

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px; font-weight: bold;">21</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Atanacio NICKNAME LAST SUFFIX "JR" Gaitan	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 817 W. Russel Rd. Edinburg, TX 78541	Date Received RECEIVED JUL 15 2015 US @ 2:45 pm	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 383-8560	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Atanacio NICKNAME LAST SUFFIX "J.R." Gaitan	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 817 W. Russell Rd., Edinburg, TX 78541		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 383-8560		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 15 THROUGH 06 / 30 / 15		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 16	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Hidalgo County Constable Pct. 4	13 OFFICE SOUGHT (if known) Hidalgo County Constable Pct. 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Atanacio "JR" Gaitan

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ -0-

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

\$ 17530.00

EXPENDITURE
TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 7260.33

CONTRIBUTION
BALANCE

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

\$ 20731.28

OUTSTANDING
LOAN TOTALS

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

\$ 15,000.00

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.

Atanacio "JR" Gaitan
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Atanacio "JR" Gaitan, this the 15th day of July, 20 15, to certify which, witness my hand and seal of office.

Rita Rebecca Vargas
Signature of officer administering oath

RITA R. Vargas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Atanacio "JR" Baitan</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17530. ^{XX}
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7260. ³³
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ -0-
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Atanacio "JA" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

4-16-15

5 Full name of contributor

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

G + L Glass

6 Contributor address;

City; State; Zip Code

615 N. Clossner
Edinburg, TX 78541

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-15-15

Full name of contributor

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

Luis Delgado, Jr.

Contributor address;

City; State; Zip Code

5128 N. 10th St.
McAllen, TX 78504

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-2-15

Full name of contributor

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

Regalado Bail Bonds

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-15

Full name of contributor

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

Guerra Brothers

Contributor address;

City; State; Zip Code

P.O. Box 38
Linn, TX 78563

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: 10
2 FILER NAME Atanacio "JR" Gaitan		3 Filer ID (Ethics Commission Filers)
4 Date 4-20-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera Funeral Home 6 Contributor address; City; State; Zip Code 1401 Pecan Blvd. McAllen, TX 78501	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-29-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godinez Law Firm Contributor address; City; State; Zip Code 2415 N. 10th McAllen, TX 78501	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-16-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston Hennichson Contributor address; City; State; Zip Code 222 W. Cano Edinburg, TX 78539	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-15-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra Law Group Contributor address; City; State; Zip Code 4201 N. McColl McAllen, TX 78504	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: 10
2 FILER NAME Atanacio "JR" Gaitan		3 Filer ID (Ethics Commission Filers)
4 Date 4-17-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maurio Barreiro	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 3603 W. Alberta Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-14-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera Sanchez + Associates	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 10113 N. 10th St, Ste A McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-14-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberto Trevino	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 819 N. Veterans Blvd. Pharr, TX 78577		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-16-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office Paul Medina	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3101 N. Jackson Rd McAllen, TX 78501		
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:

10

2 FILER NAME

Atanacio "JR" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

4-20-15

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

Law Office Rogelio Garza

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

4405 N. McCall Rd.
McAllen, TX 78504

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-21-15

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

Penalez, Franz, LLP

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

1416 Dove Ave.
McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-16-15

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

R.B. Carter

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

6002 Edgewater Dr.
Corpus Christi, TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-15

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

San Jacinto Title Services

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4900 N. 10th St. Ste. E-3
McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Atanacio "JR" Gatan

3 Filer ID (Ethics Commission Filers)

4 Date

4-16-15

5 Full name of contributor

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

Valley Medical Supply

6 Contributor address;

City; State; Zip Code

200 E. Expy 83, Ste. P
Pharr, Texas 78577

7 Amount of contribution (\$)

300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-16-15

Full name of contributor

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

Law Office Michael Flanagan

Contributor address;

City; State; Zip Code

809 Chicago Ave.
McAllen, TX 78501

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-15

Full name of contributor

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

Perdue Brandon Fielder Collins Mott

Contributor address;

City; State; Zip Code

P.O. Box 2916
McAllen, TX 78502

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-19-15

Full name of contributor

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

Teodoro Venecia, Jr.

