

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr
NICKNAME

Arnaldo
LAST

SUFFIX

Corpus

OFFICE USE ONLY

Date Received

RECEIVED JAN 15 2016

4:04 PM

Reilly

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1401 E. Griffin Pkwy

Mission TX 78572

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 330-5876

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs
NICKNAME

Anita
LAST

SUFFIX

Lugo

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1401 E. Griffin Pkwy

Mission TX 78572

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 345-6699

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded \$500 limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7 / 14 / 2015

THROUGH

Month

Day

Year

1 / 15 / 2016

11 ELECTION

Month

Day

Year

3 / 01 / 2016

ELECTION
DATE

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace
Precinct 3 Place 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME Arnaldo Corpus **15** Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,126.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 389.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

18 AFFIDAVIT

JUAN C. VELAZQUEZ
Notary Public
STATE OF TEXAS
My Comm. Exp. 09-07-2017

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

Arnaldo Corpus
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arnaldo Corpus, this the 15th day of January, 20 16, to certify which, witness my hand and seal of office.

Juan C Velazquez
Signature of officer administering oath

Juan C Velazquez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME Arnaldo Corpus		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 4,850. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ N/A
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ N/A
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6126. ⁰⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5196.02
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
11.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2000. ⁰⁰

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Arnaldo Corpus		3 Filer ID (Ethics Commission Filers)
4 Date 7-20-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rody Montalvo	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 720 S Main St McAllen Tx 78501		
8 Contributor's principal occupation Business owner		9 Contributor's job title Owner
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 7-21-15	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Angelina U. Garcia	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 2506 N. Mayberry St Mission Tx 78572		
Contributor's principal occupation Business owner		Contributor's job title Owner
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 7-24-15	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Faustino Garcia	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1801 W Palma Vista Dr Palmview Tx 78572		
Contributor's principal occupation Business owner		Contributor's job title Owner
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Arnaldo Corpus		3 Filer ID (Ethics Commission Filers)
4 Date 7-24-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ G.G. Notary & Tax	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 4606 N Moorefield Rd Mission TX 78572		
8 Contributor's principal occupation Business owner		9 Contributor's job title owner
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 7/24/15	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Leonor Victoriano Lugo	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1322 S Alton TX 78572		
Contributor's principal occupation Business owner		Contributor's job title Owner
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 7-24-15	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Esperanza Corpus	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1610 Vintage Lane Mission TX 78572		
Contributor's principal occupation Business owner		Contributor's job title owner
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

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
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Arnaldo Corpus		3 Filer ID (Ethics Commission Filers)
4 Date 7-24-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tony Martinez	7 Amount of contribution (\$) \$ 750.00
6 Contributor address; City; State; Zip Code 2201 Royal Palms Mission Tx 78572		
8 Contributor's principal occupation Business owner		9 Contributor's job title owner
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 7-24-15	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lee or Janie Corpus	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 2416 Sunset Ln Mission Tx 78572		
Contributor's principal occupation Business owner		Contributor's job title owner
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 8-7-15	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mauro Salinas	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code P.O Box 1923 Maallen Tx 78505		
Contributor's principal occupation Business owner		Contributor's job title owner
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

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
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Arnaldo Corpus

3 Filer ID (Ethics Commission Filers)

4 Date

10-14-15

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

Miguel Barbasa

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

3711 E Main Ave Alton Tx 78573

8 Contributor's principal occupation

Business owner

9 Contributor's job title

owner

10 Contributor's employer/law firm

N/A

11 Law firm of contributor's spouse (if any)

N/A

12 If contributor is a child, law firm of parent(s) (if any)

N/A

Date

10-27-15

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

Jose A. Lopez

Amount of contribution (\$)

\$ 1000.00

Contributor address; City; State; Zip Code

4100 Escondido Ln Mission Tx 78573

Contributor's principal occupation

Business owner

Contributor's job title

owner

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

Date

11-16-15

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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)

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
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Arnaldo Corpus.		3 Filer ID (Ethics Commission Filers)
4 Date 11-16-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ricardo Morales	7 Amount of contribution (\$) \$ 250.00
	6 Contributor address; City; State; Zip Code 3101 Banyan Circle Harlingen Tx 78550	
8 Contributor's principal occupation Business owner		9 Contributor's job title owner
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 12-8-15	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Raymond Longoria	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 2025 N. Canway Mission Tx 78572		
Contributor's principal occupation Business owner		Contributor's job title owner
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 12-8-15	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ S & S Auto Machine	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4610 N Moorefield Mission Tx 78572		
Contributor's principal occupation Business owner		Contributor's job title owner
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

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
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Arnaldo Corpus		3 Filer ID (Ethics Commission Filers)
4 Date 1-8-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Pedro Montano	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 1209 S 10th st ste A725 Mckin 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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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)		

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Arnaldo Corpus.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 7-23-15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Cardenas.	8 Amount of Contribution \$ \$500	9 In-kind contribution description Hall
7 Contributor address; City; State; Zip Code 1516 E. Expressway 83 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) Business owner		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) owner		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
Date 10-31-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio Garza	Amount of Contribution \$ \$1,500	In-kind contribution description Political Sign
Contributor address; City; State; Zip Code 1911 N. Snapper Dr Edinburg Tx 78541		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business owner		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) owner		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Arnaldo Corpus

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

10-7-15

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

Jose Serna

7 Contributor address; City; State; Zip Code

3609 Grand Canal Mission Tx 78572

8 Amount of Contribution \$

\$400.00

9 In-kind contribution description

Printing Expense

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

owner

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

N/A

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

N/A

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

N/A

Date

10-7-15

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

Xavier Serna

Contributor address; City; State; Zip Code

3609 Grand Canal Mission Tx 78572

Amount of Contribution \$

\$400

In-kind contribution description

Printing Expense

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business owner

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

owner

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

N/A

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

N/A

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Arnaldo Corpus

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

10-7-15

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

Noel Gamboa

7 Contributor address; City; State; Zip Code

2427 W. Expressway 83 Mission TX 78572

8 Amount of Contribution \$

\$1200

9 In-kind contribution description

Printing Expense

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

owner

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

N/A

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

N/A

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

N/A

Date

11/2/15

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

Abraham Gamboa

Contributor address; City; State; Zip Code

2427 W. Expressway 83 Mission TX 78572

Amount of Contribution \$

\$1218

In-kind contribution description

Printing Expense

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business owner

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

owner

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

N/A

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

N/A

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Arnaldo Corpus

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

7-23-15

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

Raul Garza

7 Contributor address; City; State; Zip Code

2506 N. Closner Edinburg Tx 78539

8 Amount of Contribution \$

\$800

9 In-kind contribution description

Event Expense
Food/Beverage Expense

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

Owner

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

N/A

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

N/A

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

N/A

Date

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME <i>Arnaldo Corpus</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>11/16/15</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arnaldo Corpus</i>	9 Loan Amount (\$) <i>\$ 1,000.00</i>
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code <i>1401 E Griffin Pkwy Mission TX 78572</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Business owner</i>		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor <i>N/A</i>	22 Amount Guaranteed (\$) <i>N/A.</i>
	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 a child, law firm of parent(s) (if any)		

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

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME <i>Arnaldo Corpus</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>12-4-15</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arnaldo Corpus.</i>	9 Loan Amount (\$) <i>\$1,000</i>
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>1401 E Griffin Pkwy Mission Tx 78572</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Business owner</i>		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor <i>N/A</i>	22 Amount Guaranteed (\$) <i>N/A.</i>
	21 Guarantor address; City; State; Zip Code <i>N/A</i>	
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 a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 7-14-15	5 Payee name Wal-Mart
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6 Amount (\$) \$27.27	7 Payee address; City; State; Zip Code 215 E. Mile 3rd Palmhurst TX 78573
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date 7-20-15	Payee name Chevron / stripe
------------------------	---------------------------------------

Amount (\$) \$49.00	Payee address; City; State; Zip Code 102 E Monte Cristo Edinburg TX 78539.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans / Equip Related 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-22-15	Payee name Don Ferrucos Mexican Restaurant.
------------------------	---

