

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. ENRIQUE OMAR	OFFICE USE ONLY Date Received RECD JUL 14 2015 4:18 PM	
	NICKNAME LAST SUFFIX MALDONADO		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4308 N. MCCOLL RD. MCALLEN, TX 78504	Date Hand Delivered or Date Postmarked	Receipt # Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Gilbert		
	NICKNAME LAST SUFFIX Maldonado		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4308N. McColl Rd. McAllen, TX 78504		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 956-458-5586		
8 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)		
9 PERIOD COVERED	Month Day Year 01/01/2015	THROUGH	Month Day Year 06/30/2015
10 ELECTION	ELECTION DATE Month Day Year 11/06/2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11 OFFICE OFFICE HELD (if any) COUNTY COURT AT LAW # 8 Place HIDALGO CO.		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2
2 of 27

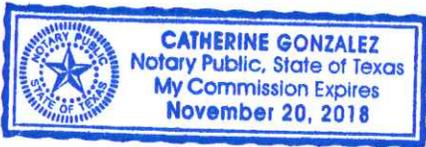
13 C / OH NAME Maldonado, Omar	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	6,357.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	29,180.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	322,540.00

17 AFFIDAVIT

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

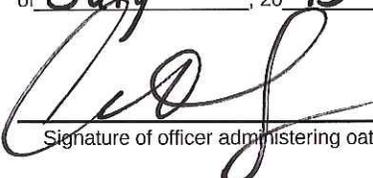


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **ENRIQUE MAR MALDONADO**, this the 9th day of July, 20 15, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Catherine Gonzalez

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Maldonado, Omar		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 19,000.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 3,500.00
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,357.82
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 FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/10 Rpt: 4/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A24 HOUR BAIL BONDS <hr/> 6 Contributor address; City; State; Zip Code 1506 W. PECAN BLVD. MCALLEN, TX 78501	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABREGO, EVERARDO (Mr.) <hr/> Contributor address; City; State; Zip Code 944 W. NOLANA SUITE C PHARR, TX 78577	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation SOLO PRACTIONER		Contributor's Job Title ATTORNEY
Contributor's employer/law firm LAW OFFICE OF EVERARDO ABREGO		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMERISTARR AMBULANCE LLC <hr/> Contributor address; City; State; Zip Code 1639 E. US HWY 83 P.O. BOX 118 RIO GRANDE CITY, TX 78582	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/10 Rpt: 5/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCINO, OSCAR (Mr.)	7 Amount of Contribution (\$) \$750.00
6 Contributor address; City; State; Zip Code BOX 8252 628 N. 9TH STREET ALAMO, TX 78516		
8 Contributor's Principal Occupation SOLO PRACTITIONER		9 Contributor's Job Title
10 Contributor's employer/law firm SELF EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE LA ROSA Jr., MARTIN (Mr.)	Amount of Contribution (\$) \$1,600.00
Contributor address; City; State; Zip Code 1700 W. 20TH STREET MISSION, TX 78572		
Contributor's Principal Occupation SALES		Contributor's Job Title NEW CAR SALES MANAGER
Contributor's employer/law firm BERT OGDEN		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELOY SEPULVEDA & CHRIS CAVAZOS A JOINT VENTURE LAW FIRM	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 716 S. TEXAS BLVD. WESLACO, TX 78596		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/10 Rpt: 6/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 04/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERO INTERNATIONAL LLP DBA ERO ARCHITECTS	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 300 S. 8TH STREET MCALLEN, TX 78501		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESCOBEDO & CARDENAS LLP	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code 3900 N. 10TH STREET SUITE 950 MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESPERICUETA, OMAR (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4515 PONDS EDGE RD. PALMHURST, TX 78573		
Contributor's Principal Occupation SOLO PRACTITIONER		Contributor's Job Title PHARMACIST
Contributor's employer/law firm PHARMACIST		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/10 Rpt: 7/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 04/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA & GONZALES PLLC ATTORNEYS AT LAW	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 5429 N. 23RD SUITE D MCALLEN, TX 78504		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GODINEZ LAW FIRM, P.C.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2415 N. 10TH MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, LEO (Mr.)	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code 1205 ASH DR. MISSION, TX 78572		
Contributor's Principal Occupation SOLO PRACTITIONER		Contributor's Job Title
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/10 Rpt: 8/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 03/03/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORENA, RICARDO (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 1217 S. PEKING ST. MCALLEN, TX 78501	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation SOLO PRACTIONER		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm LAW OFFICE OF RICARDO J. GORENA		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIGDON LAW FIRM P.C. <hr/> Contributor address; City; State; Zip Code 4739 S. JACKSON RD. EDINBURG, TX 78539	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF AGUSTIN HERNANDEZ, JR., P.C. <hr/> Contributor address; City; State; Zip Code 213 W. EXPWY 83 SUITE A PHARR, TX 78577	Amount of Contribution (\$) \$1,400.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/10 Rpt: 9/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 02/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF DAVID R. GORENA <hr/> 6 Contributor address; City; State; Zip Code 420 W. UNIVERSITY DR. EDINBURG, TX 78539	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF JOSE A. RAMIREZ <hr/> Contributor address; City; State; Zip Code 210 W. CANO ST. SUITE B EDINBURG, TX 78539	Amount of Contribution (\$) \$2,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF JOSE G GONZALEZ PLLC <hr/> Contributor address; City; State; Zip Code 2102 W. UNIVERSITY DR. EDINBURG, TX 78539	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/10 Rpt: 10/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 02/13/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF MAURO BARREIRO, ATTORNEY AT LAW <hr/> 6 Contributor address; City; State; Zip Code 3603 ALBERTA ROAD EDINBURG, TX 78539	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF NOE L. PEREZ <hr/> Contributor address; City; State; Zip Code 302 E. MAHL EDINBURG, TX 78539	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF RAMON VEGA III, PLLC <hr/> Contributor address; City; State; Zip Code 1012 MARTIN AVE. SUITE C MCALLEN, TX 78504	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/10 Rpt: 11/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 02/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICES OF RAFAEL DE LA GARZA PLLC 6 Contributor address; City; State; Zip Code 4943 S. JACKSON RD. EDINBURG, TX 78539	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERDUE BRANDON FIELDER COLLINS&MOTT LLP Contributor address; City; State; Zip Code P.O. BOX 2916 MCALLEN, TX 78502	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNA, GUILLERMO (Mr.) Contributor address; City; State; Zip Code 2111 JACKSON CREEK AVE. EDINBURG, TX 78539	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation SOLO PRACTITIONER		Contributor's Job Title CERTIFIED PUBLIC ACCOUNTANT
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/10 Rpt: 12/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 04/27/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNA, ROLANDO (Mr.) 6 Contributor address; City; State; Zip Code 900 E. MILE 2 RD. MISSION, TX 78574	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation SOLO PRACTITIONER		9 Contributor's Job Title
10 Contributor's employer/law firm SELF EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUIZ LAW FIRM PLLC 6 Contributor address; City; State; Zip Code 118 WEST PECAN BLVD. MCALLEN, TX 78501	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF JORGE MUNOZ, P.L.L.C. 6 Contributor address; City; State; Zip Code 210 W. CANO ST. SUITE A EDINBURG, TX 78539	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/10 Rpt: 13/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF RENE A. FLORES P.L.L.C. <hr/> 6 Contributor address; City; State; Zip Code 403 N. CONWAY AVENUE MISSION, TX 78572	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF RICARDO RAMIREZ <hr/> Contributor address; City; State; Zip Code P.O. BOX 1616 PHARR, TX 78577	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/27	
2 FILER NAME Maldonado, Omar		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/02/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TACO OLE	8 Amount of contribution (\$) \$750.00	9 In-kind contribution description FOOD FOR FUNDRAISER 05/02/2015
	7 Contributor address; City; State; Zip Code 2020 U.S. 83 BUSINESS MISSION, TX 78572	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): Sch: 1/2 Rpt: 15/27	
2 FILER NAME Maldonado, Omar		3 Filer ID	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 05/01/2015	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ&CASTILLO LLP	8 Amount of pledge (\$) \$750.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code 1317 E. QUEBEC MCALLEN, TX 78503		
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date 05/01/2015	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ LAW FIRM, P.C.	Amount of pledge (\$) \$500.00	In-kind description (If applicable)
	Pledgor Address; City; State; Zip Code 4841 S. JACKSON RD. EDINBURG, TX 78539		
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date 05/01/2015	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF EDNA CEDILLO	Amount of pledge (\$) \$500.00	In-kind description (If applicable)
	Pledgor Address; City; State; Zip Code 909 S. 10TH AVE. EDINBURG, TX 78539		
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): Sch: 2/2 Rpt: 16/27	
2 FILER NAME Maldonado, Omar		3 Filer ID	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 05/01/2015	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF ROOSEVELT ROY VALDEZ	8 Amount of pledge (\$) \$750.00	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code 300 E. PECAN MCALLEN, TX 78501		
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date 05/01/2015	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) PALACIOS THOMPSON GARZA	Amount of pledge (\$) \$1,000.00	In-kind description (If applicable)
	Pledgor Address; City; State; Zip Code 2724 W. CANTON RD. EDINBURG, TX 78539		
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 17/27
2 FILER NAME Maldonado, Omar		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES 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: Sch: 1/9 Rpt: 18/27		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 06/16/2015		5 Payee name ALVARADO, MARIA (Ms.)			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 730 NORTH DAHLIA PHARR, TX 78577			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION FOR FUNERAL EXPENSE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/09/2015		Payee name BOYS & GIRLS CLUB OF EDINBURG			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 702 CULLEN ST. EDINBURG, TX 78541			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION TO STEAK IN YOUR COMMUNITY EVENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/31/2015		Payee name CARDMEMBER SERVICE			
Amount (\$) \$158.35		Payee address; City; State; Zip Code P.O. BOX 94014 PALATINE, CA 60094-4014			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PAYMENT TO CAMPAIGN CREDIT CARD		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT TO CAMPAIGN CREDIT CARD	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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: Sch: 2/9 Rpt: 19/27		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 03/30/2015		5 Payee name CARDMEMBER SERVICE			
6 Amount (\$) \$113.50		7 Payee address; City; State; Zip Code P.O. BOX 94014 PALATINE, CA 60094-4014			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PAYMENT TO CAMPAIGN CREDIT CARD		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT TO CAMPAIGN CREDIT CARD	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/02/2015		Payee name CARDMEMBER SERVICE			
Amount (\$) \$65.16		Payee address; City; State; Zip Code P.O. BOX 94014 PALATINE, CA 60094-4014			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PAYMENT TO CAMPAIGN CREDIT CARD		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT TO CAMPAIGN CREDIT CARD	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
Date 01/14/2015		Payee name CARDMEMBER SERVICE			
Amount (\$) \$69.00		Payee address; City; State; Zip Code P.O. BOX 94014 PALATINE, CA 60094-4014			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PAYMENT TO CAMPAIGN CREDIT CARD		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT TO CAMPAIGN CREDIT CARD	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	

