

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME
ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)

15 ACCOUNT # (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

**17 CONTRIBUTION
TOTALS**

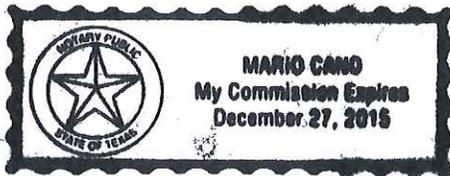
1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 115,470.00
3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
4.	TOTAL POLITICAL EXPENDITURES	\$ 91,876.57
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 382,661.96
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 104,000.00

EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

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.

AC Cuellar Jr

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ARTURO C. CUELLAR, JR., this the 10TH day of JULY, 20 15, to certify which, witness my hand and seal of office.

Mario Cano

Signature of officer administering oath

Mario Cano

Printed name of officer administering oath

Notary Public STATE OF TEXAS

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 OF 15	
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/3/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 6 Contributor address; City; State; Zip Code PO BOX 17428, AUSTIN, TX 78760	7 Amount of contribution (\$) 1500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions) SELF	
Date 12/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANA L. CANALES Contributor address; City; State; Zip Code 336 ROYAL ST., EDINBURG, TEXAS 78539	Amount of contribution (\$) 120.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LINEBARGER GOGGAN BLAIR & SAMPSON, LLP	
Date 12/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN G. PHILLIPS Contributor address; City; State; Zip Code PO VOX 5848, MCALLEN, TEXAS 78502	Amount of contribution (\$) 1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) LAND DEVELOPER- OWNER		Employer (See Instructions) SELF	
Date 02/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W.C. ROSS Contributor address; City; State; Zip Code PO BOX 717, MERCEDES, TEXAS 78570	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF- ROSS GIN	
Date 1/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAZAR INSURANCE GROUP Contributor address; City; State; Zip Code 611 E. LOOP 499, HARLINGEN, TEXAS 78550	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) SELF	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 OF 15	
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENNETTE SERVICING LLC	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 365, LA BLANCA TEXAS 78558		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORI RHODES	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1020 ALLEN VIEW DR. NEW BRAUNFELS, TEXAS 78132		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESSWOMAN		Employer (See Instructions) SELF	
Date 02/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT PENA JR., DBA TEXAS ENERGY DEVELOPMENT	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 1847 EDINBURG, TEXAS 78540		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions) SELF	
Date 02/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAUL A. BALDERAS	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 1896, EDINBURG, TX. 78540		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAUL PALMA	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 705 DAWSON DR., EDINBURG TX. 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) MILLENNIUM MEG	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 OF 15	
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/16/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PROGRESO INTERNATIONAL BRIDGE	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 130, PROGRESO, TEXAS 78579		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BOBBY SPARKS	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13230 MILE 2 1/2 E., MERCEDES, TEXAS 78570		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESSWOMAN		Employer (See Instructions) SELF	
Date 02/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CRAIG F. STONG	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15920 REYES RDG., HELOTES TEXAS 78023		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) TEDSI	
Date 02/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: QUALITY READY MIX	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 10100, CORPUS CHRISTI, TX. 78460		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/24/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SAUL ORTEGA	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3710 KISKADEE TRAIL, EDINBURG TX. 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) TEXAS NATIONAL BANK	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 OF 15	
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JONES GALLIGAN KEY & LOZANO, LLP 6 Contributor address; City; State; Zip Code PO DRAWER 1247, WESLACO, TEXAS 78599	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ATTORNEY AT LAW		10 Employer (See Instructions) SELF	
Date 02/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ERO INTERNATIONAL, LLP S Contributor address; City; State; Zip Code 300 S. 8TH STREET, MCALLEN TEXAS 78501	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) SELF	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) L. KEITH FOX / BRUNI B. FOX Contributor address; City; State; Zip Code PO BOX 2288, MCALLEN TEXAS 78501	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF	
Date 02/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MONICA I VALDEZ GARZA Contributor address; City; State; Zip Code 1419 DOVE AVE., STE. 1 MCALLEN TX 78504	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions) LEONEL GARZA & ASSO.	
Date 02/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAVIER HINOJOSA Contributor address; City; State; Zip Code 1308 ENCANTO BLVD, MISSION TEXAS 78574	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SELF	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 OF 15

2 FILER NAME
ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)

3 ACCOUNT # (Ethics Commission Filers)

4 Date
01/31/2015

5 Full name of contributor out-of-state PAC (ID#: _____)

MEMORIAL FUNERAL HOME

6 Contributor address; City; State; Zip Code

311 E. EXPRESSWAY 83, SAN JUAN, TX 78589

7 Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
OWNER

10 Employer (See Instructions)
MEMORIAL FUNERAL HOME

Date
01/31/2015

Full name of contributor out-of-state PAC (ID#: _____)

MEMORIAL FUNERAL HOME

Contributor address; City; State; Zip Code

PO BOX 1517, EDINBURG, TX 78540

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
OWNER

Employer (See Instructions)
MEMORIAL FUNERAL HOME

Date
03/03/2015

Full name of contributor out-of-state PAC (ID#: _____)

PALACIOS GARZA & THOMPSON, PC

Contributor address; City; State; Zip Code

2724 W. CANTON RD., EDINBURG, TX 78539

Amount of contribution (\$)

2500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
PALACIOS GARZA & THOMPSON, PC

Date
02/27/2015

Full name of contributor out-of-state PAC (ID#: _____)

RENE GUERRA DBA RENE GUERRA & SON HAULING

Contributor address; City; State; Zip Code

PO BOX 250, EDCOUCH, TX 78538

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
OWNER

Employer (See Instructions)
RENE GUERRA & SONS HAULING

Date
02/11/2015

Full name of contributor out-of-state PAC (ID#: _____)

RABA-KISTNER PAC

Contributor address; City; State; Zip Code

PO BOX 690287, SAN ANTONIO, TX 78269

Amount of contribution (\$)

5000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
PAC

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6 OF 15	
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/03/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA LONG INVESTMENTS, LLC	7 Amount of contribution (\$) 1250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1402 WOODLAND DR., WESLACO, TX 78596		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PRESIDENT		10 Employer (See Instructions) OWNER	
Date 02/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & SAMPSON LLP	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 17428, AUSTIN, TX 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LINEBARGER GOGGAN BLAIR & SAMPSON LLP	
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEX BARRERA	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2825 TUSCARORA DR. CORPUS CHRISTI, TX 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) TEXAS LEHIGH	
Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIGUEL CHANIN	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2201 E. AUGUSTA SQ. MCALLEN, TX 78503		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SELF	
Date 03/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KYLE D. RUPPERT / KACEY R. RUPPERT	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5205 N. 8TH ST., MCALLEN, TX 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) LAND DEVELOPER		Employer (See Instructions) SELF	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
7 OF 15

2 FILER NAME **ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)** 3 ACCOUNT # (Ethics Commission filers)

4 Date 02/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATHARINE RUPPERT HELGESON	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1419 MARIGOLD AVE., MCALLEN TEXAS 78501	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **BUSINESSWOMAN** 10 Employer (See Instructions)
SELF

Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT J. SALINAS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 419 N. 12TH ST., DONNA TEXAS 78537	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **ATTORNEY** Employer (See Instructions)
SELF

Date 02/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILBERT ENRIQUEZ	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code PO BOX 2999, EDINBURG TEXAS 78540	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **CONTRACTOR** Employer (See Instructions)
SELF E-CON

Date 03/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNDY & ANDY RAMOS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 304 LARK AVE., MCALLEN TEXAS 78504	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **SALES** Employer (See Instructions)
DOGGETT.

Date 02/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESUS SALINAS/LESVIA (LEBBY) A. SALINAS	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1201 E. EXPRESSWAY 83, MISSION TX. 78572	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **BUSINESSMAN** Employer (See Instructions)
TEDES

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8 OF 15

2 FILER NAME

ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/01/2015

5 Full name of contributor out-of-state PAC (ID#: _____)

MARK W. LUPHER

6 Contributor address; City; State; Zip Code

17406 MASONRIDGE DR.
HOUSTON, TX 77095

7 Amount of contribution (\$)

5000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ENGINEER

10 Employer (See Instructions)

TEDSI

Date

03/05/2015

Full name of contributor out-of-state PAC (ID#: _____)

LOUIS H. JONES JR.

Contributor address; City; State; Zip Code

3100 W. ALABAMA ST.
HOUSTON, TX 77098

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

Date

02/26/2015

Full name of contributor out-of-state PAC (ID#: _____)

DEREN LI

Contributor address; City; State; Zip Code

7619 WELLFORD TRL.
SUGAR LAND, TX 77479

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

CSE

Date

04/02/2015

Full name of contributor out-of-state PAC (ID#: _____)

GUMECINDO YBARRA

Contributor address; City; State; Zip Code

2811 E. MILE 9 1/2 N.
DONNA, TX 78537

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

DOS LOGISTICS

Date

02/24/2015

Full name of contributor out-of-state PAC (ID#: _____)