Amount (\$) \$104.50	Payee address; City; State; Zip Code 1317 West Palma Vista Dr McAllen TX 78501
--------------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
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4 Date 7-22-15	5 Payee name HEB #571
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6 Amount (\$) \$15.77	7 Payee address; City; State; Zip Code 200 E Griffin Pkwy MISSION TX 78572
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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
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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 7-22-15	Payee name CP Printers
------------------------	----------------------------------

Amount (\$) \$91.47	Payee address; City; State; Zip Code 301 N. McCall Unit H McAllen TX 78501
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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 7-22-15	Payee name CP Printers
------------------------	----------------------------------

Amount (\$) \$73.61	Payee address; City; State; Zip Code 301 N. McCall Unit H McAllen TX 78501
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 7-23-15	5 Payee name Taco Ole	
6 Amount (\$) \$92.41	7 Payee address; City; State; Zip Code 2316 N. Conway Ave Mission TX 78574	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expenses	(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 7-23-15	Payee name Stripe	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 909 N Bryan Rd Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Related 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 Office held
Date 7-23-15	Payee name Cracker Barrel # 645	
Amount (\$) \$21.34	Payee address; City; State; Zip Code 3817 W Expway McAllen TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expenses	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
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4 Date 7-23-15	5 Payee name Wal-Mart.
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6 Amount (\$) \$ 30.25	7 Payee address; City; State; Zip Code 215 E mile 3 Rd Palmhurst TX 78573
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-31-15	Payee name Stripes
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Amount (\$) \$ 36.00	Payee address; City; State; Zip Code 17015 10th st McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans / Equipment 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-31-15	Payee name Don Ferrucos Mexican Restaurant
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Amount (\$) \$ 55.53	Payee address; City; State; Zip Code 1317 W. Palma Vista Dr. McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage 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 ONLY 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:	2 FILER NAME <i>Arnaldo Corpus</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8-3-15</i>	5 Payee name <i>HEB</i>
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6 Amount (\$) <i>\$50.00</i>	7 Payee address; City; State; Zip Code <i>911 Trento Rd McAllen TX 78504</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Trans/Equipment Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-4-15</i>	Payee name <i>Taco ole</i>
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Amount (\$) <i>\$26.23</i>	Payee address; City; State; Zip Code <i>2316 N. Conway Ave Mission TX 78572</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-11-15</i>	Payee name <i>Taco ole</i>
------------------------	-------------------------------

Amount (\$) <i>\$90.00</i>	Payee address; City; State; Zip Code <i>2316 N. Conway Ave Mission TX 78572</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 8-13-15	5 Payee name wal-Mart	
6 Amount (\$) \$44.04	7 Payee address; City; State; Zip Code 1006 N. Bryan Rd MISSION TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-19-15	Payee name Corner store	
Amount (\$) \$46.31	Payee address; City; State; Zip Code 2406 Express Hwy 83 MISSION TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) trans/Equipment 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-26-15	Payee name Sunoco	
Amount (\$) \$41.13	Payee address; City; State; Zip Code 5900 O.P.S MISSION TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 ONLY 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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 8-31-15	5 Payee name Kobe Hibachi Sushi Bar
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6 Amount (\$) \$171.14	7 Payee address; City; State; Zip Code 5025 W. Expressway 83 McAllen TX 78504
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-4-15	Payee name Stripe
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Amount (\$) \$40.21	Payee address; City; State; Zip Code 123 E. 3 mile Ln Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-8-15	Payee name stripe
-----------------------	-----------------------------

Amount (\$) \$40.00	Payee address; City; State; Zip Code 2800 N. 10th McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 ONLY 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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 9-21-15	5 Payee name Alejandro Restaurant
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6 Amount (\$) \$ 21.24	7 Payee address; City; State; Zip Code 302 W. Griffin Pkwy Mission TX 78572
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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
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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 9-22-15	Payee name CP Printing
------------------------	----------------------------------

Amount (\$) \$ 231.80	Payee address; City; State; Zip Code 1211 Redwood Ave McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10-1-15	Payee name Wal-Mart
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Amount (\$) \$ 33.62	Payee address; City; State; Zip Code 1006 N. Bryan Rd Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Expenses	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:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
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4 Date 10-5-15	5 Payee name Stripe
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6 Amount (\$) \$40	7 Payee address; City; State; Zip Code 123 E. 3 mile Line Mission TX 78572
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-13-15	Payee name stripe
------------------	----------------------

