

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

13 C/OH NAME Maldonado, Enrique Omar (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00000001

15 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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 48,850.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 41,030.92

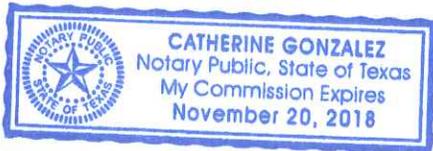
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 15,987.70

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 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 Omar Maldonado, this the 15th day of JANUARY, 2015 to certify which, witness my hand and seal of office.

[Signature] Catherine Gonzalez Notary Public
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 PAGE # Schedule: 1/21 Report: 3/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ATLAS, HALL & RODRIGUEZ, LLP 6 Contributor address; City; State; Zip Code P.O. DRAWER 3725 MCALLEN, TX 78502-3725	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm ATLAS, HALL & RODRIGUEZ, LLP		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRASURE, CHRIS (Mr.) Contributor address; City; State; Zip Code 2625 HYLTON AVENUE EDINBURG, TX 78539	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm BRASURE LAW FIRM		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CARDENAS, LUIS (Mr.) Contributor address; City; State; Zip Code 6417 N. 1ST LANE MCALLEN, TX 78504	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation INDIVIDUAL		Contributor's job title INDIVIDUAL	
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)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/21 Report: 4/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CARLOS E. ORTEGON P.C. 6 Contributor address; City; State; Zip Code 6521 N. 10TH ST., STE F MCALLEN, TX 78504	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation SOLO PRACTITIONER		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm CARLOS E. ORTEGON, P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CONTRERAS GUTIERREZ AND ASSOCIATES Contributor address; City; State; Zip Code 10113 N. 10TH STREET SUITE L MCALLEN, TX 78504	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm CONTRERAS GUTIERREZ AND ASSOCIATES		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DALE & KLEIN LLP Contributor address; City; State; Zip Code 1100 EAST JASMINE AVE. SUITE 202 MCALLEN, TX 78501	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm DALE & KLEIN LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/21 Report: 5/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID E. CAZARES PC 6 Contributor address; City; State; Zip Code 1632 N. 10TH ST., STE B MCALLEN, TX 78501	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm DAVID E. CAZARES PC		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DELEON, LEON Contributor address; City; State; Zip Code P.O. BOX 125 SAN JUAN, TX 78589	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation OWNER		Contributor's job title OWNER	
Contributor's employer / law firm MEMORIAL FUNERAL HOME		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DELEON, VELMA (Mr.) Contributor address; City; State; Zip Code P.O. BOX 1517 EDINBURG, TX 78540	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation OWNER		Contributor's job title OWNER	
Contributor's employer / law firm MEMORIAL FUNERAL HOME		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/21 Report: 6/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FERNANDEZ, ROBERT (Mr.) 6 Contributor address; City; State; Zip Code 215 W. STUBBS EDINBURG, TX 78539	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm SOLO PRACTIONER		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/24/2014	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, TX 78502	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation SOLO PRACTIONER		Contributor's job title OWNER	
Contributor's employer / law firm FRED REGALADO BAIL BONDS		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GARCIA, M. MARIO (Mr.) Contributor address; City; State; Zip Code 3510 ROSEWOOD ST. EDINBURG, TX 78541	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm INDIVIDUAL		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/21 Report: 7/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GARZA, VALENTIN (Mr.) 6 Contributor address; City; State; Zip Code 358 BASS ST. ROMA, TX 78584	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation INDIVIDUAL		10 Contributor's job title INDIVIDUAL	
