

# 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:<br><b>4</b>      |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST<br><b>Jesus</b>                 | MI.<br><b>6.</b>                      |
|  | NICKNAME  | LAST                                  | SUFFIX                                |
|  | <b>Cheto</b>  | <b>Alamiz</b>                         |                                       |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |                                       |                                       |
|  | <b>5617 W Sugar Rd Pharr Tx 78577</b>   |                                       |                                       |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER                          | EXTENSION                             |
|  | <b>(956)</b>  | <b>266-5607</b>                       |                                       |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST                                 | MI.                                   |
|  | NICKNAME  | LAST                                  | SUFFIX                                |
|  | <b>Johnny</b>   | <b>Juan Antonio</b>                   |                                       |
|  | <b>MARTINEZ</b>   |                                       |                                       |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |                                       |                                       |
|  | <b>3814 B. Shea Wpslaco Tx 78596</b>  |                                       |                                       |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER                          | EXTENSION                             |
|  | <b>(956)</b>  | <b>240-2790</b>                       |                                       |
| 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                                  |
|  | <b>7</b>  | <b>1</b>                              | <b>15</b>                             |
|  | THROUGH   |                                       | Month Day Year                        |
|  |   |                                       | <b>12 / 31 / 15</b>                   |
| 11 ELECTION  | ELECTION DATE   |                                       | ELECTION TYPE                         |
|  | Month   | Day                                   | Year                                  |
|  | <b>3</b>  | <b>1</b>                              | <b>16</b>                             |
|  | <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)           |
|  |   |                                       | <b>Hidalgo County Constable Pet 2</b> |

**OFFICE USE ONLY**

Date Received  
**REC'D JAN 08 2016**

Date Hand-delivered or Date Postmarked  
**REC'D JAN 08 2016**

Receipt #     Amount \$

Date Processed  
**1:31pm E.O.**

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ -0-

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

\$ 2,025

EXPENDITURE  
TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 1,650

CONTRIBUTION  
BALANCE

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

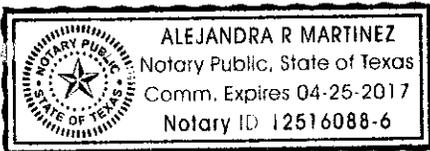
\$ -0-

OUTSTANDING  
LOAN TOTALS

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

\$ -0-

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jess G. Alaniz, this the 8 day of January, 20 16, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Alejandra R Martinez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |   |                                       |
|---|---|---------------------------------------|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:            |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$)         |
| 8-19-15   | Dela Rosa Wrecker   | \$200. <sup>00</sup>                  |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)         |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| 8-26-15   | Roma Apts.<br>817 N. Ware Rd McAllen TX   | \$250. <sup>00</sup>                  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)           |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| 8-29-15   | Roy Alaniz<br>2006 Justice Lane San Juan TX 78589   | \$487.12<br>(Signs)                   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)           |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)           |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 2 FILER NAME: Josias G. Alaniz Gilbert Chato Alaniz 3 Filer ID (Ethics Commission Filers)

4 Date: 11-14-15 5 Payee name: Hidalgo Co. Democrat Party

6 Amount (\$): \$1,000 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE: Filing fee  
(a) Category (See categories listed at the top of this schedule)  
(b) Description  
 Check if travel outside of Texas, complete Schedule T  
 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: 10-24-15 Payee name: Alamo Fire Dept.

Amount (\$): 150.<sup>00</sup> Payee address; City; State; Zip Code: W. Tower Rd. Alamo Tx 78516

PURPOSE OF EXPENDITURE: Rent of Pavilion  
Category (See categories listed at the top of this schedule)  
Description  
 Check if travel outside of Texas, complete Schedule T  
 Check if Austin, TX, officeholder living expense

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

Date: 9-20-15 Payee name: Brandon Garcia

Amount (\$): 500.<sup>00</sup> Payee address; City; State; Zip Code: Mollen Tx

PURPOSE OF EXPENDITURE: Bumper Stickers  
Category (See categories listed at the top of this schedule)  
Description  
 Check if travel outside of Texas, complete Schedule T  
 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