

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR / MB	FIRST <i>Jesus</i>	MI <i>E</i>	<b>OFFICE USE ONLY</b>  Date Received <i>2010 JAN 13 PM 12:48</i>  Date Hand-delivered or Date Postmarked  Receipt # _____ Amount _____  Date Processed _____  Date Imaged _____
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
<input type="checkbox"/> Change of Address 1902 Joe Stephen #302 <i>Weslaco Tx</i> 78596				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956)	968-0707		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
		<i>Same</i>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE			
(Residence or business)	<i>Same</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	( )	<i>Same</i>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year		Month Day Year	
	<i>7 / 1 / 2009</i>		THROUGH <i>12 / 31 / 2009</i>	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
	<i>1 / 1</i>			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	<i>Justice of The Peace <sup>1-2</sup></i>	<i>J.P. 1-2</i>		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **			
	Name			
	Address / PO Box; Apt. / Suite #: City; State; Zip Code			
<input type="checkbox"/> additional pages				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 490.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5630.00

EXPENDITURE TOTALS

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

\$ 4630.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5630.00

CONTRIBUTION BALANCE

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

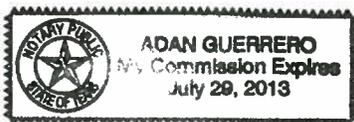
\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



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

*Jesus E. Morales*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jesus E. Morales, this the 11<sup>th</sup> day of JAN., 20 10, to certify which, witness my hand and seal of office.

*Adan Guerrero*

Adan Guerrero

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Jesus E Morales</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7-8-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beto Salinas</i>	7 Amount of contribution (\$) <i>400.00</i>	8 In-kind contribution description (if applicable) <i>ck # 1798</i>
6 Contributor address; City; State; Zip Code <i>2009 N. Conway Mission TX 78572</i>			
9 Principal occupation / Job title (See Instructions) <i>RAZOR</i>		10 Employer (See Instructions)	
Date <i>12-7-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pablo Pena</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable) <i>ck # 6054</i>
Contributor address; City; State; Zip Code <i>6853 Airport Westlaco, TX 78596</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7-20-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosendo Almaraz</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ck # 3070</i>
Contributor address; City; State; Zip Code <i>2605 TX Westlaco TX 78596</i>			
Principal occupation / Job title (See Instructions) <i>Attorney Law Firm</i>		Employer (See Instructions)	
Date <i>7-22-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jones, Galligan, Neg &amp; Lozano</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ck 64682</i>
Contributor address; City; State; Zip Code <i>P.O. Box Drawer 1047 Westlaco, TX 78596</i>			
Principal occupation / Job title (See Instructions) <i>LAW Firm</i>		Employer (See Instructions)	
Date <i>7-24-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>McAllen Spinal Care</i>	Amount of contribution (\$) <i>80.00</i>	In-kind contribution description (if applicable) <i>ck 3209</i>
Contributor address; City; State; Zip Code <i>510 W Expwy McAllen TX 78501</i>			
Principal occupation / Job title (See Instructions) <i>Medical Care</i>		Employer (See Instructions)	

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME <i>Jesus E Morales</i>	3 ACCOUNT # (Ethics Commission files)
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4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

5 Date <i>7-14-09</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>MATA Villarreal + Garcia</i> <i>Design Group</i> 7 Pledgor address: City: State: Zip Code <i>1314 W. Joy McAllen, TX 78501</i>	8 Amount of pledge (\$) <i>60.00</i>	9 In-kind description (if applicable) <i>CK # 18314</i>
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10 Principal occupation / Job title (See Instructions) <i>Designer</i>	11 Employer (See Instructions) <i>Self</i>
---------------------------------------------------------------------------	-----------------------------------------------