11 Contributor's employer / law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GOMEZ, JULIAN (Mr.) Contributor address; City; State; Zip Code 7824 N. 5TH COURT MCALLEN, TX 78504	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm THE GOMEZ LAW FIRM		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GUERRA, JOHN (Dr.) Contributor address; City; State; Zip Code 3105 FOREST CT. MISSION, TX 78574	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor's principal occupation SOLO PRACTITIONER		Contributor's job title DOCTOR	
Contributor's employer / law firm INDIVIDUAL		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/21 Report: 8/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GUERRA LAW GROUP PLLC 6 Contributor address; City; State; Zip Code 4201 N. MCCOLL RD. MCALLEN, TX 78504	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm GUERRA LAW GROUP PLLC		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HERNANDEZ LAW FIRM, LLP Contributor address; City; State; Zip Code 222 E. VANBUREN ST., STE 700 HARLINGEN, TX 78550	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm HERNANDEZ LAW FIRM, LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. MICHAEL MOORE LAW FIRM P.C. Contributor address; City; State; Zip Code 4900 N. 10TH ST., STE. E-2 MCALLEN, TX 78504	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm J. MICHAEL MOORE LAW FIRM P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/21 Report: 9/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. ROEL GARCIA LAW OFFICE P.C. 6 Contributor address; City; State; Zip Code 125 W. CHEROKEE AVE. PHARR, TX 78577	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm J. ROEL GARCIA LAW OFFICE P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JARVIS, ERIC (Mr.) Contributor address; City; State; Zip Code 5804 N. 23RD STREET MCALLEN, TX 78504	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm JARVIS LAW FIRM		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JONES, GALLIGAN, KEY & LOZANO, LLP Contributor address; City; State; Zip Code P.O. DRAWER 1247 WESLACO, TX 78599-1247	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm JONES, GALLIGAN, KEY & LOZANO, LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/21 Report: 11/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF ARMANDO M. GUERRA	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 113 N. 9TH AVE. EDINBURG, TX 78541		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm LAW OFFICE OF ARMANDO M. GUERRA		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF ARTURO MARTINEZ, P.C.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 414 S. CAGE BLVD. PHARR, TX 78577		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF ARTURO MARTINEZ P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF CARLOS R. GALVAN	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3525 W. FREDDY GONZALEZ, SUITE C EDINBURG, TX 78539-8544		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF CARLOS R. GALVAN		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/21 Report: 12/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF CHRISTOPHER CAVAZOS 6 Contributor address; City; State; Zip Code 2102 W. UNIVERSITY DR. EDINBURG, TX 78539	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm LAW OFFICE OF CHRISTOPHER CAVAZOS		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF DANIEL SANTOS, PC Contributor address; City; State; Zip Code 4409 N. MCCOLL RD. MCALLEN, TX 78504	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF DANIEL SANTOS, PC		Law firm of contributor's spouse (if any)	
if contributor is a child, law firm of parent(s) (if any)			
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF DENNIS RAMIREZ PLLC Contributor address; City; State; Zip Code 111 N. 17TH ST. SUITE D DONNA, TX 78537	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF DENNIS RAMIREZ PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/21 Report: 13/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF L. KENO VASQUEZ 6 Contributor address; City; State; Zip Code 3525 W. FREDDY GONZALEZ DR. SUITE C EDINBURG, TX 78539	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm LAW OFFICE OF L. KENO VASQUEZ		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 08/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF M. MARIO GARCIA Contributor address; City; State; Zip Code 3510 ROSEWOOD ST. EDINBURG, TX 78541	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm INDIVIDUAL		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF MONICA M. GALVAN Contributor address; City; State; Zip Code 3525 W. FREDDY GONZALEZ DR., SUITE C EDINBURG, TX 78539	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF MONICA M. GALVAN		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/21 Report: 14/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF PATRICK A NITSCH JR. 6 Contributor address; City; State; Zip Code 3501 PLAZOS DEL LAGO EDINBURG, TX 78539	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm LAW OFFICE OF PATRICK A NITSCH		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF WILLIE MCALLEN Contributor address; City; State; Zip Code 2102 W. UNIVERSITY DRIVE EDINBURG, TX 78539	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF WILLIE MCALLEN		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICES OF CARLOS E. HERNANDEZ JR., P.C. Contributor address; City; State; Zip Code 2025 CENTRAL BLVD. SUITE B BROWNSVILLE, TX 78520	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICES OF CARLOS E. HERNANDEZ JR., P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/21 Report: 15/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICES OF MICHAEL E. FLANAGAN 6 Contributor address; City; State; Zip Code 809 CHICAGO AVENUE MCALLEN, TX 78501	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm LAW OFFICE OF MICHAEL E. FLANAGAN		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICES OF RICHARD GARZA Contributor address; City; State; Zip Code 4610 S. CLOSNER EDINBURG, TX 78539	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICE OF RICHARD GARZA		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LOPEZ, TED (Mr.) Contributor address; City; State; Zip Code 2102 W. UNIVERSITY DR. EDINBURG, TX 78539	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm T. LOPEZ LAW FIRM		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/21 Report: 16/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MALDONADO, LYDIA (Mrs.)	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6257 E. 107 EDINBURG, TX 78542		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation INDIVIDUAL		10 Contributor's job title INDIVIDUAL	
11 Contributor's employer / law firm INDIVIDUAL		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARROQUIN LAW FIRM PLLC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 421 S. 12TH ST. MCALLEN, TX 78501		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm MARROQUIN LAW FIRM PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MCCLAIN, SCOTT	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3900 N. 10TH ST. STE. 850 MCALLEN, TX 78501		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm MCALLEN MEDIATION CENTER		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/21 Report: 17/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MORENO, BERTHA 6 Contributor address; City; State; Zip Code 810 EAST VETERAN BLVD. SUITE K PALMVIEW, TX 78572	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation OWNER/MANAGER		10 Contributor's job title OWNER/MANAGER	
11 Contributor's employer / law firm LA HOMA MEDICAL EQUIPMENT AND SUPPLY		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) OHANLON MCCOLLOM & DEMERATH P.C. Contributor address; City; State; Zip Code 808 WEST AVE. AUSTIN, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm OHANLON MCCOLLOM & DEMERATH PC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ORENDAIN & DOMINGUEZ Contributor address; City; State; Zip Code 320 S. 8TH STREET MCALLEN, TX 78501	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm ORENDAIN & DOMINGUEZ		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/21 Report: 18/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 09/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ORTEGON, CARLOS (Mr.) 6 Contributor address; City; State; Zip Code 3405 KINGSBOROUGH AVE. MCALLEN, TX 78501	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation SOLO PRACTITIONER		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm CARLOS E. ORTEGON, P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ORTEGON, CARLOS (Mr.) Contributor address; City; State; Zip Code 3405 KINGSBOROUGH AVE. MCALLEN, TX 78501	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation SOLO PRACTITIONER		Contributor's job title ATTORNEY	
Contributor's employer / law firm CARLOS E. ORTEGON, P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ORTEGON, CARLOS (Mr.) Contributor address; City; State; Zip Code 3405 KINGSBOROUGH AVE. MCALLEN, TX 78501	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation SOLO PRACTITIONER		Contributor's job title ATTORNEY	
Contributor's employer / law firm CARLOS E. ORTEGON, P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/21 Report: 19/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PALACIOS & LOVE ATTORNEYS AT LAW 6 Contributor address; City; State; Zip Code 2720 W. CANTON SUITE B EDINBURG, TX 78539	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm PALACIOS & LOVE ATTORNEYS AT LAW		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PATINO & ASSOCIATES PLLC Contributor address; City; State; Zip Code 1802 N. 10TH STREET SUITE A MCALLEN, TX 78501	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm PATINO & ASSOCIATES PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PERALEZ FRANZ LLP Contributor address; City; State; Zip Code 1416 DOVE AVE. MCALLEN, TX 78504	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm PERALEZ FRANZ LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/21 Report: 20/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) REYMAN, CELIA (Mrs.) 6 Contributor address; City; State; Zip Code 1109 YUCCA AVE. MCALLEN, TX 78504	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation INDIVIDUAL		10 Contributor's job title INDIVIDUAL	
11 Contributor's employer / law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RIVERA FUNERAL HOME MCALLEN LLC Contributor address; City; State; Zip Code 1901 PECAN BLVD. MCALLEN, TX 78501	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation SOLO PRACTITIONER		Contributor's job title OWNER	
Contributor's employer / law firm RIVERA FUNERAL HOME MCALLEN LLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THE GARCIA LEGAL FIRM PLLC Contributor address; City; State; Zip Code 4905 A N. MCCOLL RD. MCALLEN, TX 78504	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm THE GARCIA LEGAL FIRM PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/21 Report: 22/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THE LAW OFFICE OF MICHAEL R DELEON PLLC 6 Contributor address; City; State; Zip Code 301 N. MAIN ST. STE. 1 MCALLEN, TX 78501	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm THE LAW OFFICE OF MICHAEL R. DELEON PLLC		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THE LAW OFFICES OF MICHAEL J. GARZA PC Contributor address; City; State; Zip Code 6521 N. 10TH ST. STE. F MCALLEN, TX 78504	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm LAW OFFICES OF MICHAEL J. GARZA PC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THE PRUNEDA LAW FIRM PLLC Contributor address; City; State; Zip Code P.O. BOX 1664 PHARR, TX 78577	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer / law firm THE PRUNEDA LAW FIRM PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/21 Report: 23/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 10/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THE RAMIREZ LAW FIRM PLLC 6 Contributor address; City; State; Zip Code 820 E. HACKBERRY AVE. MCALLEN, TX 78501	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer / law firm THE RAMIREZ LAW FIRM PLLC		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/7 Report: 25/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date 10/20/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) CASTILLO & GONZALEZ 7 Pledgor address; City; State; Zip Code 1317 E. QUEBEC MCALLEN, TX 78503	8 Amount of pledge (\$) \$1,000.00	9 In-kind description (if applicable)
10 Pledgor's principal occupation ATTORNEY		11 Pledgor's job title ATTORNEY	
12 Pledgor's employer / law firm GONZALEZ & CASTILLO		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) DE LA GARZA, RAFAEL (Mr.) Pledgor address; City; State; Zip Code 4943 S. JACKSON RD. EDINBURG, TX 78539	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor's principal occupation ATTORNEY		Pledgor's job title ATTORNEY	
Pledgor's employer / law firm LAW OFFICE OF RAFAEL DE LA GARZA		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) FRED LOYA GROUP Pledgor address; City; State; Zip Code 11900 N. 26TH ST. SUITE 200 MCALLEN, TX 78504	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor's principal occupation INSURANCE AGENT		Pledgor's job title INSURANCE AGENT	
Pledgor's employer / law firm LOYA INSURANCE GROUP		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/7 Report: 26/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date 10/20/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) GARZA & GONZALEZ PLLC 7 Pledgor address; City; State; Zip Code 5429 N. 23RD STREET SUITE D MCALLEN, TX 78501	8 Amount of pledge (\$) \$500.00	9 In-kind description (if applicable)
10 Pledgor's principal occupation ATTORNEY		11 Pledgor's job title ATTORNEY	
12 Pledgor's employer / law firm GARZA & GONZALEZ PLLC		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) GUERRA LAW FIRM Pledgor address; City; State; Zip Code 320 E. PECAN AVE. MCALLEN, TX 78501	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor's principal occupation ATTORNEY		Pledgor's job title ATTORNEY	
Pledgor's employer / law firm GUERRA LAW FIRM		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) HIDGON LAW FIRM PC Pledgor address; City; State; Zip Code 4739 S. JACKSON RD. EDINBURG, TX 78539	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor's principal occupation ATTORNEY		Pledgor's job title ATTORNEY	
Pledgor's employer / law firm HIDGON LAW FIRM PC		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

