CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: ; FIRST: ARTURO ; MI: C. ; NICKNAME: A.C. ; LAST: CUELLAR ; SUFFIX: JR.	Date Received: 5:10 pm REC'D JAN 21 2016
4 ORIGINAL REPORT TYPE	[X] January 15 ; [ ] July 15 ; [ ] 30th day before election ; [ ] 8th day before election ; [ ] Runoff ; [ ] Exceeded $500 limit ; [ ] 15th day after treasurer appointment (officeholder only) ; [ ] Final report ; [ ] Other (specify)	Date Hand-delivered or Date Postmarked ; Receipt # ; Amount $
5 ORIGINAL PERIOD COVERED	Month 06 / Day 01 / Year 2015 THROUGH Month 12 / Day 31 / Year 2015	Date Processed ; Date Imaged

6 EXPLANATION OF CORRECTION

Some employment information of contributors was not included on the original report. The corrected report includes all the missing information. The original report is also missing monthly banking fees, check order, and a check in the expenses that was charged back by the bank due to insufficient funds. The updated report includes loans previously reported on on past reports.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

[X] **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

[X] **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

NOTARY PUBLIC STATE OF TEXAS
ESMERALDA CALDERON
My Commission Expires
September 21, 2017

AC Cuellar Jr.
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 20TH day of JANUARY, 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:

OFFICE USE ONLY

Date Received

REC'D JAN 21 2016

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST: ARTURO	MI: C.	
	NICKNAME: A.C.	LAST: CUELLAR	SUFFIX: JR.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1900 E. 28TH ST. WESLACO, TEXAS 78596			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (956)	PHONE NUMBER: 227-1403	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST: ARTURO	MI: C.	
	NICKNAME: A.C.	LAST: CUELLAR	SUFFIX: 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, TEXAS 78596			
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956)	PHONE NUMBER: 227-1403	EXTENSION	

9 REPORT TYPE

- [X] 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 07 / Day 01 / Year 2015 THROUGH Month 12 / Day 31 / Year 2015

11 ELECTION

ELECTION DATE: Month 03 / Day 01 / Year 2016

ELECTION TYPE:
- [X] Primary
- [ ] Runoff
- [ ] Other Description
- [ ] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any): HIDALGO COUNTY COMMISSIONER, PCT. 1

13 OFFICE SOUGHT (if known): HIDALGO COUNTY COMMISSIONER, PCT. 1

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
☐ Additional Pages	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	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 179,105.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 200,732.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 364,591.09
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

NOTARY PUBLIC STATE OF TEXAS
ESMERALDA CALDERON
My Commission Expires
September 21, 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.

AC Cuellar Jr

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 20TH day of JANUARY, 20 16, to certify which, witness my hand and seal of office.

Esmeralda Calderon	Esmeralda Calderon	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	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.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$179,105.00
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 2030.00
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ]	SCHEDULE E: LOANS	$
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 200,732.08
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 3,419.72
10.	[ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	[ ]	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 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/31/2015	BENNETT INTERESTS P.O. BOX 365, LA BLANCA, TX 78558	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
INVESTOR	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/31/2015	PROGRESO INTERNATIONAL BRIDGE P.O. BOX 130, PROGRESO, TX 78579	250.00

Principal occupation / Job title (See instructions)	Employer (See Instructions)
BUSINESSMAN	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/31/2015	MICHAEL B. RHODES 1020 ALLEN VIEW DR., NEW BRAUFELS, TX 78132	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
DEVELOPER	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/31/2015	THAD R. MOORE P.O. BOX 40044, SOUTH PADRE ISLAND, TX 78597	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VICE PRESIDENT	H & V EQUIPMENT

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 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/31/2015	EDDIE LUCIO III CAMPAIGN ACCOUNT P.O. BOX 2106, SAN BENITO, TX 78586	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
ATTORNEY	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08/31/2015	W.C. ROSS P.O. BOX 717, MERCEDES, TX 78570	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
OWNER	SELF/ ROSS GIN

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08/31/2015	JUAN F. VILLESCAS 7010 N. FM 493, DONNA, TX 78537	1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESSMAN	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08/31/2015	ERO INTERNATIONAL, LLP DBA ERO ARCHITETS 300 S. 8TH ST., MCALLEN, TX 78501	1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ARHITECT	SELF

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: 3 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/31/2015	RABA KISTNER PAC P.O. BOX 690287, SAN ANTONIO, TX 78269	1500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
POLITICAL ACTION COMMITTEE	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08/31/2015	GENE GUERRA P.O. BOX 5488, MCALLEN, TX 78502	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESSMAN	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/31/2015	H & R INSULATION 8755 W. CHARLES GREEN, MONTE ALTO, TX 78538	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS	ENTITY

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08/31/2015	QUALITY READY MIX LTD, LLP P.O. BOX 10100, CORPUS CHRISTI, TX 78460	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS	ENTITY

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: 4 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
08/31/2015	HDR- POLITICAL ACTION COMMITTEE (☒ out-of-state PAC (ID#: C00103903))	8404 INDIAN HILLS DRIVE, OMAHA, NE 68114	500.00