Date <i>7-23-09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>Garcia + Trevin Funeral Home</i> Pledgor address: City: State: Zip Code <i>439 S. Vermont Mercedes TX 78570</i>	Amount of pledge (\$) <i>100.00</i>	In-kind description (if applicable) <i>CK 43667</i>
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Principal occupation / Job title (See Instructions) <i>Funeral Director</i>	Employer (See Instructions) <i>Self</i>
--------------------------------------------------------------------------------	--------------------------------------------

Date <i>7-25-09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marta Design</i> Pledgor address: City: State: Zip Code <i>4033 Hwy 981 Mercedes TX 78570</i>	Amount of pledge (\$) <i>100.00</i>	In-kind description (if applicable) <i>CK 1648</i>
------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------	-------------------------------------------------------

Principal occupation / Job title (See Instructions) <i>County Comp WIC</i>	Employer (See Instructions) <i>H. Co</i>
-------------------------------------------------------------------------------	---------------------------------------------

Date <i>7-22-09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ruben Cordova</i> Pledgor address: City: State: Zip Code <i>603 N. Texa Waco TX 78596</i>	Amount of pledge (\$) <i>200.00</i>	In-kind description (if applicable) <i>CK 27892</i>
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Principal occupation / Job title (See Instructions) <i>Self</i>	Employer (See Instructions)
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Date <i>7-24-09</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mike De La Santa</i> Pledgor address: City: State: Zip Code <i>315 Sycamore Waco, TX 78596</i>	Amount of pledge (\$) <i>100.00</i>	In-kind description (if applicable) <i>CK 8054</i>
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Principal occupation / Job title (See Instructions) <i>Retired</i>	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS FORM 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:	
2 FILER NAME <i>Jesus E Morales</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7-24-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>PAC. CUELLAR JR</i>	7 Amount of contribution (\$) <i>800.00</i>	8 In-kind contribution description (if applicable) <i>ch 2404</i>
6 Contributor address; City; State; Zip Code <i>231 Leon Hill Dr Brownsville TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Self</i>		10 Employer (See Instructions)	
Date <i>7-23-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jason R. Eberle</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable) <i>ch 4812</i>
Contributor address; City; State; Zip Code <i>PO Box 518 Brownsville TX 78537</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Self</i>		Employer (See Instructions)	
Date <i>7-23-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Anthony Covacovich</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 1562</i>
Contributor address; City; State; Zip Code <i>401 Southgate Weslaco TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Weslaco City Manager</i>		Employer (See Instructions)	
Date <i>7-10-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Edward D. Ciccone</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 9747</i>
Contributor address; City; State; Zip Code <i>1038 Hill County Edinburg TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Unknown</i>		Employer (See Instructions)	
Date <i>7-24-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patrick D. Preece</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 1593</i>
Contributor address; City; State; Zip Code <i>P.O. Box 130 Weslaco, TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Unknown</i>		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:	
2 FILER NAME <i>Jesus P. Morala</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7-24-09</i>	5 Full name of contributor <input checked="" type="checkbox"/> in-state PAC (ID#: <i>J.P. Investments</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable) <i>ch 11783</i>
6 Contributor address, City, State, Zip Code <i>2100 W. Cypress Merced, TX 78570</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Const.</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>7-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Vally Spine Medical Center PA</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 9189</i>
Contributor address, City, State, Zip Code <i>5327 S. McCook Rd Edinburg, TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Medical</i>		Employer (See Instructions) <i>Self</i>	
Date <i>7-24-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>McCaleb Funded Home</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 3711</i>
Contributor address, City, State, Zip Code <i>P.O. Box 236 Weslaco, TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Fundamental Director</i>		Employer (See Instructions) <i>Self</i>	
Date <i>7-14-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ramon Garcia Campaign</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable) <i>ch 1031</i>
Contributor address, City, State, Zip Code <i>222 W. University Dr Edinburg TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Law Firm</i>		Employer (See Instructions) <i>Self</i>	
Date <i>7-22-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Salmer</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable) <i>ch 2677</i>
Contributor address, City, State, Zip Code <i>2101 Wood Ave. Lubbock TX 78537</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Law Firm</i>		Employer (See Instructions) <i>Self</i>	