Amount (\$) \$40	Payee address; City; State; Zip Code 123 E 3 mile line Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-15-15	Payee name Wal-Mart
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Amount (\$) \$35.41	Payee address; City; State; Zip Code 1006 Bryan Rd Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 ONLY 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:	2 FILER NAME arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 10-26-15	5 Payee name Stripe	
6 Amount (\$) \$ 8.21	7 Payee address; City; State; Zip Code 1600 E. Griffin Pkwy Mission TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment 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 10-26-15	Payee name Wal-Mart	
Amount (\$) \$37.00	Payee address; City; State; Zip Code 1006 N. Bryan Rd Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 Office held	
Date 10-30-15	Payee name Wal-Mart	
Amount (\$) \$ 34.34 10-30-15	Payee address; City; State; Zip Code 1006 N. Bryan Rd Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 10-19-15	5 Payee name Wal-Mart
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6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 1006 N. Bryan Rd Mission Tx 78572
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment 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 10-19-15	Payee name Sam's
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Amount (\$) \$217.12	Payee address; City; State; Zip Code McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage 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 10-19-15	Payee name Juniors SuperMarket
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Amount (\$) \$68.43	Payee address; City; State; Zip Code Conway 5 mile Alton Tx 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 10-26-15	5 Payee name Sam's	
6 Amount (\$) \$170.27	7 Payee address; City; State; Zip Code 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11-2-15	Payee name Palmhurst Gas station	
Amount (\$) \$42.07	Payee address; City; State; Zip Code 120 E. 3 mile Rd Palmhurst TX 78573	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 11-2-15	Payee name 492 Bar B Que	
Amount (\$) \$98.42	Payee address; City; State; Zip Code 4126 N Fm 492 Mission TX 78374	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage 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	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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 11-5-15	5 Payee name Stripe
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6 Amount (\$) \$25.02	7 Payee address; City; State; Zip Code 311 N. Conway Mission TX 78572
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment 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 11-6-15	Payee name Wal-Mart
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 1006 N Bryan Rd Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 11-6-15	Payee name Church
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Amount (\$) \$21.50	Payee address; City; State; Zip Code 905 E. USA Hwy Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 11-8-15	5 Payee name Flux Media	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 620 W. Ferguson st Pharr TX 78577	
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 11-8-15	Payee name Wal-Mart	
Amount (\$) \$42.88	Payee address; City; State; Zip Code 1006 N Bryan Rd Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 11-13-15	Payee name Stripe	
Amount (\$) \$25	Payee address; City; State; Zip Code 510 Inter Blvd Hidalgo TX 78557	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 11-16-15	5 Payee name Satori Display	
6 Amount (\$) \$1000.00	7 Payee address; City; State; Zip Code 517 S. 16th ste A McAllen TX 78501	
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 11-11-15	Payee name CP	
Amount (\$) \$455.19	Payee address; City; State; Zip Code 1211 Redwood Ave McAllen TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Printing Expenses	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 11-2-15	Payee name Hidalgo County Democratic Party	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O Box 4585 McAllen TX 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Membership 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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 11-16-15	5 Payee name Stripe	
6 Amount (\$) \$38.39	7 Payee address; City; State; Zip Code Mission Tx 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans / Equipment 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 11-17-15	Payee name H. E. B	
Amount (\$) \$16.30	Payee address; City; State; Zip Code 200 E Griffin Pkwy Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage 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 11-25-15	Payee name Stripe	
Amount (\$) \$24.10	Payee address; City; State; Zip Code 1600 E Griffin Pkwy Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans / Equipment 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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 11-30-15	5 Payee name Wal-Mart	
6 Amount (\$) \$ 12.95	7 Payee address; City; State; Zip Code 2410 E Expressway B3 MISSION TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead 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 12-1-15	Payee name Wal-Mart	
Amount (\$) \$ 34.34	Payee address; City; State; Zip Code 1006 N. Bryan Rd MISSION TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 Office held
Date 12-8-15	Payee name Stripe	
Amount (\$) \$44.11	Payee address; City; State; Zip Code 802 W University Edinburg TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 12-2-15	5 Payee name Stripe	