PLEGGED CONTRIBUTIONS (JUDICIAL)**SCHEDULE B (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/7 Report: 27/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date 10/20/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF DAVID R. GORENA 7 Pledgor address; City; State; Zip Code 420 W. UNIVERSITY DR. EDINBURG, TX 78539	8 Amount of pledge (\$) \$500.00	9 In-kind description (if applicable)
10 Pledgor's principal occupation ATTORNEY		11 Pledgor's job title ATTORNEY	
12 Pledgor's employer / law firm LAW OFFICE OF DAVID GORENA		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF EDNA ESCANAME CEDILLO Pledgor address; City; State; Zip Code 909 S. 10TH AVE. EDINBURG, TX 78539	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor's principal occupation SOLO PRACTIONER		Pledgor's job title ATTORNEY	
Pledgor's employer / law firm LAW OFFICE OF EDNA ESCANAME CEDILLO		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF ELOY SEPULVEDA Pledgor address; City; State; Zip Code 716 S. TEXAS BLVD WESLACO, TX 78596	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor's principal occupation ATTORNEY		Pledgor's job title ATTORNEY	
Pledgor's employer / law firm LAW OFFICE OF ELOY SEPULVEDA		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/7 Report: 28/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date 10/20/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF FELA B OLIVAREZ 7 Pledgor address; City; State; Zip Code P.O. BOX 3538 MCALLEN, TX 78502	8 Amount of pledge (\$) \$500.00	9 In-kind description (if applicable)
10 Pledgor's principal occupation ATTORNEY		11 Pledgor's job title ATTORNEY	
12 Pledgor's employer / law firm LAW OFFICE OF FELA B. OLIVAREZ		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF FRANCISCO J. RODRIGUEZ Pledgor address; City; State; Zip Code 1111 W. NOLANA AVE. MCALLEN, TX 78504	Amount of pledge (\$) \$1,000.00	In-kind description (if applicable)
Pledgor's principal occupation ATTORNEY		Pledgor's job title ATTORNEY	
Pledgor's employer / law firm LAW OFFICE OF FRANCISCO J RODRIGUEZ		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF JOSE G GONZALEZ Pledgor address; City; State; Zip Code 101 N. 10TH AVE. EDINBURG, TX 78541-3317	Amount of pledge (\$) \$1,000.00	In-kind description (if applicable)
Pledgor's principal occupation ATTORNEY		Pledgor's job title ATTORNEY	
Pledgor's employer / law firm LAW OFFICE OF JOSE G. GONZALEZ		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/7 Report: 29/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date 10/20/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF MARCO DE LUNA	8 Amount of pledge (\$) \$1,000.00	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 5804 N. 23RD ST. MCALLEN, TX 78504		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Pledgor's principal occupation ATTORNEY		11 Pledgor's job title ATTORNEY	
12 Pledgor's employer / law firm LAW OFFICE OF MARCO DE LUNA		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF MAURO BARRIERO	Amount of pledge (\$) \$1,000.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 3603 WEST ALBERTA ROAD MCALLEN, TX 78504		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Pledgor's principal occupation ATTORNEY		Pledgor's job title ATTORNEY	
Pledgor's employer / law firm LAW OFFICE OF MAURO BARREIRO		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) LAW OFFICE OF NOE PEREZ	Amount of pledge (\$) \$1,000.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 302 EAST MAHL ST. EDINBURG, TX 78539		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Pledgor's principal occupation ATTORNEY		Pledgor's job title ATTORNEY	
Pledgor's employer / law firm LAW OFFICE OF NOE PEREZ		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/7 Report: 30/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date 10/20/2014	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) PALACIOS THOMPSON GARZA 7 Pledgor address; City; State; Zip Code 2724 WEST CANTON RD. EDINBURG, TX 78539	8 Amount of pledge (\$) \$1,000.00	9 In-kind description (if applicable)
10 Pledgor's principal occupation ATTORNEY		11 Pledgor's job title ATTORNEY	
12 Pledgor's employer / law firm PALACIOS THOMPSON GARZA		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date 10/20/2014	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) VILLARREAL, FRANCISCO RENE (Mr.) Pledgor address; City; State; Zip Code 4401 N. MCCOLL RD. MCALLEN, TX 78504	Amount of pledge (\$) \$500.00	In-kind description (if applicable)
Pledgor's principal occupation ATTORNEY		Pledgor's job title ATTORNEY	
Pledgor's employer / law firm LAW OFFICE OF FRANCISCO RENE VILLARREAL		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