Contributor address;

City; State; Zip Code

1600 Palazzo Dr
Mission, TX 78572

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Atanacio "JR." Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

4-15-15

5 Full name of contributor

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

North County Towing

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

P.O. Box 355
Linn Texas 78563

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-11-15

Full name of contributor

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

Zaphire Real Estate

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2005 E. Griffin Pkwy
Mission, TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-16-15

Full name of contributor

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

Countywide Therapy

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

3149 Center Point Dr. Suite C
Edinburg, TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-17-15

Full name of contributor

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

Ana Maria Moen

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

5111 N. 10th Ste. 286
McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Atanacio "JR" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

4-16-15

5 Full name of contributor

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

Rubio Salinas

7 Amount of contribution (\$)

500.xx

6 Contributor address;

City; State; Zip Code

1822 N. Depot RQ.
Edinburg, TX 78541

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-11-15

Full name of contributor

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

Timoteo Betancourt

Amount of contribution (\$)

150.xx

Contributor address;

City; State; Zip Code

P.O. Box 4255
Edinburg, TX 78540

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-15

Full name of contributor

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

Arturo Salinas

Amount of contribution (\$)

30.xx

Contributor address;

City; State; Zip Code

13502 N. 33rd Lane
Edinburg, TX 78541

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-15

Full name of contributor

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

All Valley Rehab

Amount of contribution (\$)

500.xx

Contributor address;

City; State; Zip Code

117 N. Texas Blvd.
Weslaco, TX 78596

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:

10

2 FILER NAME

Atenacio "JR" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

4-16-15

5 Full name of contributor

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

George Gomez

7 Amount of contribution (\$)

500.xx

6 Contributor address;

City; State; Zip Code

3145 Center Pointe Dr.
Edinburg, TX 78539

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-18-15

Full name of contributor

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

Jose Paredes

Amount of contribution (\$)

30.xx

Contributor address;

City; State; Zip Code

3185 Smith Rd.
Brownsville, TX 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-15

Full name of contributor

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

Jose Paredes

Amount of contribution (\$)

20.xx

Contributor address;

City; State; Zip Code

3185 Smith Rd.
Brownsville, TX 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-15

Full name of contributor

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

Law Office of Juan Zamora

Amount of contribution (\$)

200.xx

Contributor address;

City; State; Zip Code

1410 Dove Ave
McAllen, TX 78504

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: 10
2 FILER NAME Atanacio "JR" Galvan		3 Filer ID (Ethics Commission Filers)
4 Date 4-15-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Navarro	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 2914 Huisache Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonel Barza	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3101 Zenaida Ave. McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-25-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Homeno Jasso, Jr.	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 1704 S. Sugar RQ. Edinburg, TX 78539		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-17-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felipe Garcia	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 201 E. University Dr. Edinburg, TX 78539		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:

10

2 FILER NAME

Atanacio "JR" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

4-5-15

5 Full name of contributor

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

Francisco Guerrero

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

664 S. Jackson Rd.
Edinburg, TX 78539

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-30-15

Full name of contributor

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

Law Office Carlos Galvan

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

3525 W. Freddy Gonzalez
Edinburg, TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-1-15

Full name of contributor

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

Palacios Goza Thompson

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2724 W. Carbon Rd
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Atalocio "JR" Geltan	3 Filer ID (Ethics Commission Filers)			
4 Date 6-16-15	5 Payee name Edinburg Chamber of Commerce				
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 602 W. University Drive Edinburg, TX 78539				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution / Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		9 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	Office held		
Date 6-18-15	Payee name Jackie Suarez				
Amount (\$) 52.50	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4-16-15	Payee name Bronco Boosters				
Amount (\$) 189.44	Payee address; City; State; Zip Code 3607 S.L. Lane McAllen, TX 78503				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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.