**ATTACH ADDITIONAL COPIES OF THIS FORM 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:	
2 FILER NAME <i>Jesus P. Morde</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7-24-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Miguel D. Wise P.C.</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable) <i>ch 1415</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 812 Wesley, TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Law Firm</i>		10 Employer (See Instructions) <i>S&amp;A</i>	
Date <i>July</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rht + associate</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 2277</i>
Contributor address; City; State; Zip Code <i>409 N. Byron #103 Mission, TX 78572</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Unknown</i>		Employer (See Instructions)	
Date <i>7-25-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mike Lopez</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 1356</i>
Contributor address; City; State; Zip Code <i>214 N. 11th Dome TX 78537</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Adm.</i>		Employer (See Instructions) <i>H.C.H.A.</i>	
Date <i>7-24-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cathy Niels</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>707 Lancelot Dr Weslaco, TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Unknown</i>		Employer (See Instructions)	
Date <i>7-24-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Daniel A. Suzana</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable) <i>ch 1807</i>
Contributor address; City; State; Zip Code <i>P.O. Box 896 Edcouch TX 78538</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Adm.</i>		Employer (See Instructions) <i>Hidalgo Co. Pct 1</i>	

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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:	
2 FILER NAME <i>Josue P. Moral</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7-22-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Josue Martinez</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable) <i>ch 475</i>
6 Contributor address; City; State; Zip Code <i>3034 Vaughn Rd Denton, TX 78537</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Plan Co.</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>7-28-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Coballero</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 2363</i>
Contributor address; City; State; Zip Code <i>100 N. Chesnut St. Weslaco, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions)	
Date <i>7-28-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fernando Saenz</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 004789</i>
Contributor address; City; State; Zip Code <i>200 East Beh Weslaco, TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Law Firm</i>		Employer (See Instructions) <i>Self</i>	
Date <i>7-31-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Oscar Garcia</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 7498</i>
Contributor address; City; State; Zip Code <i>152 N. Mission Weslaco, TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Cost Supervisor</i>		Employer (See Instructions) <i>City of Marbach</i>	
Date <i>7-22-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mer-San S. Rang</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>ch 1366</i>
Contributor address; City; State; Zip Code <i>131 N. Texan Merade, TX 78590</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Ins.</i>		Employer (See Instructions) <i>Self</i>	

**ATTACH ADDITIONAL COPIES OF THIS FORM 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:	
2 FILER NAME <i>Jesús E. Moral</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7-21-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan R. Molina</i>	7 Amount of contribution (\$) <i>200 =</i>	8 In-kind contribution description (if applicable) <i>22369</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 190 Weslaco, TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Law Firm</i>		10 Employer (See Instructions) <i>Self</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Jesus E Morales</i>		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 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  <i>[Signature]</i>	18 Amount Guaranteed (\$)
17 Guarantor address;    City;    State;    Zip Code		
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y        N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
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2 FILER NAME <i>Jesus E. Morales</i>	3 ACCOUNT # (Ethics Commission filers)
-----------------------------------------	----------------------------------------

4 Date <i>12-10-09</i>	5 Payee name <i>Hidalgo Co. Dem Party</i>	7 Amount (\$) <i>\$1,000</i>
6 Payee address; City; State; Zip Code <i>305(A) Shary Rd Mission, TX 78572</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Filing Fee</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held <i>Same</i>
------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

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

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

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

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

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

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule G:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code  <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  ..... 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	

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# 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	<b>3</b> ACCOUNT # (Ethics Commission filers)

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

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

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

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

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

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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payor name ..... 6 Payor address;      City; State; Zip Code  7 Reason for credit	8 Amount (\$)
Date	Payor name ..... Payor address;      City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;      City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;      City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;      City; State; Zip Code  Reason for credit	Amount (\$)

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

## SCHEDULE T

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

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Use)

*Jesus E. Morales*  
Jesus E. Morales

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Jesus E. Morales*  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder