

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**ORIGINAL**

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Paul M.	FIRST M.	MI
	NICKNAME Vazaldua Jr.	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 1325 E. Jasmine	APT / SUITE #;	CITY; STATE; ZIP CODE McAllen, TX 78501
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 451-6775
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Matthew	FIRST Matthew	MI
	NICKNAME Vazaldua	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 1210 El Presidente	APT / SUITE #;	CITY; STATE; ZIP CODE San Juan, TX 78589
	8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 757-6828
9 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" 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 1 / 24 / 14	THROUGH	Month Day Year 2 / 22 / 14
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 14	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice of the Peace Pct 2 PL 2	
<b>GO TO PAGE 2</b>			

# 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>Paul M. Vazabhuw Jr.</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/18/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Flores</i>	7 Amount of contribution (\$) <i>5000<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 310 Mission Tx 78573</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>County Commission</i>		10 Employer (See Instructions) <i>Developer</i>	
Date <i>2/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Phillips</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Scenic Way McAllen Tx</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business man</i>		Employer (See Instructions) <i>Developer South Texas Developer</i>	
Date <i>1/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jorge Rodriguez</i>	Amount of contribution (\$) <i>1500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Businessman</i>		Employer (See Instructions) <i>CARVISI &amp; Company</i>	
Date <i>2/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ismatend Tommy Cuellar</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1090 Pharr, Tx 78577</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Volvo Trucks</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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.

**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:	2 FILER NAME: <u>Paul M. Vazaldua Jr.</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: <u>2/1/14</u>	5 Payee name: <u>Lee's Pharmacy</u>
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6 Amount (\$): <u>4500</u>	7 Payee address; City; State; Zip Code: <u>5120 N. 10th St. McAllen, Tx 78501</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <u>Food/Beverage</u>	(b) Description (If travel outside of Texas, complete Schedule T): <u>Tacos</u>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <u>2/1/14</u>	Payee name: <u>Pharr Athletic League</u>
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Amount (\$): <u>6000</u>	Payee address; City; State; Zip Code: <u>413 E. Clark Pharr, Tx 78501</u>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T): <u>fee</u>
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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: <u>1/30/14</u>	Payee name: <u>UTPA Environmental Activities</u>
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Amount (\$): <u>8000</u>	Payee address; City; State; Zip Code: <u>1201 W University Edinburg TX 78539</u>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T): <u>fee</u>
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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: <u>1/23/14</u>	Payee name: <u>SIC Young Democrats</u>
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Amount (\$): <u>7500</u>	Payee address; City; State; Zip Code: <u>3201 W Pecan McAllen, Tx 78501</u>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T): <u>fee</u>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:		2 FILER NAME <i>F Paul M Vazaldua Jr.</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/22/14</i>		5 Payee name <i>Aniso Media Group</i>			
6 Amount (\$) <i>1000<sup>00</sup></i>		7 Payee address; City; State; Zip Code <i>2118 N. 48th Lane McAllen Tx 78501</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Graphics</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/21/14</i>		Payee name <i>MB Graphics</i>			
Amount (\$) <i>140<sup>73</sup></i>		Payee address; City; State; Zip Code <i>912 W. Beech McAllen, TX 78501</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Cards 2K 13W</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/14/14</i>		Payee name <i>MB Graphics</i>			
Amount (\$) <i>130<sup>00</sup></i>		Payee address; City; State; Zip Code <i>912 W. Beech McAllen TX 78504</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Cards 1K color</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/10/14</i>		Payee name <i>MGM Printing</i>			
Amount (\$) <i>2500</i>		Payee address; City; State; Zip Code <i>1200 E. Hackberry Ave. Ste H. McAllen, TX 78501</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>2 caps</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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)  |

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1 Total pages Schedule F:	2 FILER NAME <i>Paul M Vazaldua Jr</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2/10/14</i>	5 Payee name <i>Mike Ojeda</i>
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6 Amount (\$) <i>200<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>1505 Douglas San Juan, Tx 78589</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Sign Placement</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/10/14</i>	Payee name <i>Cesario Diaz</i>
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Amount (\$) <i>500<sup>00</sup></i>	Payee address; City; State; Zip Code <i>Alamo, Tx 78516</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Sign buildings/placement</i>
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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)
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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