<b>6</b> Amount (\$) \$64.39	<b>7</b> Payee address; City; State; Zip Code 1606 W. University Dr. Edinburg, Texas 78539	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Flyers for Fundraiser Event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/25/13	Payee name Pappadeaux	
Amount (\$) \$111.70	Payee address; City; State; Zip Code 1610 W. Expressway 83 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) Meeting to Discuss Officeholder Issues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/04/13	Payee name P & C Art	
Amount (\$) \$560.00	Payee address; City; State; Zip Code 3108 M Street NW Washington, DC 20007	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Presidential Frames for Decor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/08/13	Payee name Divine Ideas	
Amount (\$) \$102.84	Payee address; City; State; Zip Code 100 South 12th Street 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) Gift for loss of Chief Deputy's family
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.

<b>1</b> Total pages Schedule F: ( 3 ) 2 of 3	<b>2</b> FILER NAME Arturo Guajardo, Jr.		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 03/11/13	<b>5</b> Payee name Hilton Hotel		
<b>6</b> Amount (\$) \$262.21	<b>7</b> Payee address; City; State; Zip Code 1919 Connecticut Ave. NW Washington, DC 20009		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Travel Out Of District	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Hotel Expense for Chief Deputy	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/26/13	Payee name Cabela's		
Amount (\$) \$385.00	Payee address; City; State; Zip Code 15570 N. Interstate 35 Frontage Rd. Buda, Texas 78610		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Gift for Office Staff	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 06/05/13	Payee name County & District Clerk's-Certified Payments		
Amount (\$) \$1.00	Payee address; City; State; Zip Code 3410 Midcourt Rd. Ste. 136 Carrollton, Texas 75006		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Travel Out Of District	<b>Description</b> (If travel outside of Texas, complete Schedule T) Service Fee for Banquet Ticket Purchase	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 06/05/13	Payee name County & District Clerk's-Certified Payments		
Amount (\$) \$1.71	Payee address; City; State; Zip Code 3410 Midcourt Rd. Ste. 136 Carrollton, Texas 75006		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Travel Out Of District	<b>Description</b> (If travel outside of Texas, complete Schedule T) Service Fee for Banquet Ticket Purchase	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**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.

<b>1</b> Total pages Schedule F: ( 3 ) 3 of 3	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 06/05/13	<b>5</b> Payee name County & District Clerk's-Certified Payment
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<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 3410 Midcourt Rd. Ste. 136 Carrollton, Texas 75006
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Travel Out Of District	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Banquet Event Ticket Fee
---------------------------------	---	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/05/13	Payee name County & District Clerk's-Certified Payment
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Amount (\$) \$60.00	Payee address; City; State; Zip Code 3410 Midcourt Rd. Ste. 136 Carrollton, Texas 75006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Out Of District	Description (If travel outside of Texas, complete Schedule T) Banquet Event Ticket Fee
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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)
------------------------	--	---

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: ( 2 ) 1 of 2	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 03/22/13	<b>5</b> Payee name Beto's Screen Printing - CK #5204	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 110 W. 4th Street San Juan, Texas 78589	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Golf Bags Printed with Logo
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 03/30/13	<b>Payee name</b> Tierra Del Sol Golf Course - CK #5205	
<b>Amount (\$)</b> \$4,070.75	<b>Payee address; City; State; Zip Code</b> 700 E Hall Acres Rd. Pharr, Texas 78577	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Golf Tournament Fundraiser Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 04/15/13	<b>Payee name</b> (CCA) Coastal Conservation Association - CK #5206	
<b>Amount (\$)</b> \$300.00	<b>Payee address; City; State; Zip Code</b> 6919 Portwest, Suite 100 Houston, Texas 77024	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contribution/Donation Made By Candidate/Officeholder/Political Committee	<b>Description</b> (If travel outside of Texas, complete Schedule T) CCA Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 05/09/13	<b>Payee name</b> Cory's Cakes - CK #5207	
<b>Amount (\$)</b> \$30.00	<b>Payee address; City; State; Zip Code</b> 1309 S. Cesar Chavez Rd. San Juan, Texas 78589	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Gift/Awards/Memorial Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Award for Collection Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**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.

<b>1</b> Total pages Schedule F: ( 2 ) 2 of 2	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 05/15/13	<b>5</b> Payee name (CASA) Court Appointed Special Advocates - CK #5208	
<b>6</b> Amount (\$) \$96.00	<b>7</b> Payee address; City; State; Zip Code 1001 S. 10th Ave. Edinburg, Texas 78539	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Donation to Child Advocacy, Nonprofit
<b>9</b> Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES 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.