8 Principal occupation / Job title (See Instructions): POLITICAL ACTION COMMITTEE

9 Employer (See Instructions): SELF

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
08/31/2015	LE FEVRE ENGINEERING (☐ out-of-state PAC (ID#:))	612 W. NOLANA , STE. 520, MCALLEN, TX 78504	5000.00

Principal occupation / Job title (See Instructions): ENGINEER

Employer (See Instructions): SELF

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
08/31/2015	RED SEAGULL MARINE SERVICES, LLC (☐ out-of-state PAC (ID#:))	710 TRINITY RD., MISSON, TX 78572	250.00

Principal occupation / Job title (See Instructions): BUSINESS

Employer (See Instructions): ENTITY

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
08/31/2015	TRUCKERS INSURANCE (☐ out-of-state PAC (ID#:))	P.O. BOX 3783, MCALLEN, TX 78502	500.00

Principal occupation / Job title (See Instructions): INSURANCE AGENT

Employer (See Instructions): SELF

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: 5 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
08/31/2015	JOHN A. MORKOVSKY 8791 FM 1303, FLORESVILLE, TX 78114	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
SALESMAN	EUCLID CHEMICAL

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/31/2015	RAUL PALMA 705 DAWSON DR., EDINBURG, TX 78539	1750.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
OWNER	MILLENIUM MEG

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08/31/2015	TEXAS CORDIA CONST., LLC. 3149-A CENTER POINTE DR., EDINBURG, TX 78539	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CONSTRUCTION	ENTITY

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08/31/2015	LE FEVRE ENGINEERING 612 W. NOLANA STE. 520, MCALLEN, TX 78504	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ENGINEER	SELF

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: 6 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/3/2015	DOS CRUCES PROPERTIES, LTD. P.O. BOX 959, EDINBURG, TX 78540	2500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
DEVELOPER	ENTITY

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/3/2015	MIGUEL CHANIN 2201 E. AUGUSTA SQ., MCALLEN, TX 78503	1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ENGINEER	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/3/2015	BOBBY SPARKS 13230 MILE 2 1/2 EAST, MERCEDES, TX 78570	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
FARMER	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/3/2015	L. KEITH FOX P.O. BOX 2288, MCALLEN, TX 78501	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
OWNER	SELF

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: 7 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/3/2015	RENE A. RAMIREZ 612 W. NOLANA AVE., STE 415, MCALLEN, TX 78504	1000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
BUSINESSMAN	PATHFINDERS

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/3/2015	GARZA & ASSOCIATES 1419 DOVE AVE., STE. 1, MCALLEN, TX 78504	1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SURVEYORS	ENTITY

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/3/2015	JAVIER O. DE LA GARZA, D.D.S, P.A. 461 N. WESTGATE DR., WESLACO, TX 78596	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
DENTIST	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	LOUIS H. JONES JR. 3100 W. ALABAMA ST., HOUSTON, TX 77098	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ENGINEER	DANNENBAUM ENGINEERING

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: 8 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/5/2015	MIN CHOW HEW 613 CONTADORA, SAN ANTONIO, TX 78258	2500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
ENGINEER	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	DEREN LI 7619 WELLFORD TRL.	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PRESIDENT	CSE

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	RABA KISTNER PA P.O. BOX 690287, SAN ANTONIO, TX 78269	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
POLITICAL ACTION COMMITTEE	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
09/05/2015	PAULA VILLANUEVA 402 W. MILE 10 RD. N, WESLACO, TX 78599	1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESSWOMAN/ OWNER	ALL VALLEY WASTE

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: 9 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/5/2015	VERONICA REYES 913 ANTHONY ST., WESLACO, TX 78596	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
TEACHER	WISD

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	MARK W. LUPHER 17406 MASONRIDGE DR., HOUSTON, TX 77095	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ENGINEER	TEDSI

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	RUFINO GARZA RANCH ACCOUNT 3779 N. BENTSEN PALM DR. MISSION, TX 78574	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESSMAN	CAPA

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	JESUS SALINAS 1201 E. EXPRESSWAY 83, MISSION, TX 78572	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESSMAN	TEDSI

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: 10 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/5/2015	BRIAN A. HUMPHREYS 1209 BELLA VISTA/ P.O. BOX 8142	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
BUSINESSMAN	BURTON AUTO

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	JEFFREY W. EVERITT 705 AMETHYST DR., WESLACO, TX 78596	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
INSURANCE AGENT	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	SOUTHERN TRENCHLESS SOLUTIONS LLC DBA BLUEGREEN MUNICIPAL GENERAL ACCT. 1200 W. EXPRESSWAY 83, LA FERIA, TX 78559	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS	ENTITY

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	LINEBARGER, GOGGAN BLAIR & SAMPSON, LLP ATTORNEYS AT LAW PO BOX 17428, AUSTIN, TX 78760	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	SELF

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: 11 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/5/2015	JOE QUIROGA 4908 S. JACKSON RD., EDINBURG, TX 78539	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
BANKER	TEXAS NATIONAL BANK