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: Sch: 3/9 Rpt: 20/27		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 01/12/2015		5 Payee name CARDMEMBER SERVICE			
6 Amount (\$) \$29.00		7 Payee address; City; State; Zip Code P.O. BOX 94014 PALATINE, CA 60094-4014			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LATE FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/08/2015		Payee name CLERK,SUPREME COURT			
Amount (\$) \$235.00		Payee address; City; State; Zip Code P.O. BOX 149335 AUSTIN, TX 78714-9335			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STATE BAR DUES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/09/2015		Payee name EDINBURG HIGH SCHOOL CHEERLEADERS			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 2600 E. WISCONSIN RD EDINBURG, TX 78542			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION TO EDINBURG CHEERLEADERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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: Sch: 4/9 Rpt: 21/27		2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 01/08/2015		5 Payee name GAMBOA, MIGUEL (Mr.)		
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code 4001 ORCHID AVE. MCALLEN, TX 78504		
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 VIDEOGRAPHER-SWEARING IN CEREMONY ON 01/01/2015
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 06/03/2015		Payee name GONGORA, JAIME (Mr.)		
Amount (\$) \$100.00		Payee address; City; State; Zip Code 500 E. NOLANA LOOP PHARR, TX 78577		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BASKETBALL CAMP DONATION
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/04/2015		Payee name HEB #431		
Amount (\$) \$113.50		Payee address; City; State; Zip Code 2700 W. FREDDY GONZALEZ EDINBURG, TX 78539		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 HOT CHOCOLATE AND INGREDIENTS
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