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
----------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
---------------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) 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 <b>Arturo Guajardo, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received  ..... 6 Address of person from whom amount is received; City; State; Zip Code  7 Purpose for which amount is received	8 Amount (\$)
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received	Amount (\$)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

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

## SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T:
<b>2</b> FILER NAME Arturo Guajardo, Jr.		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> 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		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> 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)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

Date 1/31/13  
Primary Account  
CIF Number  
Enclosures

Page 1  
XXXXX6304  
GAA2587

\*\*\*\*\*AUTO\*\*5-DIGIT 78589  
12766 0.6580 AV 0.360 52 1 85  
ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT  
1213 SOUTH LINCOLN  
SAN JUAN TX 78589-2529

At FNB, we have security practices to help protect your web banking access. As part of our consumer awareness efforts, we have compiled safety tips to help protect you, your family & your business from cyber threats. Visit [webfnb.com](http://webfnb.com) today.

Checking Account

Account Title: ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT

Are you Web Banking? You should be! Self-Enroll today at [webfnb.com](http://webfnb.com). You'll enjoy instant access to your finances 24/7 with FNB Web Banking...It's quick. It's easy. It's banking for the way you live.

Interest Checking			
Account Number	XXXXX6304	Statement Dates	1/01/13 thru 1/31/13
Last Statement Balance	9,868.11	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	9,863.92
1 Checks/Debits	64.93	Average Collected	9,863.92
Service Charge	.00	Interest Earned	.84
Interest Paid	.84	Annual Percentage Yield Earned	0.10%
This Statement Balance	9,804.02	2013 Interest Paid	.84

=====

-----DEPOSITS-----		
Date	Description	Amount
1/31	Interest Deposit	.84

=====

-----OTHER DEBITS-----		
Date	Description	Amount
1/30	POS DEB 1010 01/30/13 47662112 Staples, I Staples, Inc. EDINBURG TX C##*7918	64.93-

=====

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

Date 1/31/13  
Primary Account  
CIF Number  
Enclosures

Page 2  
XXXXX6304  
GAA2587

Interest Checking

XXXXX6304 (Continued)

---DAILY BALANCE INFORMATION---					
Date	Balance	Date	Balance	Date	Balance
1/01	9,868.11	1/30	9,803.18	1/31	9,804.02

End Of Statement

Date 2/28/13  
Primary Account  
CIF Number  
Enclosures

Page 1  
XXXXX6304  
GAA2587

\*\*\*\*\*AUTO\*\*5-DIGIT 78589  
12822 0.6580 AV 0.360 52 1 87  
ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT  
1213 SOUTH LINCOLN  
SAN JUAN TX 78589-2529

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Checking Account

Account Title: ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT

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Interest Checking			
Account Number	XXXXX6304	Statement Dates	2/01/13 thru 2/28/13
Last Statement Balance	9,804.02	Days in the statement period	28
4 Deposits/Credits	2,000.00	Average Ledger	10,405.08
2 Checks/Debits	611.70	Average Collected	10,405.08
Service Charge	.00	Interest Earned	1.39
Interest Paid	1.39	Annual Percentage Yield Earned	0.17%
This Statement Balance	11,193.71	2013 Interest Paid	2.23

=====

-----DEPOSITS-----

Date	Description	Amount
2/04	Deposit Non Encoded	500.00
2/12	Deposit	500.00
2/19	Deposit	500.00
2/21	Deposit	500.00
2/28	Interest Deposit	1.39

=====

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

Date	Description	Amount
2/25	DBT CRD 2350 02/22/13 00430789 PAPPADEAUX	111.70-

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

Date 2/28/13  
Primary Account  
CIF Number  
Enclosures

Page 2  
XXXXX6304  
GAA2587

Interest Checking

XXXXX6304 (Continued)

-----OTHER DEBITS-----  
Date Description Amount  
1610 W EXPWY 83  
PHARR TX C#\*\*7918

-----  
--- CHECKS IN NUMBER ORDER ---  
Date Check No Amount  
2/04 500.00  
\* Denotes missing check numbers

-----  
---DAILY BALANCE INFORMATIONS---  
Date Balance Date Balance Date Balance  
2/01 9,804.02 2/19 10,804.02 2/28 11,193.71  
2/04 9,804.02 2/21 11,304.02  
2/12 10,304.02 2/25 11,192.32

End Of Statement

Date 3/29/13  
Primary Account  
CIF Number  
Enclosures

Page 1  
XXXXX6304  
GAA2587

\*\*\*\*\*AUTO\*\*5-DIGIT 78589  
18840 0.6580 AV 0.360 64 1 121  
ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT  
1213 SOUTH LINCOLN  
SAN JUAN TX 78589-2529

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Checking Account

Account Title: ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT

My Rewards Checking with Debit Card Rewards! Earn one point for every \$3.00 dollars you spend on signature based purchases with your FNB debit card. It's banking for the way you live. Terms & conditions apply. Visit your local branch for more details or @webfnb.com.

Interest Checking			
Account Number	XXXXX6304	Statement Dates	3/01/13 thru 3/31/13
Last Statement Balance	11,193.71	Days in the statement period	31
15 Deposits/Credits	18,500.00	Average Ledger	15,176.00
4 Checks/Debits	1,175.05	Average Collected	15,176.00
Service Charge	.00	Interest Earned	2.59
Interest Paid	2.59	Annual Percentage Yield Earned	0.20%
This Statement Balance	28,521.25	2013 Interest Paid	4.82

=====

-----DEPOSITS-----		
Date	Description	Amount
3/14	Deposit	500.00
3/15	Deposit	500.00
3/18	Deposit	1,000.00
3/19	Deposit	500.00
3/20	Deposit	500.00
3/20	Deposit	500.00
3/21	Deposit	1,500.00
3/22	Deposit	500.00
3/22	Deposit	1,000.00
3/25	Deposit	2,000.00
3/25	Deposit	3,250.00
3/26	Deposit	250.00
3/26	Deposit	1,000.00

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

Date 3/29/13  
 Primary Account  
 CIF Number  
 Enclosures

Page 2  
 XXXXX6304  
 GAA2587

Interest Checking XXXXX6304 (Continued)

-----DEPOSITS-----  
 Date Description Amount  
 3/27 Deposit 2,500.00  
 3/28 Deposit 3,000.00  
 3/31 Interest Deposit 2.59

-----OTHER DEBITS-----  
 Date Description Amount  
 3/04 DBT CRD 0137 03/01/13 77310002 560.00-  
 P & C ART/  
 3108 M STREET NW  
 WASHINGTON DC C#\*\*7918  
 3/08 DBT CRD 1253 03/06/13 60264835 102.84-  
 DIVINE IDE  
 100 S12TH AVE  
 EDINBURG TX C#\*\*7918  
 3/11 DBT CRD 0153 03/07/13 10004420 262.21-  
 HILTON HOT  
 1919 CONNECTICUT A  
 WASHINGTON DC C#\*\*7918

--- CHECKS IN NUMBER ORDER ---  
 Date Check No Amount  
 3/26 5204 250.00  
 \* Denotes missing check numbers

---DAILY BALANCE INFORMATIONS---  
 Date Balance Date Balance Date Balance  
 3/01 11,193.71 3/18 12,268.66 3/26 23,018.66  
 3/04 10,633.71 3/19 12,768.66 3/27 25,518.66  
 3/08 10,530.87 3/20 13,768.66 3/28 28,518.66  
 3/11 10,268.66 3/21 15,268.66 3/31 28,521.25  
 3/14 10,768.66 3/22 16,768.66  
 3/15 11,268.66 3/25 22,018.66

End Of Statement

Date 4/30/13  
Primary Account  
CIF Number  
Enclosures

Page 1  
XXXXX6304  
GAA2587

\*\*\*\*\*AUTO\*\*5-DIGIT 78589  
12669 0.6580 AV 0.360 52 1 84  
ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT  
1213 SOUTH LINCOLN  
SAN JUAN TX 78589-2529

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Checking Account

Account Title: ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT

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Interest Checking				
Account Number	XXXXX6304	Statement Dates	4/01/13 thru	4/30/13
Last Statement Balance	28,521.25	Days in the statement period		30
5 Deposits/Credits	9,270.00	Average Ledger		31,794.38
3 Checks/Debits	4,755.75	Average Collected		31,794.38
Service Charge	.00	Interest Earned		5.23
Interest Paid	5.23	Annual Percentage Yield Earned		0.20%
This Statement Balance	33,040.73	2013 Interest Paid		10.05

=====

-----DEPOSITS-----		
Date	Description	Amount
4/01	Deposit	6,520.00
4/02	Deposit	250.00
4/17	Deposit	250.00
4/23	Deposit	1,000.00
4/30	Deposit	1,250.00
4/30	Interest Deposit	5.23

=====

-----OTHER DEBITS-----		
Date	Description	Amount
4/26	POS DEB 1819 04/25/13 17712555 CABELAS RE	385.00-

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

Date 4/30/13  
Primary Account  
CIF Number  
Enclosures

Page 2  
XXXXXX6304  
GAA2587

Interest Checking

XXXXX6304 (Continued)

