

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
	A.C.	ARTURO CUELLAR	C. JR.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	1900 E. 28TH ST., WESLACO, TX 78596		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	227-1403	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
	A.C.	ARTURO CUELLAR	C. JR.
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1900 E. 28TH ST., WESLACO, TX 78596		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	227-1403	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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
	01	01	2016
	THROUGH		Month Day Year
			01 31 2016
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other Description
	03 01 2016	<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		
	HIDALGO COUNTY COMMISSIONER, PCT. 1		
13 OFFICE SOUGHT (if known)	HIDALGO COUNTY COMMISSIONER, PCT. 1		

OFFICE USE ONLY	
Date Received	
RECEIVED FEB 01 2016 2:49 PM. <i>Rob Q...</i>	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
ARTURO C. CUELLAR, JR. (A.C. CUELLAR, 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.

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

\$

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

\$ 3,000.00

**EXPENDITURE
TOTALS**

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

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 30,450.47

**CONTRIBUTION
BALANCE**

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

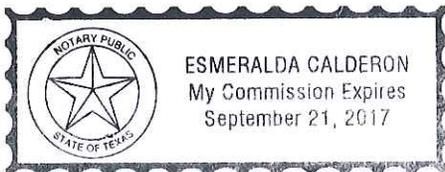
\$ 337,635.62

**OUTSTANDING
LOAN TOTALS**

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

\$ 104,000.00

18 AFFIDAVIT



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

AC Cuellar

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ARTURO C. CUELLAR, JR., this the 1ST day of FEBRUARY, 2016, to certify which, witness my hand and seal of office.

Esmeralda Calderon

Signature of officer administering oath

Esmeralda Calderon

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,000.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 30,450.47
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		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 OF 1

2 FILER NAME
ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)

3 Filer ID (Ethics Commission Filers)

4 Date: 01/20/2016
5 Full name of contributor: HIDALGO COUNTY EMERGENCY SERVICE FOUNDATION
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
P.O. BOX 2533, EDINBURG, TX 78540

7 Amount of contribution (\$)
1000.00

8 Principal occupation / Job title (See Instructions)
BUSINESS

9 Employer (See Instructions)
ENTITY

Date: 01/20/2016
Full name of contributor: W.C. ROSS
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
P.O. BOX 717, MERCEDES, TX 78570

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)
OWNER

Employer (See Instructions)
SELF/ ROSS GIN

Date: 01/22/2016
Full name of contributor: ALEX BARRERA
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
2825 TUSCARORA, CORPUS CHRISTI, TX 78410