6 Amount (\$) \$41.81	7 Payee address; City; State; Zip Code 2216 N. Conway Mission TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment 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 12-9-15	Payee name Stripe	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 123 E 3 mile Mission Tx 78574	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 12-9-15	Payee name Church	
Amount (\$) \$20.96	Payee address; City; State; Zip Code 905 E us Hwy 83 Mission TX 78573	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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:	2 FILER NAME Ronald Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 12-9-15	5 Payee name Diana Cantu
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6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 1401 E Griffin Pkwy MISSION TX 78512
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-13-15	Payee name Stripe
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Amount (\$) \$38.68	Payee address; City; State; Zip Code MISSION TX 78512
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-22-15	Payee name Stripe
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Amount (\$) \$40.24	Payee address; City; State; Zip Code 9134 Palmhurst TX 78573
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 ONLY 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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 12-22-15	5 Payee name HEB	
6 Amount (\$) \$ 36.68	7 Payee address; City; State; Zip Code 2409 E. Expressway MISSION TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment 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 12-22-15	Payee name HEB	
Amount (\$) \$42.95	Payee address; City; State; Zip Code 200 E Griffin Pkwy MISSION TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead Expenses	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 12-28-15	Payee name Stripe	
Amount (\$) \$31.49	Payee address; City; State; Zip Code 9134 Palmhurst Tx 78573	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment 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 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:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 12-30-15	5 Payee name Stripe	
6 Amount (\$) \$33.00	7 Payee address; City; State; Zip Code 9134 Palmhurst Tx 78573	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment 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 12-31-15	Payee name Wal-Mart	
Amount (\$) \$37.00	Payee address; City; State; Zip Code 1006 N. Bryan Rd Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 1-5-16	Payee name Tech sport	
Amount (\$) \$100.00	Payee address; City; State; Zip Code Tom Hill Rd Penitas TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:		2 FILER NAME Arnaldo Corpus		3 Filer ID (Ethics Commission Filers)	
4 Date 11-24-15		5 Payee name Wal-Mart			
6 Amount (\$) \$ 335.50 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1705 Expressway 83 Penitas TX 78576			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	
Date 11-25-15		Payee name Wal-Mart			
Amount (\$) \$ 59.31 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 215 E mile 3 Rd Palmhurst TX 78573			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food Beverage 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	
Date 11-30-15		Payee name Wal-Mart			
Amount (\$) \$ 28.66 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 215 E mile 3 Rd Palmhurst TX 78573			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food Beverage 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	
		Office held N/A.			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 11-30-15	5 Payee name Wal-Mart	
6 Amount (\$) \$269.54 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2410 E Expressway #3 Mission TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Arnaldo Corpus	Office sought JP3-2
		Office held N/A
Date 12/3/15	Payee name HEB	
Amount (\$) \$9.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 200 E Griffin Pkwy Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Arnaldo Corpus	Office sought JP3-2
		Office held N/A
Date 12-3-15	Payee name Taco Express	
Amount (\$) \$243.56 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 105 E Veterans Blvd Palmview TX 78574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Arnaldo Corpus	Office sought JP3-2
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:	2 FILER NAME Armando Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 12-6-15	5 Payee name Longhorn
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6 Amount (\$) \$140.34 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 360 Expresway 83 McAllen TX 78501
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Armando Corpus	Office sought JP3.2	Office held N/A
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Date 12-5-15	Payee name Wal-Mart
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Amount (\$) \$38.90 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1006 N. Bryan Rd Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 1006 N. Bryan Rd Mission TX 78572	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Armando Corpus	Office sought JP3.2	Office held N/A
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Date 12-5-15	Payee name Home Depo
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Amount (\$) \$28.12 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 720 S. Shary Rd Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Armando Corpus	Office sought JP3.2	Office held N/A
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:		2 FILER NAME Arnaldo Corpus		3 Filer ID (Ethics Commission Filers)	
4 Date 12-10-15		5 Payee name Saenz Building Materials			
6 Amount (\$) \$23.98 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3314 N. Conway Mission Tx 78572			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) advertising Expene Signs		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	
Date 12-12-15		Payee name Wal-Mart			
Amount (\$) \$32.48 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2410 E Expressway 83 Mission Tx 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	
Date 12-19-15		Payee name Toco ole			
Amount (\$) \$123.15 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2020 Bus 83 Sharyland Tx 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food / Bevehead 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 12/21/15	5 Payee name SQ Flux Media	
6 Amount (\$) \$400 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 620 W. Ferguson St H15 Pharr TX 78577	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Arnaldo Corpus	Office sought JP3-2
		Office held N/A
Date 12-21-15	Payee name Silvia Flores	
Amount (\$) \$2500 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2509 Paseo Encantado St Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Arnaldo Corpus	Office sought JP3-2
		Office held N/A
Date 12-13-15	Payee name Facebook	
Amount (\$) \$60.36 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Mento Park CA 94025	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Arnaldo Corpus	Office sought JP3-2
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:		2 FILER NAME Arnaldo Corpus		3 Filer ID (Ethics Commission Filers)	
4 Date 12-29-15		5 Payee name La Vitamina Jarochca			
6 Amount (\$) \$62.36 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2313 Harvey st suite #11 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP 3-2	
Office held N/A					
Date 12-30-15		Payee name Mission Post office			
Amount (\$) \$147 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Buss #3 Mission Tx 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	
Office held N/A					
Date 12-30-15		Payee name Wal-Mart			
Amount (\$) \$7.10 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1006 N. Bryan Rd. Mission Tx 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP.3-2	
Office held N/A					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:		2 FILER NAME Arnaldo Corpus		3 Filer ID (Ethics Commission Filers)	
4 Date 12-30-15		5 Payee name Post Net			
6 Amount (\$) \$78.48 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1616 E Griffin Pkwy Mission TX 78572			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3.2	
Date 12-30-15		Payee name Wal-Mart			
Amount (\$) \$38.88 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 215 E. mile 3 Rd Palmhurst TX 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3.2	
Date 12-31-15		Payee name Wal-Mart			
Amount (\$) \$49.60 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 215 E mile 3 Rd Palmhurst TX 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3.2	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:		2 FILER NAME Arnaldo Corpus		3 Filer ID (Ethics Commission Filers)	
4 Date 1-2-16		5 Payee name Wal-Mart			
6 Amount (\$) \$106.72 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2410 E. Expway B3 Mission TX 78572			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP-3.2	
Date 1-2-16		Payee name Home Depot			
Amount (\$) \$123.32 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 120 S. Shary Rd Mission TX 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	
Date 1-4-16		Payee name Home Depot			
Amount (\$) \$38.91 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 120 S. Shary Rd. Mission TX 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) office overhead 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:		2 FILER NAME Arnaldo Corpus		3 Filer ID (Ethics Commission Filers)	
4 Date 1-6-16		5 Payee name Stripe			
6 Amount (\$) \$ 39.83 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 123 E .3 mile Line Mission TX 78572			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Trans / Equipment 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	
				Office held N/A	
Date 1-3-16		Payee name Mariscos El 7 Mares			
Amount (\$) \$60.86 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2301 E Griffin Pkwy #D Mission TX 78572			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food / Beverage 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	
				Office held N/A	
Date 1-12-16		Payee name Aplebee's			
Amount (\$) \$ 79 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 306 E mile 3 Rod Palmhurst TX 78573			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food / Beverage EXPENS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Arnaldo Corpus		Office sought JP3-2	
				Office held N/A	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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Candidate/Officeholder/Political Committee
Credit Card Payment

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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 G:	2 FILER NAME <i>Arnaldo Corpus</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-4-16</i>	5 Payee name <i>Don Pepe's</i>	
6 Amount (\$) <i>\$33.18</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>McAllen TX 78501.</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Arnaldo Corpus</i>	Office sought <i>JP3-2</i>
		Office held <i>N/A</i>
Date <i>1-4-16</i>	Payee name <i>Best By</i>	
Amount (\$) <i>\$37.88</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1784 Ware Rd McAllen TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Arnaldo Corpus</i>	Office sought <i>JP3-2</i>
		Office held <i>N/A</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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