LOANS (JUDICIAL)**SCHEDULE E (J)**

The I NSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 31/43	
2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄			\$
5 Date of loan 08/05/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC(ID# _____) LAW OFFICE OF E. OMAR MALDONADO, P.C.		9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 4308 N. MCCOLL RD. MCALLEN, TX 78504		10 Interest rate 0
			11 Maturity date 07/01/2015
12 Lender's Principal Occupation ATTORNEY		13 Lender's Job Title ATTORNEY	
14 Lender's Employer/Law Firm LAW OFFICE OF E. OMAR MALDONADO, P.C.		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code		22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is child, law firm of parent(s) (if any)			

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/10 Report: 32/43	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 10/24/2014	5 Payee name ACADEMY SPORTS & OUTDOORS
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6 Amount (\$) \$469.88	7 Payee address City; State; Zip Code 651 E. TRENTON RD. EDINBURG, TX 78539
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DOOR PRIZES FOR GOLF TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/24/2014	Payee name AGUILAR'S MEAT MARKET
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Amount (\$) \$673.78	Payee address City; State; Zip Code 1306 E. UNIVERSITY DR. EDINBURG, TX 78539
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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) <input type="checkbox"/> MEAT & BRISKET FOR GOLF TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/31/2014	Payee name ALAMO TEES & ADVERTISING
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Amount (\$) \$376.71	Payee address City; State; Zip Code 12814 COGNBURN AVE. SAN ANTONIO, TX 78249
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - DRAWSTRING BACKPACKS FOR TOURNAMENT	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DRAWSTRING BACKPACKS FOR TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/07/2014	Payee name AMERICAN LEGION POST 172
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Amount (\$) \$100.00	Payee address City; State; Zip Code 321 S. OHIO AVE. MERCEDES, TX 78570
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> VETERANS DAY PARADE DONATION <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/10 Report: 33/43	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 12/23/2014	5 Payee name BLACKBEARD'S RESTAURANT
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6 Amount (\$) \$65.16	7 Payee address City; State; Zip Code 103 E. SATURN SOUTH PADRE ISLAND, TX 78597
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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) <input type="checkbox"/> STAFF CHRISTMAS LUNCHEON <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 07/15/2014	Payee name CARDMEMBER SERVICE
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Amount (\$) \$311.74	Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> INTEREST FEE ON CREDIT CARD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/10/2014	Payee name CARDMEMBER SERVICE
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Amount (\$) \$555.00	Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - PAYMENT TO CAMPAIGN CREDIT CARD	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PAYMENT TO CAMPAIGN CREDIT CARD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/15/2014	Payee name CARDMEMBER SERVICE
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Amount (\$) \$316.25	Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> INTEREST FEE ON CAMPAIGN CREDIT CARD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/10 Report: 34/43	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 09/05/2014	5 Payee name CARDMEMBER SERVICE
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6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - PAYMENT TO CAMPAIGN CREDIT CARD	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PAYMENT TO CAMPAIGN CREDIT CARD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/15/2014	Payee name CARDMEMBER SERVICE
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Amount (\$) \$309.68	Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> INTEREST FEE ON CAMPAIGN CREDIT CARD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/06/2014	Payee name CARDMEMBER SERVICE
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - PAYMENT TO CAMPAIGN CREDIT CARD	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PAYMENT TO CAMPAIGN CREDIT CARD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/15/2014	Payee name CARDMEMBER SERVICE
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Amount (\$) \$291.20	Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> INTEREST FEE ON CAMPAIGN CREDIT CARD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 4/10 Report: 35/43	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 11/04/2014	5 Payee name CARDMEMBER SERVICE
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6 Amount (\$) \$22,731.92	7 Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - PAYMENT TO CAMPAIGN CREDIT CARD	(b) Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> PAYMENT TO CAMPAIGN CREDIT CARD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 12/01/2014	Payee name CARDMEMBER SERVICE
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Amount (\$) \$69.00	Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> ANNUAL MEMBERSHIP FEE FOR CAMPAIGN CREDIT CARD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 12/07/2014	Payee name CARDMEMBER SERVICE
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Amount (\$) \$181.91	Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - PAYMENT TO CAMPAIGN CREDIT CARD	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> PAYMENT TO CAMPAIGN CREDIT CARD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/17/2014	Payee name COSTCO WHOLESALE
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Amount (\$) \$517.50	Payee address City; State; Zip Code 1501 WEST KELLY AVE. PHARR, TX 78577
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> GOLF TOURNAMENT SUPPLIES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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
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EXPENDITURE CATEGORIES			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
The INSTRUCTION GUIDE explains how to complete this form.			

1 PAGE # Schedule: 5/10 Report: 36/43	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 10/24/2014	5 Payee name COSTCO WHOLESale
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6 Amount (\$) \$768.82	7 Payee address City; State; Zip Code 1501 WEST KELLY AVE. PHARR, TX 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SUPPLIES FOR GOLF TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/22/2014	Payee name DOLLAR TREE STORES INC
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Amount (\$) \$1.08	Payee address City; State; Zip Code 2760 W. UNIVERSITY DR. EDINBURG, TX 78539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - GLOVES FOR SERVING	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GLOVES FOR SERVING <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/24/2014	Payee name FLOWERS BAKING CO. OF SAN ANTONIO
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Amount (\$) \$87.50	Payee address City; State; Zip Code P.O. BOX 841940 DALLAS, TX 75284
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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) <input type="checkbox"/> SLIDER BUNS FOR GOLD TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/25/2014	Payee name HEB
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Amount (\$) \$347.03	Payee address City; State; Zip Code 1300 S. CAGE BLVD. PHARR, TX 78577
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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) <input type="checkbox"/> BEVERAGES FOR GOLF TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/10 Report: 37/43		2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 07/31/2014		5 Payee name LONE STAR NATIONAL BANK			
6 Amount (\$) \$809.48		7 Payee address City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> INTEREST PAYMENT TO LOAN <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/30/2014		Payee name LONE STAR NATIONAL BANK			
Amount (\$) \$660.47		Payee address City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> INTEREST PAYMENT TO LOAN <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/17/2014		Payee name LONE STAR NATIONAL BANK			
Amount (\$) \$330.24		Payee address City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> INTEREST PAYMENT TO LOAN <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/01/2014		Payee name LONE STAR NATIONAL BANK			
Amount (\$) \$319.58		Payee address City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> INTEREST PAYMENT TO LOAN <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/10 Report: 38/43		2 FILER NAME Maldonado, Enrique Omar (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 10/06/2014	5 Payee name MCALLEN POST OFFICE				
6 Amount (\$) \$29.40	7 Payee address City; State; Zip Code 620 EAST PECAN BLVD. MCALLEN, TX 78501				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - STAMPS FOR MAILOUTS OF GOLF BROCHURES		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> STAMPS FOR MAILOUTS OF GOLF BROCHURES <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/23/2014	Payee name MR. STITCH				
Amount (\$) \$119.08	Payee address City; State; Zip Code 6100 N. 10TH ST. SUITE L MCALLEN, TX 78504				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - EMBROIDERY FOR GOLF SHIRTS		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> EMBROIDERY FOR GOLF SHIRTS <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/07/2014	Payee name PRINTWORKS				
Amount (\$) \$1,410.50	Payee address City; State; Zip Code 1414 PECAN BLVD. MCALLEN, TX 78501				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> BROCHURES, SIGNS, BANNERS, ETC FOR GOLF TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/03/2014	Payee name QUIPS N QUOTES POST OFFICE				
Amount (\$) \$416.50	Payee address City; State; Zip Code 5011 NORTH 10TH STREET MCALLEN, TX 78504				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> STAMPS FOR GOLF TOURNAMENT BROCHURES <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/10 Report: 39/43	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 10/31/2014	5 Payee name RICKS ICE COMPANY