WENDY L. SMITH

Contributor address; City; State; Zip Code

6912 N. CYNTHIA, MCALLEN, TX 78504

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

PERFORMANCE SOLUTIONS MANAGEMENT CONSULTING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9 OF 15	
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/23/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIN-CHOW HEW	7 Amount of contribution (\$) 1500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 613 CONTADORA, SAN ANTONIO, TX 78258		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) BUSINESSMAN		10 Employer (See Instructions) SELF	
Date 02/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALFF ASSOCIATES - STATE PAC	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 N. BOWSER RD., RICHARDSON, TX 75081		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)	
Date 02/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSUE E. REYES	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 913 ANTHONY ST., WESLACO TEXAS 78596		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PROJECT MANAGER		Employer (See Instructions) SKANSKA USA	
Date 02/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S&B PAC	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 266245, HOUSTON TX 77207		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)	
Date 03/07/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL A. GUZMAN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 896, EDCOUCH TEXAS 78538		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ROW AGENT		Employer (See Instructions) COUNTY OF HIDALGO	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10 OF 15	
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/11/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS A. STAUDT	7 Amount of contribution (\$) 1500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code 7525 FM 723 RD., RICHARDSON TX 77406		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ENGINEER		10 Employer (See Instructions) LANDTECH	
Date 03/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISRAEL ROCHA JR.	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code PO BOX 1410, ELSA TX 78543		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) DHR	
Date 03/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOUTHERN TRENCHES SOLUTIONS LLC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 1200 W. EXPRESSWAY 83, LA FERIA TX 78559		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF	
Date 03/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'HANLON MCCOLLOM & DEMERATH PC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 808 WEST AVE., AUSTIN TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL TREVINO JR.	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code DONNA, TEXAS 78537		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11 OF 15

2 FILER NAME
ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)

3 ACCOUNT # (Ethics Commission Filers)

4 Date
03/05/2015

5 Full name of contributor out-of-state PAC (ID#: _____)

SELVINO PADILLA
6 Contributor address; City; State; Zip Code

**2001 W. NOLANA AVE.
MCALLEN, TX 78504**

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
ATTORNEY AT LAW

10 Employer (See Instructions)
SELF

Date
03/06/2015

Full name of contributor out-of-state PAC (ID#: _____)

BICKERSTAFF HEATH DELGADO ACOSTA LLP
Contributor address; City; State; Zip Code

**3711 S. MOPAC EXPY BLDG. ONE STE 300
AUSTIN, TX 78746**

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
SELF

Date
03/09/2015

Full name of contributor out-of-state PAC (ID#: _____)

THE LUCIO III GROUP PLLC.
Contributor address; City; State; Zip Code

**1805 RUBEN TORRES BLVD., STE B-27
BROWNSVILLE, TX 78521**

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
SELF

Date
03/07/2015

Full name of contributor out-of-state PAC (ID#: _____)

EUGENE PALACIOS/ ERIN E. PALACIOS
Contributor address; City; State; Zip Code

**7404 N. 17TH ST.
MCALLEN, TX 78504**

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
ENGINEER

Employer (See Instructions)
LNV ENGINEERING

Date
03/11/2015

Full name of contributor out-of-state PAC (ID#: _____)

GENE GUERRA
Contributor address; City; State; Zip Code

**PO BOX 129
ELSA, TX 78543**

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
OWNER

Employer (See Instructions)
SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12 OF 15	
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAULA LOPEZ	7 Amount of contribution (\$) 1500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 202 W. MILE 10 RD. NORTH, WESLACO TX 78596		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) OWNER		10 Employer (See Instructions) ALL VALLEY WASTE	
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON R. EBERLE	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 1028, DONNA TEXAS 78537		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) EBERLE MATERIALS, INC.	
Date 03/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS CORDIA CONST. LLC	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3419 A CENTER POINTE DR., EDINBURG, TEXAS 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) SELF	
Date 03/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BORDER HEALTH PAC	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 612 W. NOLANA, ST. 340, MCALLEN TX. 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)	
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMON GARCIA CAMPAIGN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 222 W. UNIVERSITY DR., EDINBURG, TX 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) HIDALGO COUNTY JUDGE		Employer (See Instructions) COUNTY OF HIDALGO	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A: **13 OF 15**

2 FILER NAME **ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)** **3** ACCOUNT # (Ethics Commission filers)

4 Date 03/16/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMERO JASSO JR.	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1704 S. SUGAR RD., EDINBURG TEXAS 78539		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **BUSINESSMAN** **10** Employer (See Instructions) **SELF**

Date 03/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATLAS HALL & RODRIGUEZ, LLP	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO DRAWER 3725, MCALLEN TX 78502		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **ATTORNEY** Employer (See Instructions) **ATLAS HALL & RODRIGUEZ, LLP**

Date 03/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REPUBLIC SERVICES/EMPLOYEES BETTER GOVERNMENT PAC	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18500 NORTH ALLIED WAY PHOENIX, AZ 85054		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **WASTE COLLECTION PAC** Employer (See Instructions)

Date 03/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TU VIDA MEDICAL TRANSPORT	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 2922 EDINBURG TEXAS 78540		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT GARZA	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1402 WOODLAND DR., WESLACO TX 78596		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **BUSINESSMAN** Employer (See Instructions) **GARZA LONG INVESTMENTS**

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 14 OF 15	
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/23/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WESLEY RICHARD LEFEVRE	7 Amount of contribution (\$) 5000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3908 YELLOWHAMMER AVE. MCALLEN, TEXAS 78504		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) BUSINESSMAN-OWNER		10 Employer (See Instructions) LEMC	
Date 06/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WELLWORKS SCREENINGS	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3501 MORELAND DR. WESLACO, TEXAS 78596		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MELECIA FUENTES / JAMES MOORE	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code WESLACO, TEXAS 78596		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DOCTOR		Employer (See Instructions) SELF	
Date 06/20/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JACOB C. FULLER	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 617 N. MCCOLL RD. MCALLEN TEXAS 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CARLOS M ZAFFIRINI JR.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 W. 15TH ST. AUSTIN, TEXAS 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A:
14 OF 15

2 FILER NAME
ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.) **3** ACCOUNT # (Ethics Commission filers)

4 Date 04/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANA G. CANALES	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) 2000.00 URBAN COUNTY RECEPTION
6 Contributor address; City; State; Zip Code 336 ROYAL STREET, EDINBURG TX 78539		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)
ATTORNEY **10** Employer (See Instructions)
LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1 OF 2

2 FILER NAME

ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)

3 ACCOUNT # (Ethics Commission Filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

12/08/2011

7 Name of lender out-of-state PAC (ID#: _____)

WESLEY RICHARD LEFEVRE

9 Loan Amount (\$)

25,000.00

6 Is lender
a financial
institution?

Y N XXX

8 Lender address; City; State; Zip Code3908 YELLOWHAMMER AVE.
MCALLEN, TEXAS 78504**10** Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

ENGINEER

13 Employer (See Instructions)

SELF

14 Description of Collateral none**15** Check if personal funds were deposited into political account**16** GUARANTOR
INFORMATION not applicable**17** Name of guarantor**18** Guarantor address; City; State; Zip Code**19** Amount Guaranteed (\$)**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

04/20/2012

Name of lender

 out-of-state PAC (ID#: _____)

A.C. CUELLAR, JR.

Loan Amount (\$)

50,000.00

Is lender
a financial
institution?

Y N XXX

Lender address; City; State; Zip Code

231 LION LAKE DR. SOUTH
PROGRESO LAKES, TEXAS 78596

Interest rate

N/A

Maturity date

N/A

Principal occupation / Job title (See Instructions)

BUSINESSMAN

Employer (See Instructions)

SELF

Description of Collateral

 none

Check if personal funds were deposited into political account

GUARANTOR
INFORMATION not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 OF 2

2 FILER NAME

ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

05/28/2012

7 Name of lender

A.C. CUELLAR, JR.