1 Total pages Schedule F1: 8	2 FILER NAME Atencio "JR" Gaitan	3 Filer ID (Ethics Commission Filers)
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4 Date 4-9-15	5 Payee name Print Works
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6 Amount (\$) 184.03	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-6-15	Payee name Hobby hobby
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Amount (\$) 59.25	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense Advertisement	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-31-15	Payee name Robert Tijerina "Coyote Arms Range"
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code 8600 N. Big 5 Rd Edinburg, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME A tanacio "JR" Gaetan		3 Filer ID (Ethics Commission Filers)	
4 Date 2-11-15		5 Payee name Hidalgo County Democratic Party			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 3307 N. McLoon Rd. Ste. D McAllen TX 78502			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donation		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 1-20-15		Payee name Miguel Carrera			
Amount (\$) 140.00		Payee address; City; State; Zip Code Edinburg, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		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	
Date 1-1-15		Payee name Koko's Uptown			
Amount (\$) 183.03		Payee address; City; State; Zip Code 6100 N. 10th St. McAllen, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		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	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Atencio "JR" Gaitan	3 Filer ID (Ethics Commission Filers)
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4 Date 3-24-15	5 Payee name Martin Lang, Jr.
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6 Amount (\$) 48.00	7 Payee address; City; State; Zip Code Edinburg, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution/Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-27-15	Payee name Brand Boosters
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Amount (\$) 216.50	Payee address; City; State; Zip Code 3607 S.L. Lane McAllen, TX 78503
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-19-15	Payee name Elite Productions
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Amount (\$) 350.00	Payee address; City; State; Zip Code 946 W. Nolana, Ste C. Pharm, Texas 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: 8	2 FILER NAME Atanacio "JR" Gaitan	3 Filer ID (Ethics Commission Filers)
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4 Date 4-17-15	5 Payee name Academy
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6 Amount (\$) 66.91	7 Payee address; City; State; Zip Code 651 E. Trenton R.O. Edinburg, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-17-15	Payee name Sam's
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Amount (\$) 394.94	Payee address; City; State; Zip Code 7601 N. 10th McAllen, TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-18-15	Payee name Sam's
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Amount (\$) 403.17	Payee address; City; State; Zip Code 7601 N. 10th McAllen, TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Atanacio "JR" Gaitan	3 Filer ID (Ethics Commission Filers)
4 Date 4-17-15	5 Payee name BMC Dee-Signs	
6 Amount (\$) 2,62.50	7 Payee address; City; State; Zip Code 308 N. Closer Blvd. Ste. B Edinburg TX 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4-10-15	Payee name Stitch Master	
Amount (\$) 471.97	Payee address; City; State; Zip Code 5401 N. 10th Ste. 109c McAllen TX 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 1-1-15	Payee name Stripes	
Amount (\$) 74.85	Payee address; City; State; Zip Code 801 N. Closer Edinburg TX 78541	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME Atanacio "JR" Gaitan		3 Filer ID (Ethics Commission Filers)	
4 Date 4-18-15		5 Payee name Robert Tijerina "Capte Arms Range"			
6 Amount (\$) 2500.00		7 Payee address; City; State; Zip Code 8600 N. Big 5 Rd. Edinburg, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4-18-15		Payee name Antonio Reyna			
Amount (\$) 373.46		Payee address; City; State; Zip Code Edinburg, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		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	
Date 4-22-15		Payee name ENHS Cheerleaders			
Amount (\$) 50.00		Payee address; City; State; Zip Code 3101 N. Clozner Blvd Edinburg, TX 78541			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution/Donation		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	

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Atanacio "JR" Gaitan	3 Filer ID (Ethics Commission Filers)
4 Date 4-24-15	5 Payee name City of San Juan	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 430 N. Standard Ave. San Juan, TX 78589	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution / Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date	Payee name Robert Vela High School FFA Booster Club	
Amount (\$) 1075.00	Payee address; City; State; Zip Code 801 E. Canton Rd. Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution / Donation	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 6-9-15	Payee name Edinburg Lion's Club	
Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 64 Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution / Donation	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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