Amount of contribution (\$)
1500.00

Principal occupation / Job title (See Instructions)
SALESMAN

Employer (See Instructions)
TEXAS LEHIGH CEMENT

Date: _____
Full name of contributor: _____
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 OF 10	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2016	5 Payee name NANDIPATY FAMILY LIMITED PARTNERSHIP	
6 Amount (\$) 1250.00	7 Payee address; City; State; Zip Code 1620 E. 8TH ST., STE. 1, WESLACO, TX 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) RENTAL 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 WESLACO HEADQUARTER RENT
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/05/2016	Payee name MID VALLEY TOWN CRIER	
Amount (\$) 315.90	Payee address; City; State; Zip Code P.O. BOX 3267, MCALLEN, TX 78502	
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 RE-ELECT POLITICAL AD FRONT PAGE BANNER
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/05/2016	Payee name MILLENIUM NEWSPAPER	
Amount (\$) 600.00	Payee address; City; State; Zip Code 202 S. TEXAS AVE., MERCEDES, TX 78570	
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 PRINTED POLITICAL ADVERTISING
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 OF 10	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2016	5 Payee name COPYRITE	
6 Amount (\$) 5000.00	7 Payee address; City; State; Zip Code 120 S. WESTGATE DR., WESLACO, TX 78596	
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 STICKERS/ PUSHCARDS/ SIGN IN SHEETS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/08/2016	Payee name OMAR FIGEROA	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1618 E. 26TH ST., WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/08/2016	Payee name JOSE R. AYALA	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 6809 N. WESTGATE DR., WESLACO, TX 78596	
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 VIDEO RECORDING & EDITING
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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
Credit Card Payment	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: 3 OF 10	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2016	5 Payee name MARIA A. RAZO CANALES	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 254 RUE MORIN ST. QUEBEC, CANADA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) RENTAL 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 DELTA AREA HEADQUARTERS RENT (2 MONTHS)
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/12/2016	Payee name KIMBERLY ROCHA	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 3533 CESSANA AVE., EDINBURG, TX 78542	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV (PCT. 77 & 85)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/13/2016	Payee name BETO'S SCREEN PRINTING	
Amount (\$) 1604.94	Payee address; City; State; Zip Code 110 W. 4TH ST., SAN JUAN, TX 78589	
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 POLITICAL SIGNS & AUTO MAGNETICS
	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 MADE 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
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 F1: 4 OF 10	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2016	5 Payee name LA VERDAD	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 306 S. PALM AVE., MERCEDES, TX 78570	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING 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 CHRISTMAS PRINT ADS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/13/2016	Payee name MID VALLEY TOWN CRIER	
Amount (\$) 631.80	Payee address; City; State; Zip Code P.O. BOX 3267, MCALLEN, TX 78502	
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 NEW YEAR FRONT PAGE BANNER/ HAPPY NEW YEAR ADS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/14/2016	Payee name VAL VERDE MEMORIAL GARDENS	
Amount (\$) 500.00	Payee address; City; State; Zip Code 6200 N. VAL VERDE RD., DONNA, TX 78537	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARTIAL PYMT O/C & LINER (BENITO GARCIA)
	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 MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 OF 10	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2016	5 Payee name IRENE MATA	
6 Amount (\$) 700.00	7 Payee address; City; State; Zip Code 1110 W. 5TH ST., WESLACO, TX 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV (MONTE ALTO)
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/15/2016	Payee name NATHAN GOWER SCHWARZ	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 712 WALNUT, MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA ANALYST
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/19/2016	Payee name MERCEDES ENTERPRISE	
Amount (\$) 300.00	Payee address; City; State; Zip Code 230 S. TEXAS AVE., MERCEDES, TX 78570	
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 POLITICAL AD RE-ELECT A.C. CUELLAR, JR.
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 OF 10	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)	
4 Date 01/19/2016	5 Payee name A.C. CUELLAR, III		
6 Amount (\$) 714.65	7 Payee address; City; State; Zip Code 141 LION LAKE DR. SOUTH, PROGRESO LAKES, TX 78596		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REIMBURSEMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD/ BEVERAGE EXPENSE (EVENT- WESLACO HQ RALLY 1/20/2016)	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 01/20/2016	Payee name KIMBERLY ROCHA		
Amount (\$) 1200.00	Payee address; City; State; Zip Code 3533 CESSANA AVE., EDINBURG, TX 78542		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV (PCT. 111 & 113)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 01/20/2016	Payee name MARCO PEREZ		
Amount (\$) 391.63	Payee address; City; State; Zip Code 2008 W. JONQUIL, MCALLEN, TX 78501		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD/BEVERAGE- GOTV WORKERS 12/5/15(37.03) FOOD/BEVERAGE- GOTV WORKERS 1/16/16 (194.60) FUEL- GOTV 12/5/15 (80.00) FUEL- GOTV 1/16/16 (80.00)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 OF 10	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2016	5 Payee name EL DORADO RESTAURANT	
6 Amount (\$) 786.44	7 Payee address; City; State; Zip Code 755 MAIN ST., ALAMO, TX 78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/ BEVERAGE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT- MEET & GREET BREAKFAST (01/09/2016)
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/20/2016	Payee name JOSE VELA	
Amount (\$) 300.00	Payee address; City; State; Zip Code 1208 EAST HERNANDEZ RD., DONNA, TX 78537	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/20/2016	Payee name ALEX LOERA	
Amount (\$) 225.00	Payee address; City; State; Zip Code 1809 JOLEIGH, MERCEDES, TX 78570	
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 PAINT 5X16 TRAILER SIGN BOTH SIDES
	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 MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 OF 10		2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)	
4 Date 01/21/2016		5 Payee name BETO'S SCREEN PRINTING			
6 Amount (\$) 1515.50		7 Payee address; City; State; Zip Code 110 W. 4TH ST., SAN JUAN, TX 78589			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING 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 POLITICAL SIGNS & AUTO MAGNETICS	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/22/2016	Payee name DIRECT ENERGY BUSINESS		
Amount (\$) 550.41	Payee address; City; State; Zip Code P.O. BOX 660749, DALLAS, TX 75266		

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 WESLACO HEADQUARTERS ELECTRICITY
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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 01/23/2016	Payee name A.C. CUELLAR, III		
Amount (\$) 325.98	Payee address; City; State; Zip Code 141 LION LAKE DR. SOUTH, PROGRESO LAKES, TX 78596		

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 EVENT- GOTV YOUTH RALLY 01/22/2016
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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 MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 OF 10	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR)	3 Filer ID (Ethics Commission Filers)	
4 Date 01/23/2016	5 Payee name ALBERT CANO		
6 Amount (\$) 338.22	7 Payee address; City; State; Zip Code 1418 SOUTH TEXAS, MERCEDES, TX 78570		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REIMBURSEMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT EXPENSE- MICROPHONE AND SPEAKER FROM HERMES MUSIC FOR GOTV RALLIES	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 01/25/2016	Payee name KIMBERLY ROCHA		
Amount (\$) 1200.00	Payee address; City; State; Zip Code 3533 CESSANA, EDINBURG, TX 78542		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV- (DELTA AREA)	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 01/26/2016	Payee name CARRERA COMMUNICATIONS		
Amount (\$) 3000.00	Payee address; City; State; Zip Code 135 PASEO DEL PRADO #48, EDINBURG, TX 78541		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN CONSULTANT	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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 F1: 10 OF 10	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2016	5 Payee name MARCO PEREZ	
6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 2008 W. JONQUIL, MCALLEN, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING 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 MAP STUDIES/ FIELD CONSULTING
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/28/2016	Payee name NYSSA M CRUZ	
Amount (\$) 1000.00	Payee address; City; State; Zip Code PO BOX 1374, WESLACO, TX 78599	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN CONSULTANT
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/28/2016	Payee name NATHAN GOWER SCHWARZ	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 712 WALNUT, MCALLEN, TX 78504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA ANALYSIST
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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