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

29,000.00

6 Is lender a financial institution?

Y N **XXX**

8 Lender address; City; State; Zip Code

231 LION LAKE DR. SOUTH
PROGRESO LAKES, TEXAS 78596

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

BUSINESSMAN

13 Employer (See Instructions)

SELF

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/09/2015	5 Payee name PLAINS CAPITAL BANK	
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code PO BOX 271, LUBBOCK, TX 79408	
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) MONTHLY BANK FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/12/2015	Payee name IMAGE HOUSE MEDIA	
Amount (\$) 5000.00	Payee address; City; State; Zip Code 300 S. 8TH STREET, MCALLEN, TX 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (if travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/12/2015	Payee name MIGUEL CARRERA	
Amount (\$) 5000.00	Payee address; City; State; Zip Code 135 PASEO DEL PRADO, EDINBURG, TX 78542	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (if travel outside of Texas, complete Schedule T) POLITICAL CAMPAIGN CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/14/2015	Payee name LA VERDAD	
Amount (\$) 250.00	Payee address; City; State; Zip Code 306 S. PALM AVE., MERCEDES, TX 78570	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (if travel outside of Texas, complete Schedule T) 1/2 PAGE CHRISTMAS AD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/13/2015	5 Payee name COPY-RITE	
6 Amount (\$) 631.10	7 Payee address; City; State; Zip Code 120 S. WESTGATE DR., WESLACO, TX 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) PRINTED BANNERS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/15/2015	Payee name PABLO RAMIREZ MARTINEZ	
Amount (\$) 100.00	Payee address; City; State; Zip Code PO BOX 1328, WESLACO, TEXAS 78596	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/19/2015	Payee name DONNA HOOKS FLETCHER HISTORICAL MUSEUM	
Amount (\$) 100.00	Payee address; City; State; Zip Code PO BOX 716, DONNA, TEXAS 78537	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T) 2015 MUSEUM SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/21/2015	Payee name RIO BANK	
Amount (\$) 2.96	Payee address; City; State; Zip Code PO BOX 4169, MCALLEN, TEXAS 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description (If travel outside of Texas, complete Schedule T) MONTHLY BANKING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/21/2015	5 Payee name LA VILLA ISD	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code PO BOX 9, LA VILLA, TEXAS 78562	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/28/2015	Payee name MERCEDES TIGER BAND	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1200 SOUTH FLORIDA, MERCEDES, TEXAS 78570	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/28/2015	Payee name JF KENNEDY SCHOOL	
Amount (\$)	Payee address; City; State; Zip Code 801 HIDALGO ST., MERCEDES, TEXAS 78570	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/29/2015	Payee name OFELIA RODRIGUEZ	
Amount (\$) 319.32	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) GIFT/ AWARD EXPENSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/10/2015	5 Payee name LBJ ELEMENTARY	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code PO BOX 127, EDCOUCH, TEXAS 78538	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T) VALENTINE'S DAY EVENT SPONSOR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/13/2015	Payee name PLAINS CAPITAL BANK	
Amount (\$) 5.00	Payee address; City; State; Zip Code PO BOX 271, LUBBOCK, TEXAS 79408	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description (If travel outside of Texas, complete Schedule T) MONTHLY BANKING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/13/2015	Payee name CITY OF DONNA	
Amount (\$) 300.00	Payee address; City; State; Zip Code 307 SOUTH 12TH, DONNA, TEXAS 78537	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T) EVENT SPONSOR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/13/2015	Payee name COPY-RITE	
Amount (\$) 5000.00	Payee address; City; State; Zip Code 120 S. WESTGATE DR., WESLACO, TEXAS 78596	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/13/2015	5 Payee name SMOKIN' ON THE RIO	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code PO BOX 616, PROGRESO, TEXAS 78579	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T) EVENT SPONSOR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/18/2015	Payee name RIO BANK	
Amount (\$) 2.96	Payee address; City; State; Zip Code PO BOX 4169, MCALLEN, TEXAS 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description (If travel outside of Texas, complete Schedule T) MONTHLY BANKING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/18/2015	Payee name GOT GAME	
Amount (\$) 125.00	Payee address; City; State; Zip Code PO BOX 127, EDCOUCH, TEXAS 78538	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T) TSHIRT SPONSOR FOR LBJ SCHOOL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/19/2015	Payee name PATRICIA LOZANO	
Amount (\$) 200.00	Payee address; City; State; Zip Code 5804 TOUCAN AVE., MISSION, TEXAS 78573	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 02/23/2015	5 Payee name RAINBOW ROOM
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 1919 AUSTIN AVE., MCALLEN, TEXAS 78501
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/18/2015	Payee name RIO BANK
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Amount (\$) 2.96	Payee address; City; State; Zip Code PO BOX 4169, MCALLEN, TEXAS 78502
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description (If travel outside of Texas, complete Schedule T) MONTHLY BANKING FEE
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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 03/12/2015	Payee name PLAINS CAPITAL BANK Text
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Amount (\$) 5.00	Payee address; City; State; Zip Code PO BOX 271, LUBBOCK, TEXAS 79408
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description (If travel outside of Texas, complete Schedule T) RETURN CHECK/ REDEPOSIT FEE
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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 03/13/2015	Payee name PLAINS CAPITAL BANK
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Amount (\$) 5.00	Payee address; City; State; Zip Code PO BOX 271, LUBBOCK, TEXAS 79408
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description (If travel outside of Texas, complete Schedule T) MONTHLY BANKING FEE
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/04/2015	5 Payee name NATASHIA MATA	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1110 W. 5TH STREET, WESLACO, TEXAS 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T) FFA COVERGIRL SPONSORSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/06/2015	Payee name DAVID RODRIGUEZ	
Amount (\$) 608.45	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) GIFT/ AWARD & EVENT EXPENSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/06/2015	Payee name SOUTH TEXAS POSSE	
Amount (\$) 400.00	Payee address; City; State; Zip Code 219 W. ANDERSON RD., DONNA, TEXAS 78537	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/09/2015	Payee name A.C. CUELLAR, III	
Amount (\$) 683.60	Payee address; City; State; Zip Code 141 LION LAKE DR. SOUTH, PROGRESO LAKES, TEXAS 78596	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) EVENT EXPENSE- GOLF TOURN.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/09/2015	5 Payee name A.C. CUELLAR, JR.	
6 Amount (\$) 8286.45	7 Payee address; City; State; Zip Code 231 LION LAKE DR. SOUTH, PROGRESO LAKES, TEXAS 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) REIMBURSEMENT	(b) Description (If travel outside of Texas, complete Schedule T) EVENT EXPENSE - SEE SCHEDULE G
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/09/2015	Payee name THE MONITOR	
Amount (\$) 430.00	Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TEXAS 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) RGV LIVESTOCK SHOW 1/4 PAGE AD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/12/2015	Payee name A.C. CUELLAR, III / T-SHIRT FEVER	
Amount (\$) 2922.75	Payee address; City; State; Zip Code 141 LION LAKE DR. SOUTH, PROGRESO LAKES, TEXAS 78596	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) GOLF TOURN. ADDIDAS SHIRTS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/13/2015	Payee name JOHANNA VALLEJO	
Amount (\$) 50.00	Payee address; City; State; Zip Code 1430 ANGUS ST., MERCEDES, TEXAS 78570	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T) BASEBALL SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/13/2015	5 Payee name DONNA LIONS CLUB	
6 Amount (\$) 475.00	7 Payee address; City; State; Zip Code PO BOX 562, DONNA, TEXAS 78537	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T) GOLF SPONSORSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/13/2015	Payee name SENDA VIDA CHURCH	
Amount (\$) 50.00	Payee address; City; State; Zip Code 4512 ADARE ST., MERCEDES, TEXAS 78570	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T) CHURCH FUNDRAISER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/13/2015	Payee name CLUB BOXING	
Amount (\$) 50.00	Payee address; City; State; Zip Code PO BOX 1627, ELSA, TEXAS 78543	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T) EQUIPMENT SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/13/2015	Payee name EEISD	
Amount (\$) 25.00	Payee address; City; State; Zip Code PO BOX 127, EDCOUCH, TEXAS 78538	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T) ART SPONSOR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10 OF 23		2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/13/2013		5 Payee name MGM PRINTING			
6 Amount (\$) 400.00		7 Payee address; City; State; Zip Code 1200 E. HACKBERRY AVE., MCALLEN, TEXAS 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/19/2015		Payee name WESLACO SOFTBALL BASEBALL			
Amount (\$) 150.00		Payee address; City; State; Zip Code PO BOX 1350, WESLACO, TEXAS 78599			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description (If travel outside of Texas, complete Schedule T) TEAM SPONSOR-BLACKCATS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/19/2015		Payee name QUEEN CITY 4-H CLUB			
Amount (\$) 200.00		Payee address; City; State; Zip Code PO BOX 1482, ELSA, TEXAS 78543			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/23/2015		Payee name THE MONITOR			
Amount (\$) 250.00		Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TEXAS 78502			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) 1000 DISPLAY EASTER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/24/2015	5 Payee name JOE FLORES CAMPAIGN	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/26/2015	Payee name RITA'S DANCE STUDIO	
Amount (\$) 130.00	Payee address; City; State; Zip Code 208 S. BORDER AVE., WESLACO, TEXAS 78596	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T) GIANNA GIVILANCZ AD SPONSOR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/27/2015	Payee name LUANA NIETO	
Amount (\$) 108.19	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) LA VILLA EASTER HUNT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/15/2015	Payee name RIO BANK	
Amount (\$) 2.96	Payee address; City; State; Zip Code PO BOX 4169, MCALLEN, TEXAS 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description (If travel outside of Texas, complete Schedule T) MONTHLY BANKING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 12 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/10/2015	5 Payee name PLAINS CAPITAL BANK	
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code PO BOX 271, LUBBOCK, TEXAS 79408	
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) MONTHLY BANKING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/06/2015	Payee name THE MONITOR	
Amount (\$) 150.00	Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TEXAS 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) DELTA AREA MID TERM / FLYERS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/08/2015	Payee name MERCEDES ISD	
Amount (\$) 400.00	Payee address; City; State; Zip Code 206 EAST 6TH STREET, MERCEDES, TEXAS 78570	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/08/2015	Payee name NINFA REYES	
Amount (\$) 606.00	Payee address; City; State; Zip Code 21315 MILE 4 W, EDCOUCH, TEXAS 78538	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T) SHIRT SPONSOR- LADY CARDINALS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/09/2015	5 Payee name SOUTH TEXAS CHRISTIAN ACADEMY	
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 7001 NORTH WARE RD., MCALLEN, TEXAS 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/09/2015	Payee name HECTOR J. HERNANDEZ	
Amount (\$) 338.40	Payee address; City; State; Zip Code 905 W. 7TH STREET, WESLACO, TEXAS 78596	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) 72- CAMPAIGN SHIRTS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/14/2015	Payee name IMAGE HOUSE MEDIA	
Amount (\$) 5000.00	Payee address; City; State; Zip Code 300 S. 8TH STREET, MCALLEN, TX 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/14/2015	Payee name MIGUEL CARRERA	
Amount (\$) 5000.00	Payee address; City; State; Zip Code 135 PASEO DEL PRADO, EDINBURG, TEXAS 78542	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLITICAL CAMPAIGN CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 14 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/14/2015	5 Payee name CHARLIE'S MEAT MARKET	
6 Amount (\$) 193.20	7 Payee address; City; State; Zip Code 211 W. EDINBURG AVE., ELSA, TEXAS 78543	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T) SPONSOR MEAT FOR EVENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/15/2015	Payee name LA VERDAD	
Amount (\$) 400.00	Payee address; City; State; Zip Code 306 S. PALM AVE., MERCEDES, TEXAS 78570	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MOTHER'S DAY AD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/20/2015	Payee name EEISD	
Amount (\$) 250.00	Payee address; City; State; Zip Code PO BOX 127, ELSA, TEXAS 78543	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/20/2015	Payee name WESLACO SOFTBALL BASEBALL	
Amount (\$) 125.00	Payee address; City; State; Zip Code PO BOX 1350, WESLACO, TEXAS 78599	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 15 OF 23		2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/23/2015		5 Payee name BETO'S SCREEN PRINTING			
6 Amount (\$) 1500.00		7 Payee address; City; State; Zip Code 110 W. 4TH ST., SAN JUAN, TEXAS 78589			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		(b) Description (If travel outside of Texas, complete Schedule T) TRINO MEDINA CAMPAIGN	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/24/2015		Payee name LULAC			
Amount (\$) 300.00		Payee address; City; State; Zip Code 800 W. 7TH ST., WESLACO, TEXAS 78596			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) TEACHER OF THE YEAR AD	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/29/2015		Payee name NAIL TECH DEPT.			
Amount (\$) 50.00		Payee address; City; State; Zip Code 107 N. MILE 4 W, EDCOUCH, TEXAS 78538			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/29/2015		Payee name RODNEY GARZA			
Amount (\$) 80.00		Payee address; City; State; Zip Code 506 W. BUSINESS 83, SAN JUAN, TEXAS 78589			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description (If travel outside of Texas, complete Schedule T) SAN JUAN COOKOFF SPONSOR	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 16 OF 23		2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/08/2015		5 Payee name PLAINS CAPITAL BANK			
6 Amount (\$) 5.00		7 Payee address; City; State; Zip Code PO BOX 271, LUBBOCK, TEXAS 79408			
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) MONTHLY BANKING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/20/2015		Payee name RIO BANK			
Amount (\$) 2.96		Payee address; City; State; Zip Code PO BOX 4169, MCALLEN, TEXAS 78502			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ACCOUNTING/ BANKING		Description (If travel outside of Texas, complete Schedule T) MONTHLY BANKING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/06/2015		Payee name CRISTIAN ZAVALA			
Amount (\$) 100.00		Payee address; City; State; Zip Code 223 AMBER DR., WESLACO, TEXAS 78596			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/06/2015		Payee name CHARLIE'S MEAT MARKET			
Amount (\$) 108.30		Payee address; City; State; Zip Code 211 W. EDINBURG AVE., ELSA, TEXAS 78543			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description (If travel outside of Texas, complete Schedule T) RODRIGUEZ FUNERAL	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/07/2015	5 Payee name MID VALLEY TOWN CRIER
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6 Amount (\$) 220.00	7 Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TEXAS 78502
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) MEMORIAL DAY SALUTE BANNER
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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 05/07/2015	Payee name WESLACO EAST HIGH SCHOOL
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Amount (\$) 50.00	Payee address; City; State; Zip Code 810 S. PLEASANTVIEW DR., WESLACO, TEXAS 78596
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T)
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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 05/07/2015	Payee name MID VALLEY TOWN CRIER
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Amount (\$) 350.00	Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TEXAS 78502
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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) MOTHER'S DAY AD
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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 05/18/2015	Payee name PANTERITA PROMOTIONS
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Amount (\$) 3000.00	Payee address; City; State; Zip Code PO BOX 717, WESLACO, TEXAS 78599
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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)
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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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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 18 OF 23		2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/21/2015		5 Payee name WESLACO EAST HIGH SCHOOL			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 810 S. PLEASANTVIEW DR., WESLACO, TEXAS 78596			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		(b) Description (If travel outside of Texas, complete Schedule T) CAMERON VILLARREAL SPONSOR	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 05/21/2015		Payee name KRYSTEL GALLARO			
Amount (\$) 50.00		Payee address; City; State; Zip Code 417 S. WASHINGTON AVE., MERCEDES, TEXAS 78570			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description (If travel outside of Texas, complete Schedule T) ANISSA GALLARDO SPONSOR	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 05/21/2015		Payee name MID VALLEY TOWN CRIER			
Amount (\$) 700.00		Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TEXAS 78502			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) SPECIAL SECTION GRADUATION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 05/27/2015		Payee name THE COMMUNITY DELTA PRESS			
Amount (\$) 550.00		Payee address; City; State; Zip Code PO BOX 1811, ELSA, TEXAS 78538			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) 1/2 PAGE GRADUATION AD	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 19 OF 23		2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/27/2015		5 Payee name A.C. CUELLAR, III			
6 Amount (\$) 1636.84		7 Payee address; City; State; Zip Code 141 LION LAKE DR. SOUTH, PROGRESO LAKES, TEXAS 78596			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) REIMBURSEMENT		(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SHIRTS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/29/2015		Payee name INXS			
