

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Deborah Ann Marmolejo **15 ACCOUNT # (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

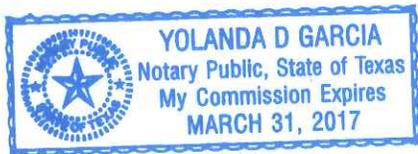
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>3,111.99</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7211.99</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>293.89</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,110.52</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>101.47</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

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



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Deborah Ann Marmolejo, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

Yolanda D. Garcia
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 5	
2 FILER NAME: Deborah M. Marmolejo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 8-19-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith Texas Auto	7 Amount of contribution (\$): 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code: 501 E. Nolana Pharr, TX 78577		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation: Auto Sales		10 Contributor's job title: Owner	
11 Contributor's employer/law firm: n/a		12 Law firm of contributor's spouse (if any): n/a	
13 If contributor is a child, law firm of parent(s) (if any): n/a			
Date: 8-23-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rancho El Charco	Amount of contribution (\$): 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 416 N. Kika de La Garza Blvd. La Joya, TX 78560		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation: Ranch/Restaurant Owner		Contributor's job title: Owner	
Contributor's employer/law firm: n/a		Law firm of contributor's spouse (if any): n/a	
If contributor is a child, law firm of parent(s) (if any): n/a			
Date: 8-23-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo R. Cantu	Amount of contribution (\$): 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 7417 N. 10th St, McAllen, TX 78504		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation: Owner		Contributor's job title: Attorney	
Contributor's employer/law firm: Arturo R. Cantu, Attorney at Law		Law firm of contributor's spouse (if any): n/a	
If contributor is a child, law firm of parent(s) (if any): n/a			

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 (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J) <u>5</u>	
2 FILER NAME <u>Deborah Ana Marmolejo</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10-3-13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Reyna</u>	7 Amount of contribution (\$) <u>\$200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3202 S. Sugar. Rd. Edinburg 78539</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorney owner</u>		10 Contributor's job title <u>Attorney</u>	
11 Contributor's employer/law firm <u>n/a</u>		12 Law firm of contributor's spouse (if any) <u>n/a</u>	
13 If contributor is a child, law firm of parent(s) (if any) <u>n/a</u>			
Date <u>10-7-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gilbert Saenz</u>	Amount of contribution (\$) <u>\$ 350.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Edinburg Tx 78539</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Advertisement</u>		Contributor's job title <u>owner</u>	
Contributor's employer/law firm <u>n/a</u>		Law firm of contributor's spouse (if any) <u>n/a</u>	
If contributor is a child, law firm of parent(s) (if any) <u>n/a</u>			
Date <u>10-7-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Rodriguez</u>	Amount of contribution (\$) <u>375.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1205 Raul Longina, Blair San Juan Tx 78509</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Pharmacist</u>		Contributor's job title <u>owner</u>	
Contributor's employer/law firm <u>n/a</u>		Law firm of contributor's spouse (if any) <u>n/a</u>	
If contributor is a child, law firm of parent(s) (if any) <u>n/a</u>			

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 (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J): <u>5</u>
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2 FILER NAME <u>Deborah Ann Marmalejo</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <u>10-13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sandra Flores</u>	7 Amount of contribution (\$) <u>\$100.⁰⁰</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>2234 Links Dr. Edinburg, Tx 78539</u>		

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation <u>Nurse Practitioner</u>	10 Contributor's job title <u>Nurse</u>
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11 Contributor's employer/law firm <u>Seth V.A. Clinic</u>	12 Law firm of contributor's spouse (if any) <u>n/a</u>
---	--

13 If contributor is a child, law firm of parent(s) (if any)
n/a

Date <u>10-4-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dahlila Guerra Casso</u>	Amount of contribution (\$) <u>\$200.⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>621 N. 10th St. McAllen, Tx 78504</u>		

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation <u>Dolly Casso Attorney at Law</u>	Contributor's job title <u>Owner / Attorney</u>
--	--

Contributor's employer/law firm <u>n/a</u>	Law firm of contributor's spouse (if any) <u>n/a</u>
---	---

If contributor is a child, law firm of parent(s) (if any)
n/a

Date <u>10-2-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rudy Zamorano</u>	Amount of contribution (\$) <u>\$300.⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>701 E. Cano, Edinburg, Tx 78539</u>		