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6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 402 WEST STATE AVE. PHARR, TX 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ICE FOR GOLF TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/15/2014	Payee name S.G.S. WORLD
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Amount (\$) \$446.50	Payee address City; State; Zip Code 100 S. 15TH ST. MCALLEN, TX 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SOCCER BALLS FOR CHRISTMAS GIVEAWAY <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/15/2014	Payee name SGS IMPORT
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Amount (\$) \$179.40	Payee address City; State; Zip Code 2115 W. BUSINESS 83 MCALLEN, TX 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SOCCER BALLS FOR CHRISTMAS GIVEAWAY <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 12/12/2014	Payee name STATE FARM INSURANCE
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Amount (\$) \$140.00	Payee address City; State; Zip Code 2901 N. 10TH STREET MCALLEN, TX 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - JUDICIAL BOND	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> JUDICIAL BOND <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 9/10 Report: 40/43	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 09/04/2014	5 Payee name TIERRA DEL SOL GOLF COURSE
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6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 700 E. HALL ACRES ROAD PHARR, TX 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DEPOSIT FOR GOLF TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/27/2014	Payee name TIERRA DEL SOL GOLF COURSE
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Amount (\$) \$4,157.00	Payee address City; State; Zip Code 700 E. HALL ACRES ROAD PHARR, TX 78577
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GOLF TOURNAMENT GREEN FEES & PRIZES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/03/2014	Payee name UNITED STATES POSTAL SERVICE
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Amount (\$) \$416.50	Payee address City; State; Zip Code 620 E. PECAN BLVD. MCALLEN, TX 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> STAMPS TO MAIL OUT GOLF TOURNAMENT BROCHURES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/22/2014	Payee name WALMART
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Amount (\$) \$11.94	Payee address City; State; Zip Code 800 EAST NOLANA AVE. MCALLEN, TX 78501
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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) <input type="checkbox"/> SNACKS FOR GOODIE BAGS FOR GOLF TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/10 Report: 41/43	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 10/24/2014	5 Payee name WB LIQUORS
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6 Amount (\$) \$160.17	7 Payee address City; State; Zip Code 1501 WEST KELLY AVE. PHARR, TX 78577
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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) <input type="checkbox"/> BEVERAGES FOR GOLF TOURNAMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 07/15/2014	Payee name YBARRA, FLORRAINE (Ms.)
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Amount (\$) \$50.00	Payee address City; State; Zip Code 2417 Sandie Lane Edinburg, TX 78539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> BASEBALL PROGRAM AD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 42/43	2 FILER NAME Maldonado, Enrique Omar (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 07/06/2014	5 Payee name CARDMEMBER SERVICE
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6 Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code P.O. BOX 94014 PALATINE, IL 60094-4014
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - PAYMENT TO CAMPAIGN CREDIT CARD	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PAYMENT TO CAMPAIGN CREDIT CARD
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 43/43

2 FILER NAME Maldonado, Enrique Omar (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

LENDER INFORMATION

4 Name of lender
LONE STAR NATIONAL BANK

5 Lender address; City; State; Zip Code
600 EAST NOLANA
MCALLEN, TX 78501

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address; City; State; Zip Code

not applicable