Amount (\$) 1150.16		Payee address; City; State; Zip Code 821 N. 10TH STREET, MCALLEN, TEXAS 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) SCREEN PRINT OF CAMPAIGN TEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/29/2015		Payee name A.C. CUELLAR, III			
Amount (\$) 1923.49		Payee address; City; State; Zip Code 141 LION LAKE DR. SOUTH, PROGRESO LAKES, TEXAS 78596			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) REIMBURSEMENT		Description (If travel outside of Texas, complete Schedule T) TEES TO BE SENT TO INXS FOR PRINT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/03/2015		Payee name LA VILLA FIRE LADIES AUXILIRARIES			
Amount (\$) 50.00		Payee address; City; State; Zip Code PO BOX 734, EDCOUCH, TEXAS 78538			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 20 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 06/03/2015	5 Payee name AMERICAN LEGION POST 172	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 1013 S. GARZA ST., MERCEDES, TEXAS 78570	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/03/2015	Payee name CHARLIE'S MEAT MARKET	
Amount (\$) 276.00	Payee address; City; State; Zip Code 211 W. EDINBURG AVE., EDCOUCH, TEXAS 78538	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/10/2015	Payee name A.C. CUELLAR, JR.	
Amount (\$) 3044.12	Payee address; City; State; Zip Code 231 LION LAKE DR. SOUTH, PROGRESO LAKES, TX 78596	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) EVENT EXPENSE- SEE SCHEDULE G
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/10/2015	Payee name MID VALLEY TOWN CRIER	
Amount (\$) 545.00	Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TEXAS 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) HURRICANE AD/ MID VALLEY SUMMER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21 OF 23		2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/11/2015		5 Payee name MARIO GARCIA CAMPAIGN			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code 731 WEST 10TH STREET, MERCEDES, TEXAS 78570			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/11/2015		Payee name AMERICAN LEGION POST 172			
Amount (\$) 50.00		Payee address; City; State; Zip Code 1013 S. GARZA ST., MERCEDES, TEXAS 78570			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/15/2015		Payee name MID VALLEY TOWN CRIER			
Amount (\$) 550.00		Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TEXAS 78502			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) 1/2 PAGE DISPLAY	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/18/2015		Payee name MID VALLEY TOWN CRIER			
Amount (\$) 200.00		Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TEXAS 78502			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) 1/4 PAGE TOP PREMIUM	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials 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 Total pages Schedule F: 22 OF 23		2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/19/2015		5 Payee name SELINA MEDRANO			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 1303 EAST PINE, PHARR, TEXAS 78577			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/23/2015		Payee name CHARLIE'S MEAT MARKET			
Amount (\$) 254.80		Payee address; City; State; Zip Code 211 W. EDINBURG AVE., ELSA, TEXAS 78543			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description (If travel outside of Texas, complete Schedule T) JOSE DE LA CRUZ FUNDRAISER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/24/2015		Payee name MID VALLEY TOWN CRIER			
Amount (\$) 200.00		Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TEXAS 78596			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) 1/4 PAGE TOP PREMIUM	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/25/2015		Payee name INXS			
Amount (\$) 557.64		Payee address; City; State; Zip Code 821 N. 10TH STREET, MCALLEN, TEXAS 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) EMBROIDERY CAPS & SHIRTS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 23 OF 23	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 06/25/2015	5 Payee name RICHARD LEFEVRE	
6 Amount (\$) 25,000.00	7 Payee address; City; State; Zip Code 3908 YELLOWHAMMER AVE., MCALLEN, TEXAS 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) LOAN REPAYMENT	(b) Description (If travel outside of Texas, complete Schedule T) PAYMENT ON \$50,000 LOAN- 1/2 REMAINING BAL. \$25,000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/25/2015	Payee name CATHOLIC WAR VETERANS	
Amount (\$) 300.00	Payee address; City; State; Zip Code 1501 N. INTERNATIONAL BLVD., WESLACO, TEXAS 78596	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) DEPOSIT- VENUE KICK OFF PARTY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/12/2015	Payee name PLAINS CAPITAL BANK	
Amount (\$) 5.00	Payee address; City; State; Zip Code PO BOX 271, LUBBOCK, TEXAS 79408	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description (If travel outside of Texas, complete Schedule T) MONTHLY BANKING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/17/2015	Payee name RIO BANK	
Amount (\$) 2.96	Payee address; City; State; Zip Code PO BOX 4169, MCALLEN, TEXAS 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/ BANKING	Description (If travel outside of Texas, complete Schedule T) MONTHLY BANKING FEE
Complete <u>ONLY</u> 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 FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 03/09/2015	5 Payee name A.C. CUELLAR, JR.
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6 Amount (\$) \$8,286.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 231 LION LAKE DR. SOUTH, PROGRESO LAKES, TEXAS 78596
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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) GOLF TOURNAMENT
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Date 06/10/2015	Payee name A.C. CUELLAR, JR.
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Amount (\$) \$3,044.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 231 LION LAKE DR. SOUTH, PROGRESO LAKES, TEXAS 78596
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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) DONNA CAMPAIGN BREAKFAST
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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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	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received	8 Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)

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

SCHEDULE T

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

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

2 ACCOUNT # (Ethics Commission 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