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: Sch: 5/9 Rpt: 22/27		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 05/02/2015		5 Payee name HOLIDAY WINE & LIQUOR			
6 Amount (\$) \$158.31		7 Payee address; City; State; Zip Code 1912 N. 10TH ST. MCALLEN, TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 DRINKS FOR FUNDRAISER EVENT 05/02/2015	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/12/2015		Payee name LIQUID WEB INC.			
Amount (\$) \$149.52		Payee address; City; State; Zip Code 4210 S. CREYTS RD. LANSING, MO 48917-9526			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) DOMAIN FEES WEBPAGE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOMAIN FEES WEBPAGE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/02/2015		Payee name LONE STAR NATIONAL BANK			
Amount (\$) \$330.24		Payee address; City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT ON LOAN		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT ON LOAN	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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: Sch: 6/9 Rpt: 23/27	2 FILER NAME Maldonado, Omar	3 Filer ID
4 Date 02/27/2015	5 Payee name LONE STAR NATIONAL BANK	
6 Amount (\$) \$500.68	7 Payee address; City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT TO LOAN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT TO LOAN
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2015	Payee name LONE STAR NATIONAL BANK	
Amount (\$) \$298.28	Payee address; City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT ON LOAN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT ON LOAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2015	Payee name LONE STAR NATIONAL BANK	
Amount (\$) \$330.23	Payee address; City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT ON LOAN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT ON LOAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: Sch: 7/9 Rpt: 24/27		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 05/18/2015		5 Payee name LONE STAR NATIONAL BANK			
6 Amount (\$) \$319.58		7 Payee address; City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT ON LOAN		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT ON LOAN	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/17/2015		Payee name LONE STAR NATIONAL BANK			
Amount (\$) \$330.24		Payee address; City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT ON LOAN		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT ON LOAN	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/11/2015		Payee name OJEDA, ANGIE (Ms.)			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 4128 W. HWY 107 #88 EDINBURG, TX 78540			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION FOR ADULT DAYCARE VALENTINE'S DAY DANCE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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: Sch: 8/9 Rpt: 25/27		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 03/20/2015		5 Payee name PRINTWORKS			
6 Amount (\$) \$357.23		7 Payee address; City; State; Zip Code 1414 PECAN BLVD. MCALLEN, TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing 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 MAGNETS AND FUNDRAISER TICKETS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/23/2015		Payee name RAINBOW ROOM			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 1919 AUSTIN AVE. MCALLEN, TX 78501			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION TO RAINBOW ROOM	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/17/2015		Payee name RGV AGGIE MOMS CLUB			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1111 W. NOLANA MCALLEN, TX 78504			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) GOLF SPONSORSHIP		(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 SPONSORSHIP	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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: Sch: 9/9 Rpt: 26/27		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 05/27/2015		5 Payee name SAUCEDA, TOMMY GARZA (Mr.)			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 712 Frostproof Drive Weslaco, TX 78599			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION DONNA NORTH HIGH SCHOOL	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/14/2015		Payee name STAR GALA 2015			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code P.O. BOX 1939 EDINBURG, TX 78540			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION TO SOUTH TEXAS AGRICULTURAL ROUNDUP SCHOLARSHIP PROGRAM	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/21/2015		Payee name TORRES, YOLANDA MARTINEZ (Ms.)			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 405 E. IOWA EDINBURG, TX 78542			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: Sch: 1/1 Rpt: 27/27
2 FILER NAME Maldonado, Omar		3 Filer ID
LENDER INFORMATION	4 Name of lender LONE STAR NATIONAL BANK	
	5 Lender address; City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	6 Name of guarantor	
	7 Guarantor address; City; State; Zip Code	