

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received <div style="font-size: 2em; transform: rotate(-90deg); display: inline-block;">REC'D JUL 15 2015</div> 1:45 PM 2:16 PM Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged				
	NICKNAME	LAST	SUFFIX					
Mr. Arnaldo Corpus								
1401 E. Griffin Parkway MISSION, TEXAS 78572								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
	<input type="checkbox"/> Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(956) 330-5874							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI					
	NICKNAME	LAST	SUFFIX					
Mrs. Anita Lugo								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;					CITY;	STATE;	ZIP CODE
	1401 E. Griffin Parkway MISSION, TEXAS 78572							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(956) 345-6699							
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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	
	5 / 26 / 2015 7 / 15 / 2015							
11 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description		
			<input type="checkbox"/> General	<input type="checkbox"/> Special				
			3 / 01 / 2016					
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)				
	[Signature]			Justice of the Peace Precinct 3 Place 2				

GO TO PAGE 2

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Arnaldo Corpus</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ <i>2,000.00</i>
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>N/A</i>
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ <i>N/A</i>
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$ <i>N/A</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ <i>1,550.32</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>N/A</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$ <i>N/A</i>
8. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>N/A</i>
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>N/A</i>
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>N/A</i>
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>N/A</i>

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME

Arnaldo Corpis

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ *N/A*

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

\$ *2,000.00*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *1,550.32*

CONTRIBUTION
BALANCE

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

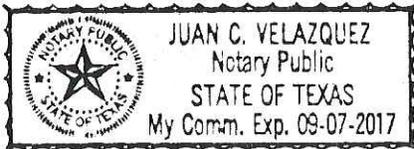
\$ *2,000.00*

OUTSTANDING
LOAN TOTALS

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

\$ *N/A*

18 AFFIDAVIT



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

Arnaldo Corpis

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Arnaldo Corpis*, this the *15th* day of *July*, 20 *15*, to certify which, witness my hand and seal of office.

Juan C. Velazquez
Signature of officer administering oath

Juan C. Velazquez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME ARVALDO CORPUS		3 Filer ID (Ethics Commission Filers)
4 Date 06/05/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DAVID SANTOS	7 Amount of contribution (\$) \$ 1,000.00
6 Contributor address; City; State; Zip Code 2200 N. CONWAY MISSION, TX 78572		
8 Contributor's principal occupation BUSINESS OWNER		9 Contributor's job title OWNER
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 06/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ PIERRE NEWKIRK	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 3313 N. MCCOLL MCALLEN TX 78504		
Contributor's principal occupation BUSINESS OWNER		Contributor's job title OWNER
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ LAW OFFICE OF JOSE FLORES	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 4420 N. STEWART PALM HURST TX 78573		
Contributor's principal occupation BUSINESS OWNER		Contributor's job title OWNER
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Arnaldo Corpus</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/06/2015</i>	5 Payee name <i>Stripes</i>
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6 Amount (\$) <i>\$ 24.01</i>	7 Payee address; City; State; Zip Code <i>(9134) 123 E. 3 Mile Line Mission, Texas 78574</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Transportation Equip. Related Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought	Office held
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Date <i>6/09/2015</i>	Payee name <i>Stripes (9134)</i>
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Amount (\$) <i>\$ 25.00</i>	Payee address; City; State; Zip Code <i>123 E. 3 Mile Line Mission, TX 78574</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Transportation Equip. Related Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-11-2015</i>	Payee name <i>Walmart</i>
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Amount (\$) <i>\$ 64.95</i>	Payee address; City; State; Zip Code <i>215 E Mile 3 Rd. Palmhurst, TX 78573</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Arnaldo Corpus</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6-18-2015</i>		5 Payee name <i>Walmart</i>			
6 Amount (\$) <i>\$17.14</i>		7 Payee address; City; State; Zip Code <i>215 E. Mile 3 Rd. Palmhurst, TX 78573</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>N/A</i>		Office sought Office held	
Date <i>6-15-2015</i>		Payee name <i>Bob Starks Beef</i>			
Amount (\$) <i>\$73.86</i>		Payee address; City; State; Zip Code <i>2301 E. Griffin Pkwy Ste. C. Mission, TX 78572</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>N/A</i>		Office sought Office held	
Date <i>6-15-2015</i>		Payee name <i>Corner Store (1522)</i>			
Amount (\$) <i>\$40.00</i>		Payee address; City; State; Zip Code <i>2004 E. Griffin Parkway Mission, TX 78572</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Transportation Equip. Related Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Arnaldo Corpus</i>		Office sought <i>Justice of the Pt 3 P. 2</i> Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Consulting Expense
Contributions/Donations Made By
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Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Arnaldo Corpus</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6-15-2015</i>		5 Payee name <i>Stripes</i>			
6 Amount (\$) <i>\$50.00</i>		7 Payee address; City; State; Zip Code <i>2107 Hwy 83 W. Mission, TX 78574</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Transportation Equip. Related Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>N/A</i>		Office sought Office held	
Date <i>6-16-2015</i>		Payee name <i>Imprenta Minerva</i>			
Amount (\$) <i>\$600.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>N/A</i>		Office sought Office held	
Date <i>6-16-2015</i>		Payee name <i>Don Ferruggo Rest.</i>			
Amount (\$) <i>\$100.00</i>		Payee address; City; State; Zip Code <i>TOM Gil Rd. Penitas, Texas 78572</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food / Beverage Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Arnaldo Corpus</i>		Office sought Office held <i>Justice of the Peace Pct 3 Pl. 2</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Arnaldo Corpus</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6-17-2015</i>		5 Payee name <i>C.P. Printers</i>			
6 Amount (\$) <i>\$200.00</i>		7 Payee address; City; State; Zip Code <i>1211 Redwood Avenue 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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <i>N/A</i>		Office sought		Office held
Date <i>6-23-2015</i>	Payee name <i>H.E.B Gas-Car Wash</i>				
Amount (\$) <i>\$26.00</i>	Payee address; City; State; Zip Code <i>Mission, TX 78572</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Transportation Related Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <i>N/A</i>		Office sought		Office held
Date <i>6-24-2015</i>	Payee name <i>C.P. Printers</i>				
Amount (\$) <i>\$282.17</i>	Payee address; City; State; Zip Code <i>1211 Redwood Avenue McAllen, TX 78501</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <i>Arnaldo Corpus Justice of the Peace Dist 3 Pl. 2</i>		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

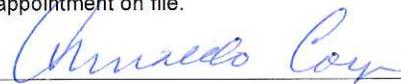
1 C/OH NAME

Arnaldo Corpus

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder