

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<div style="text-align: center; border: 1px solid black; padding: 2px;"><b>OFFICE USE ONLY</b></div> <div style="border: 1px solid black; padding: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px;">Receipt #</div> <div style="border: 1px solid black; padding: 2px;">Amount \$</div> <div style="border: 1px solid black; padding: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>		
	Mr.	Arturo				
NICKNAME	LAST	SUFFIX	Jr.			
Guajardo						
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	1213 S. Lincoln Street		San Juan,	Texas	78589	
<input type="checkbox"/> Change of Address						
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 956 )	318-2149				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	Mr.	Ray				
NICKNAME	LAST	SUFFIX				
Thomas						
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #:	CITY:	STATE:	ZIP CODE
	4900 North 10th Street, Suite B			McAllen,	Texas	78504
(Residence or Business)						
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 956 )	686-8797				
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10</b> PERIOD COVERED	Month      Day      Year			Month      Day      Year		
	01 / 01 / 15			THROUGH      06 / 30 / 15		
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
			<input type="checkbox"/> General	<input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)					
	Hidalgo County Clerk					
<b>13</b> OFFICE SOUGHT (if known)						

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Arturo Guajardo, Jr. 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

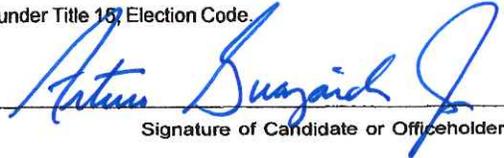
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

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)	\$ 42,600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,516.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 48,504.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 16, Election Code.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arturo Guajardo, Jr., this the 7th day of June, 20 15, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Sandra Solis  
Printed name of officer administering oath

Hidalgo County Deputy Clerk  
Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Arturo Guajardo, Jr.		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 42,600.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 9,516.20
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 1 of 11**2** FILER NAME

Arturo Guajardo, Jr.

**3** Filer ID (Ethics Commission Filers)**4** Date

04/23/15

**5** Full name of contributor

Michael J. McCarthy

 out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)**6** Contributor address;

City; State; Zip Code

3600 N. McColl Rd. Ste. E, McAllen, TX 78501

\$1,000.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

05/05/15

Full name of contributor

H. Lynn Moore

 out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

P.O. Box 797883

Dallas, TX 75379

\$2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/07/15

Full name of contributor

Law Office of Michael G. Cano

 out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1213 E. Pecan Ave.

Pharr, TX 78577

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/07/15

Full name of contributor

Linebarger Goggan Blair &amp; Sampson, LLP

 out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

P.O. Box 17428

Austin, TX 78760

\$2,500.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2 of 11

2 FILER NAME

Arturo Guajardo, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

05/12/15

5 Full name of contributor

Jesus Salinas

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

1201 E. Expressway 83

City; State; Zip Code

Mission, TX 78572-6026

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/12/15

Full name of contributor

Dr. & Mrs. Pablo Tagle, Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

2215 Fern Ave.

City; State; Zip Code

McAllen, TX 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/12/15

Full name of contributor

Cris M. Torres

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

211 Ricmar St.

City; State; Zip Code

Edinburg, TX 78541

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/12/15

Full name of contributor

Manuel Chapa

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

1801 Mozelle St.

City; State; Zip Code

Pharr, TX 78577

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 11**

2 FILER NAME  
**Arturo Guajardo, Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date  
**05/13/05**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Tillmin G. Welch**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**710 El Cibolo Rd. Edinburg, TX 78542**

**\$250.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**05/13/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Carlos J. Cuellar**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**P.O. Box 4521 McAllen, TX 78502**

**\$500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**05/14/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Atlas, Hall & Rodriguez, LLP**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**P.O. Drawer 3725 McAllen, TX 78502-3725**

**\$1,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**05/15/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rene A. Anzaldua**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**P.O. Box 2658 Edinburg, TX 78540**

**\$500.00**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
4 of 11

2 FILER NAME

Arturo Guajardo, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

05/15/15

5 Full name of contributor

Juan E. Cerda, OD

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

317 S. Broadway

City; State; Zip Code

McAllen, TX 78501

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/15/15

Full name of contributor

Armando J. Sandoval

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$2,500.00

Contributor address;

4003 Persimmon Dr.

City; State; Zip Code

Palmhurst, TX 78573-1435

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/18/15

Full name of contributor

Roberto Palacios DBA Roberto Palacios Insurance

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

411 N. Jackson Rd. Ste. A6, Pharr, TX 78577

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/18/15

Full name of contributor

Law Office of Horacio Peña, Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

1926 E. Griffin Parkway Ste. 200, Mission, TX 78572

City; State; Zip Code

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5 of 11

2 FILER NAME

Arturo Guajardo, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

05/18/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Israel Rivas DBA 10% Bail Bonds

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

921 S. Cage Blvd. Ste. B, Pharr, TX 78577

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/19/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Costa Messa Main Place LLC

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1715 N. 11th 1/2 St.