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation <u>Owner Rudy Drive Thru</u>	Contributor's job title <u>Owner</u>
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Contributor's employer/law firm <u>n/a</u>	Law firm of contributor's spouse (if any) <u>n/a</u>
---	---

If contributor is a child, law firm of parent(s) (if any)
n/a

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 (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <u>5</u>	
2 FILER NAME <u>Deborah Ann Marmolejo</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10-7-13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Williamson Construction</u>	7 Amount of contribution (\$) <u>375.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>303 W. Expressway 83 Pharr, TX 78577</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Construction</u>		10 Contributor's job title <u>owner</u>	
11 Contributor's employer/law firm <u>N/A</u>		12 Law firm of contributor's spouse (if any) <u>N/A</u>	
13 If contributor is a child, law firm of parent(s) (if any) <u>N/A</u>			
Date <u>10-18-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Diana Puente</u>	Amount of contribution (\$) <u>\$ 250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>700 N. 4th, Edinburg, TX 78539</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Homemaker</u>		Contributor's job title <u>not employed</u>	
Contributor's employer/law firm <u>N/A</u>		Law firm of contributor's spouse (if any) <u>N/A</u>	
If contributor is a child, law firm of parent(s) (if any) <u>N/A</u>			
Date <u>10-7-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Barrera, Sanchez + Associates</u>	Amount of contribution (\$) <u>350.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10113 N 10th St, ScaA, McAllen, TX 78504</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorneys</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>N/A</u>		Law firm of contributor's spouse (if any) <u>N/A</u>	
If contributor is a child, law firm of parent(s) (if any) <u>N/A</u>			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <u>5</u>	
2 FILER NAME: <u>Deborah Ann Marmolejo</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <u>11-18-13</u> \$	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Efrain Carrera</u>	7 Amount of contribution (\$): <u>\$200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>617 S. 12th St., Edinburg, TX</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title <u>Owner</u>	
11 Contributor's employer/law firm <u>n/a</u>		12 Law firm of contributor's spouse (if any) <u>n/a</u>	
13 If contributor is a child, law firm of parent(s) (if any) <u>n/a</u>			
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)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
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)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Deborah Ann Marmolejo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/10/13		5 Payee name George Carter			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code P.O. Box 493 Donna, Texas 78537			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Photo Shoot	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/21/13		Payee name Los Pinos Hardware			
Amount (\$) 142.49		Payee address; City; State; Zip Code 6544 W. 107 Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Lumber	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/19/13		Payee name Los Pinos Hardware			
Amount (\$) 102.85		Payee address; City; State; Zip Code 6544 W. 107 Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Lumber	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/13		Payee name The Home Depot			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 801 Trenton McAllen, TX 78584			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Post Rental for hole digger	
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Deborah Ann Narmolejo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/4/13		5 Payee name Sam's Wholesale Club			
6 Amount (\$) \$110.24		7 Payee address; City; State; Zip Code 7601 N. 10 th St. McAllen, TX 78504			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) food for Skeet Shoot	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/9/13		Payee name T-mobile			
Amount (\$) 400.00		Payee address; City; State; Zip Code 1708 W. University Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Cell phone	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-7-13		Payee name Victory Signs			
Amount (\$) \$1428.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisement Expense		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-8-13		Payee name Clay's unlimited			
Amount (\$) \$3875.00		Payee address; City; State; Zip Code Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Socialization / Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) Skeet Shoot	
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Desborah Ann Marmolejo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-17-13	5 Payee name T mobile	
6 Amount (\$) 196.76	7 Payee address; City; State; Zip Code 1708 W. University Edinburg TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Cell phone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-7-13	Payee name Aguilar's Meat Market	
Amount (\$) \$ 152.78	Payee address; City; State; Zip Code 3317 W. State Hwy 107 Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Socialization / Fundraising	Description (If travel outside of Texas, complete Schedule T) Sneet Shoot
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-7-13	Payee name Walayeens	
Amount (\$) \$158.57	Payee address; City; State; Zip Code 1418 E. University Dr. Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Socialization / Fundraising	Description (If travel outside of Texas, complete Schedule T) Sneet Shoot
Complete <u>ONLY</u> 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 <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