-----OTHER DEBITS-----  
Date Description Amount  
CABELAS RETAIL BUD  
BUDA TX C#\*\*7918

-----CHECKS IN NUMBER ORDER-----  
Date Check No Amount Date Check No Amount  
4/03 5205 4,070.75 4/26 5206 300.00  
\* Denotes missing check numbers

-----DAILY BALANCE INFORMATIONS-----  
Date Balance Date Balance Date Balance  
4/01 35,041.25 4/17 31,470.50 4/30 33,040.73  
4/02 35,291.25 4/23 32,470.50  
4/03 31,220.50 4/26 31,785.50

End of Statement

Date 5/31/13  
Primary Account  
CIF Number  
Enclosures

Page 1  
XXXXX6304  
GAA2587

\*\*\*\*\*AUTO\*\*5-DIGIT 78589  
12466 0.6580 AV 0.360 51 1 86  
ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT  
1213 SOUTH LINCOLN  
SAN JUAN TX 78589-2529

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Checking Account

Account Title: ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT

Attention Customers: If you do not want the bank to pay items that will overdraw your account, please notify us by calling 1-877-380-8573 or visiting one of our branches. Even if you have previously authorized First National Bank to pay items that overdraw your account, you have the right to revoke this at any time (including ATM and everyday debit card transactions).

Interest Checking			
Account Number	XXXXX6304	Statement Dates	5/01/13 thru 6/02/13
Last Statement Balance	33,040.73	Days in the statement period	33
1 Deposits/Credits	250.00	Average Ledger	33,214.60
2 Checks/Debits	126.00	Average Collected	33,214.60
Service Charge	.00	Interest Earned	6.00
Interest Paid	5.64	Annual Percentage Yield Earned	0.20%
This Statement Balance	33,170.37	2013 Interest Paid	15.69

=====

-----DEPOSITS-----		
Date	Description	Amount
5/02	Deposit	250.00
5/31	Interest Deposit	5.64

=====

-----OTHER DEBITS-----		
Date	Description	Amount
5/13	PURCHASE CORY'S CAKES CHECK #	30.00-

=====

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

Date 5/31/13  
Primary Account  
CIF Number  
Enclosures

Page 2  
XXXXX6304  
GAA2587

Interest Checking

XXXXX6304 (Continued)

--- CHECKS IN NUMBER ORDER ---  
Date Check No Amount Date Check No Amount  
5/13 5207 -See above- 5/17 5208 96.00  
\* Denotes missing check numbers

=====  
---DAILY BALANCE INFORMATION---  
Date Balance Date Balance Date Balance  
5/01 33,040.73 5/13 33,260.73 5/31 33,170.37  
5/02 33,290.73 5/17 33,164.73

End Of Statement

Date 6/28/13  
Primary Account  
CIF Number  
Enclosures

Page 1  
XXXXX6304  
GAA2587

\*\*\*\*\*AUTO\*\*5-DIGIT 78589  
18649 0.6580 AV 0.360 63 1 117  
ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT  
1213 SOUTH LINCOLN  
SAN JUAN TX 78589-2529

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Checking Account

Account Title: ARTURO GUAJARDO JR  
CAMPAIGN ACCOUNT

Attention Customers: If you do not want the bank to pay items that will overdraw your account, please notify us by calling 1-877-380-8573 or visiting one of our branches. Even if you have previously authorized First National Bank to pay items that overdraw your account, you have the right to revoke this at any time (including ATM and everyday debit card transactions).

Interest Checking			Statement Dates	6/03/13 thru	6/30/13
Account Number	XXXXX6304		Days in the statement period		28
Last Statement Balance	33,170.37		Average Ledger		33,069.08
2 Deposits/Credits	61.71		Average Collected		33,069.08
6 Checks/Debits	149.42		Interest Earned		5.08
Service Charge	.00		Annual Percentage Yield Earned		0.20%
Interest Paid	5.44		2013 Interest Paid		21.13
This Statement Balance	33,088.10				

---

-----DEPOSITS-----		
Date	Description	Amount
6/30	Interest Deposit	5.44

---

-----OTHER CREDITS-----		
6/14	POS CRE 1649 06/12/13 30007084 CO & DIST	1.71
6/14	POS CRE 1649 06/12/13 30007087 CO & DIST	60.00

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

Date 6/28/13  
 Primary Account  
 CIF Number  
 Enclosures

Page 2  
 XXXXX6304  
 GAA2587

Interest Checking

XXXXX6304 (Continued)