McAllen, TX 78501

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/19/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

TitleRun LLC

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

315 East McIntyre

Edinburg, TX 78541

\$2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/21/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lewis, Monroe & Peña

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3111 W. Freddy Gonzalez Dr., Edinburg, TX 78539

\$200.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
6 of 11

2 FILER NAME

Arturo Guajardo, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

05/21/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Hidalgo County Property Tax Service, LTD

6 Contributor address;

City; State; Zip Code

612 Nolana Ste. 570

McAllen, TX 78504

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/21/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ERO International, LLP

Contributor address;

City; State; Zip Code

300 S. 8th Street

McAllen, TX 78501

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/21/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Double J. Produce

Contributor address;

City; State; Zip Code

P.O. Box 193

San Juan, TX 78589

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/21/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Orlando Lucio

Contributor address;

City; State; Zip Code

302 Jacaranda Street

San Juan, TX 78589

Amount of contribution (\$)

\$500.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7 of 11

2 FILER NAME  
Arturo Guajardo, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date  
05/21/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Pedro R. Diaz

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
1004 West Moore Rd., Pharr, TX 78577

\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
05/21/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kittleman Thomas, PLLC

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
4900 N. 10th St. Ste. B, McAllen, TX 78505

\$1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/22/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sam De La Garza

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
P.O. Box 1127 Pharr, TX 78577

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/22/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mary Lamantia

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
14721 Attoyac Dr. Corpus Christi, TX 78410

\$1,000.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8 of 11</b>
2 FILER NAME <b>Arturo Guajardo, Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/22/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lauren A. Lamantia</b>	7 Amount of contribution (\$)  <b>\$1,500.00</b>
6 Contributor address; City; State; Zip Code <b>119 E. Wisteria McAllen, TX 78504</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>05/26/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A.C. Cuellar, Jr.</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>231 Lion Lake Drive S, Progreso Lakes, TX 78596</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/26/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alberto Treviño</b>	Amount of contribution (\$)  <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>819 N. Veterans Blvd. Pharr, TX 78577-4307</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/26/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Border Health PAC</b>	Amount of contribution (\$)  <b>\$5,000.00</b>
Contributor address; City; State; Zip Code <b>612 W. Nolana Bldg 300 Ste 340, McAllen, TX 78504</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9 of 11**

2 FILER NAME

Arturo Guajardo, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

05/26/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Carlos Juvera

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

1001 West Inspiration Dr., Pharr, TX 78577

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/26/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Grillos Trucking LLC

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

3300 S. 2nd St. Unit 112, McAllen, TX 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/26/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Eloy R. Garcia Company

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

P.O. Box 336 Rio Grande City, TX 78582

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/26/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Fernando Saenz

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

P.O. Box 2412 Elsa, TX 78543

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10 of 11</b>
2 FILER NAME <b>Arturo Guajardo, Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/26/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose Antonio Solis</b> 6 Contributor address; City; State; Zip Code <b>7009 Almeda Rd., Apt.1712 Houston, TX 77054</b>	7 Amount of contribution (\$)  <b>\$1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>05/27/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alfredo L. Regalado</b> Contributor address; City; State; Zip Code <b>P.O. Box 5217 McAllen, TX 78502</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>06/01/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ricardo Perez</b> Contributor address; City; State; Zip Code <b>P.O. Box 4629 McAllen, TX 78502</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>06/01/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A. Balderrama</b> Contributor address; City; State; Zip Code <b>6001 Windham Dr. Amarillo, TX 79109-6551</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11 of 11

2 FILER NAME

Arturo Guajardo, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

06/03/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Wesley Richard Lefevre

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

3908 Yellowhammer Ave. McAllen, TX 78504

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/04/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ismael "Kino" Flores, Jr.

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

13030 N. Trosper Rd. Mission, TX 78573

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/08/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Richard A. Garza

Amount of contribution (\$)

\$2,500.00

Contributor address;

City; State; Zip Code

3910 W. Freddy Gonzalez Dr. Edinburg, TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 2	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date 01/21/15	<b>5</b> Payee name Nancy's Flower Shop
---------------------------	--

<b>6</b> Amount (\$) \$120.00	<b>7</b> Payee address; City; State; Zip Code 700 E. Sam Houston Blvd., Pharr, Texas 78577
----------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)  Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Flowers for constituent.
---	--	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 02/25/15	Payee name American Airlines
------------------	---------------------------------

Amount (\$) \$685.20	Payee address; City; State; Zip Code P.O. Box 619616, Dallas-Fort Worth Int'l Airport, Dallas, Texas 75261-9616
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)  Travel Out Of District	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Flight Cost
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 06/09/15	Payee name PlainsCapital Bank
------------------	----------------------------------

Amount (\$) \$5.00	Payee address; City; State; Zip Code 100 W. Cano Street Edinburg, TX 78539
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)  Other	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Check/Returned Deposited 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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 2	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/09/15	<b>5</b> Payee name PlainsCapital Bank	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 100 W. Cano Street Edinburg, TX 78539	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)  Other	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Check/Return Deposited
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 4 Checks	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> Date 02/26/15	<b>5</b> Payee name Chano Garza - CK #5289
---------------------------	---

<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 3515 Pecan Grove Drive, Weslaco, TX 78596
----------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See categories listed at the top of this schedule) Contribution/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for ASPA Travel
---	--	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 03/05/15	Payee name Tierra Del Sol Golf Course - CK #5290
------------------	---

Amount (\$) \$100.00	Payee address; City; State; Zip Code 700 E. Hall Acres Rd., Pharr, Texas 78577
-------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Deposit for Golf Tournament
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 03/19/15	Payee name Beto's Screen Printing - CK #5291
------------------	---

Amount (\$) \$600.00	Payee address; City; State; Zip Code 110 W. 4th Street, San Juan, Texas 78589
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Printing Expense	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign 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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 4 Checks	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 04/01/15	<b>5</b> Payee name Edinburg North High School - CK #5292				
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 3101 N. Closner Blvd. Edinburg, Texas 78541				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See categories listed at the top of this schedule) Contribution/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Varsity Cheerleader Donation			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 04/03/15	Payee name Los Carnales MC, RGV Chapter - CK #5293				
Amount (\$) \$125.00	Payee address; City; State; Zip Code Rio Grande Valley, TX				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contribution/Donations Made By Candidate/Officeholder/Political Committee	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser to Benefit CASA (Court Appointed Special Advocates), Neglected RGV Children			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 04/08/15	Payee name PSJA Early College High School -CK #5294				
Amount (\$) \$250.00	Payee address; City; State; Zip Code 805 W. Ridge Rd., San Juan, Texas 78589				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contribution/Donations Made By Candidate/Officeholder/Political Committee	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Tournament Donation			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3 of 4 Checks	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 04/29/15	<b>5</b> Payee name Costal Conservation Association - CK #5295				
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 6919 Portwest, Suite 100, Houston, Texas 77024				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)  Contribution/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CCA Donation			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 05/27/15	Payee name Tierra Del Sol Golf Course - CK #5296				
Amount (\$) \$4,956.00	Payee address; City; State; Zip Code 700 E. Hall Acres Rd, Pharr, TX 78577				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)  Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Golf Tournament Fundraiser Fees			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 05/26/15	Payee name Annette Muñiz - CK #5297				
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1213 Orange St., McAllen, TX 78501				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)  Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Golf Tournament Fundraiser			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4 of 4 Checks	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> Date 06/08/15	<b>5</b> Payee name Miranda Zapata - CK #5298
---------------------------	--

<b>6</b> Amount (\$) \$325.00	<b>7</b> Payee address; City; State; Zip Code 505 E. 12th Street San Juan, Texas 78589
----------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See categories listed at the top of this schedule) Contribution/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Miss. Texas Pageant Contestant
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 06/10/15	Payee name Pharr Athletic League (PAL) - CK #5299
------------------	--

Amount (\$) \$100.00	Payee address; City; State; Zip Code 300 N. Cage Blvd. Pharr, Texas 78577
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contribution/Donations Made By Candidate/Officeholder/Political Committee	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser for Pharr Youth Athletics
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 0	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PURCHASE OF INVESTMENTS  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Arturo Guajardo, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 0	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
---------------------------------------	---	--

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: 0	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
---------------------------------------	---	--

<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
----------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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.

<b>1</b> Total pages Schedule I: 0	<b>2</b> FILER NAME Arturo Guajardo, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories.)	<b>(b) Description</b> (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)

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

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 0
2 FILER NAME Arturo Guajardo, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <b>0</b>
2 FILER NAME <b>Arturo Guajardo, Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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 A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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 A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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