

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
OFFICE USE ONLY			
Date Received			
RECEIVED JAN 15 2016			
4:47 PM			
RAC			
Date Hand-delivered or Date Postmarked			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Date Processed	
<input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1302 S. Westgate, Westlaco, TX 78596		Receipt #	
5 CANDIDATE / OFFICEHOLDER PHONE		Amount \$	
AREA CODE PHONE NUMBER EXTENSION (956) 463-2199		Date Imaged	
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Sandra S. Avila			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
(Residence or Business)	Same		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	463-6564	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 06 / 30 / 2015 THROUGH 01 / 15 / 2016		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	03	01	2016
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Constable Pct. #1		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Celestino Avila Jr. 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,500
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,500
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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

Celestino Avila Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

<u>Rosie Rodriguez</u> Signature of officer administering oath	<u>Rosie A. Rodriguez</u> Printed name of officer administering oath	<u>Admin Assist II</u> Title of officer administering oath
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Celestino Avila Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10-01-15

5 Full name of contributor

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

Javier Del Toro / Krystal

7 Amount of contribution (\$) 70.⁰⁰

6 Contributor address;

City; State; Zip Code

8239 Valdez Ave, Monte Alto, TX 78538

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

DBA

10-01-15

Full name of contributor

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

D.R.A. Liveoak Nursery

Amount of contribution (\$) 63.⁰⁰

Contributor address;

City; State; Zip Code

2601 W. Bus 83, Weslaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-01-15

Full name of contributor

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

Dalia Phillips

Amount of contribution (\$) 28.⁰⁰

Contributor address;

City; State; Zip Code

711 W. 9th, Weslaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09-29-15

Full name of contributor

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

George Garrett Jr.

Amount of contribution (\$) 210.⁰⁰

Contributor address;

City; State; Zip Code

5129 N. Mile 5 1/2 W., Weslaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Celestino Avila Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-03-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julio Gonzalez</i>	7 Amount of contribution (\$) <i>42.00</i>
6 Contributor address; City; State; Zip Code <i>205 Andry Dr, Westaco TX 78596</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10-02-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aimee Cavazos</i>	Amount of contribution (\$) <i>14.00</i>
Contributor address; City; State; Zip Code <i>105 Ford St, Westaco, TX 78596</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10-01-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Agripina Hinojosa</i>	Amount of contribution (\$) <i>14.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 766, La Blanca, TX 78558</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10-02-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Ochoa</i>	Amount of contribution (\$) <i>35.00</i>
Contributor address; City; State; Zip Code <i>17538 Campana Ln W, Edcouch, TX 78538</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Celestino Avila Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-01-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Villegas Jr./Lizette Gonzalez</i>	7 Amount of contribution (\$) <i>21.00</i>
6 Contributor address; City; State; Zip Code <i>300 S. mile 2w Apt. 101, Edcouch TX 78538</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10-01-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerardo Garcia</i>	Amount of contribution (\$) <i>91.00</i>
Contributor address; City; State; Zip Code <i>2601 W. Bus 83, Weslaco, TX 78596</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10-01-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adan Meave</i>	Amount of contribution (\$) <i>28.00</i>
Contributor address; City; State; Zip Code <i>4760 N. Mile 4W, Weslaco, TX 78596</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10-01-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy Hernandez Jr.</i>	Amount of contribution (\$) <i>28.00</i>
Contributor address; City; State; Zip Code <i>301 Jalapa St, Weslaco, TX 78596</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Celestino Avila Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>09-30-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A-W Produce Co.</i>	7 Amount of contribution (\$) <i>70⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 595, Weslaco, TX 78596</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10-02-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jane Martinez Gonzalez</i>	Amount of contribution (\$) <i>21⁰⁰</i>
Contributor address; City; State; Zip Code <i>1009 Amethys Dr., Weslaco, TX 78596</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10-01-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mayra Gutierrez</i>	Amount of contribution (\$) <i>7⁰⁰</i>
Contributor address; City; State; Zip Code <i>607 Bowie St, Weslaco, TX 78596</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>01-14-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pablo G. Pena</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>625 S. Airport Dr., Weslaco, TX 78596</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,500
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$