=====

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

Date	Description	Amount
6/05	DBT CRD 1524 06/03/13 20011459 CO & DIST 3410 MIDCOURT ROAD CARROLLTON TX C***7918	1.00-
6/05	DBT CRD 1517 06/03/13 20011458 CO & DIST 3410 MIDCOURT ROAD CARROLLTON TX C***7918	1.71-
6/05	DBT CRD 1625 06/03/13 20011460 CO & DIST 3410 MIDCOURT ROAD CARROLLTON TX C***7918	1.71-
6/05	DBT CRD 1524 06/03/13 20011462 CO & DIST 3410 MIDCOURT ROAD CARROLLTON TX C***7918	25.00-
6/05	DBT CRD 1517 06/03/13 20011461 CO & DIST 3410 MIDCOURT ROAD CARROLLTON TX C***7918	60.00-
6/05	DBT CRD 1625 06/03/13 20011463 CO & DIST 3410 MIDCOURT ROAD CARROLLTON TX C***7918	60.00-

=====

---DAILY BALANCE INFORMATION---

Date	Balance	Date	Balance
6/03	33,170.37	6/14	33,082.66
6/05	33,020.95	6/30	33,088.10

End Of Statement

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

88-2141  
1149  
0011056304

5204

DATE 3/22/13

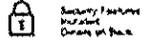
PAY TO  
the order of

Beto's Screen Printing

\$ 250<sup>00</sup>

Two hundred fifty & no/100

DOLLARS



FIRST NATIONAL BANK  
CHECK VERIFICATION 866.930.6285  
CUSTOMER SERVICE 866.930.6282

MEMO Golf Sage

Arturo Guajardo Jr

⑆ 1 4 9 2 1 4 1 5 ⑆ 5 2 0 4 ⑆ 0 0 1 1 0 5 6 3 0 4 ⑆

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

88-2141  
1149  
0011056304

5205

DATE

3/30/13

PAY TO

the order of

Tierra Del Sol Golf Course | \$ 4,070.75

four thousand seventy + 75/100

DOLLARS



Check Features  
Details on Back



FIRST NATIONAL BANK MEMBER FDIC

CHECK VERIFICATION (866) 360-5285  
CUSTOMER SERVICE (866) 360-8600

MEMO

Golf Tournament Fees

Arturo Guajardo

MP

⑆ 1 1 4 9 2 1 4 1 5 ⑆ 5 2 0 5 ⑆ 0 0 1 1 0 5 6 3 0 4 ⑆

>114911687< 20130402  
LONE STAR NATIONAL BANK-PHARR  
4204 7



FOR DEPOSIT ONLY  
CITY OF PHARR  
GOLF REVENUE FUND

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

88-2141  
1149  
0011056304

5206

DATE

4/15/13

PAY TO  
the order of

CCA

\$ 300<sup>00</sup>

Three hundred & no/100

DOLLARS



Security Features  
Business  
Check or Bank



FIRST NATIONAL BANK MEMBER FDIC

CHECK VERIFICATION (859) 380-5255  
CUSTOMER SERVICE (859) 380-8920

MEMO

CCA Donation

Arturo P. G.

⑆ 1 149 2 14 1 5 ⑆ 5 206 ⑆ 00 1 1056 304 ⑆

20130424006400950918 3814

20130424006400950918 3814

PAY TO THE ORDER OF  
FROST NATIONAL BANK  
HARLINGEN, TX 78550  
11400093  
FOR DEPOSIT ONLY  
COASTAL CONSERVATION ASSN  
RIO GRANDE VALLEY CHAPTER  
360067987

ENDORSE HERE

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

68-2141  
1149  
0011056304

5207

DATE

5/9/13

PAY TO  
the order of

Cory's

\$ 30.00

thirty dollars & 10/100

DOLLARS



FIRST NATIONAL BANK  
CHECK VERIFICATION (850) 381-5255  
CUSTOMER SERVICE (850) 381-6600

MEMO

Collections Team

*Arturo Guajardo*

⑆ 1 1 4 9 2 1 4 1 5 ⑆ 5 2 0 7 ⑆ 0 0 1 1 0 5 6 3 0 4 ⑆

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

88-2141  
1149  
0011056304

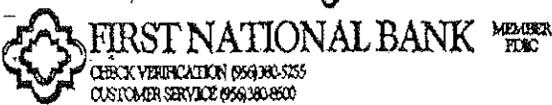
5208

5/15/13  
DATE

PAY TO CASA \$ 96<sup>00</sup>  
the order of

Ninety six dollars & no/100 DOLLARS

Security Features  
on the back



MEMO DONATION

*Arturo Guajardo* MP

⑆114921415⑆5208⑆00⑆1056304⑆

>114911687< 20130515  
LONE STAR NATIONAL BANK-PHARR  
3105 27

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