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	RAMON SAENZ 10209 E. MONTECRISTO, EDINBURG, TX 78542	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	DANIEL ORTEGA P.O. BOX 1159, ELSA, TX 78543	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RANCHER	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	MEMORIAL FUNERAL HOME 311 E. EXPRESSWAY 83, SAN JUAN, TX 78589	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
FUNERAL HOME	ENTITY

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: 12 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/5/2015	MEMORIAL FUNERAL HOME P.O. BOX 1517/ 208 E. CANTON, EDINBURG, TX 78540	1500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
FUNERAL HOME	ENTITY

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	CRAIG F. STONG 15920 REYES RDG, HELOTES, TX 78023	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ENGINEER	TEDSI

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	PRO-MEDIC E.M.S., LLC P.O. BOX 2190, SAN JUAN, TX 78589	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AMBULANCE SERVICE	ENTITY

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	OFELIA RORIGUEZ 2717 N. NEBRASKA AVE., WESLACO, TX 78596	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SECRETARY	HIDALGO COUNTY

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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: 13 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/5/2015	HIDALGO COUNTY PROPERTY TAX SERVICE, LTD. MISSION, TX	250.00
8 Principal occupation / Job title (See Instructions): BUSINESS	9 Employer (See Instructions): ENTITY	
Date: 9/5/2015	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code: APPRAISAL HAUS, 502 W. KUHN ST., EDINBURG, TX 78541	Amount of contribution ($): 500.00
Principal occupation / Job title (See Instructions): BUSINESS	Employer (See Instructions): ENTITY	
Date: 9/5/2015	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code: SALAZAR INSURANCE GROUP, LLC, 611 E. LOOP 499, HARLINGEN, TX 78550	Amount of contribution ($): 2500.00
Principal occupation / Job title (See Instructions): INSURANCE AGENT	Employer (See Instructions): SELF	
Date: 9/5/2015	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code: JASON R. EBERLE, P.O. BOX 1028, DONNA, TX 78537	Amount of contribution ($): 1500.00
Principal occupation / Job title (See Instructions): CONTRACTOR	Employer (See Instructions): EBERLE MATERIALS	

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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: 14 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/5/2015	ALFONSO QUINTANILLA 100 E. EMORY AVE., MCALLEN, TX 78504	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
ENGINEER	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	DANIEL ORTEGA P.O. BOX 1159, ELSA,TX 78543	1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RANCHER	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	ALEGRE & ASSOCIATES BUSINESS CONSULTING SERVICE 801 W. NOLANA AVE. STE. 200, MCALLEN, TX 78504	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS CONSULTANT	ENTITY

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/5/2015	ANDY RAMOS 304 LARK AVE., MCALLEN, TX 78504	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SALES REP.	DOGGETT

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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: 15 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/10/15	IRENE RODRIGUEZ P.O. BOX 2203, ELSA, TX 78543	425.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
HOUSEWIFE	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	JAVIER VILLALOBOS 1515 FULLERTON AVE., MCALLEN, TX 78504	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY AT LAW	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	BLAKE LEE CAESAR 2178 COUNTY ROAD 4516, CASTROVILLE, TX 78009	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	J BALDERAS 2805 SANTA ANA, MISSION, TX 78572	1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESSMAN	SELF

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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: 16 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/10/2015	MAURICIO J. BALDERAS 2805 SANTA ANA, MISSION, TX 78572	1500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
BUSINESSMAN	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	JOHN DAVID FRANZ 400 N. MCCOLL RD STE. B, MCALLEN, TX 78501	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	JOSE M. FLORES CAMPAIGN FUND P.O. BOX 310, MISSION, TX 78573	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESSMAN	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	LAURA CONTRERAS PENA 3716 TIGRIS, EDINBURG, TX 78539	1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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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: 17 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/10/2015	DANA S. SALINAS 13502 N. 33RD LN., EDINBURG, TX 78541	40.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	SAUL DANIEL MALDONADO 801 E. FERGUSON, STE B., PHARR, TX 78577	1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ENGINEER	SAMS ENGINEERS

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	DANIEL G. RIOS 323 NOLANA, MCALLEN, TX 78504	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY AT LAW	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	ISRAEL ROCHA P.O. BOX 1410, ELSA, TX 78543	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO	DHR

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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: 18 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/10/2015	CYNTHIA A. MARQUEZ 222 E. HOUSTON ST. APT. 904, SAN ANTONIO, TX 78205	2000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	JAIME J. MUNOZ P.O. BOX 47, SAN JUAN, TX 78589	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY AT LAW	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	JOSE E. PAREDES 3185 SMITH RD., BROWNSVILLE, TX 78526	40.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/2015	RICHARD A. GARZA 3910 W. FREDDY GONZALEZ DR., EDINBURG, TX 78539	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
DEVELOPER	BIC REALTY

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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: 19 OF 28

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

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/16/2015	ROBERT PENA JR. DBA TEXAS ENERGY DEVELOPMENT P.O. BOX 1847, EDINBURG, TX 78540	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
BUSINESSMAN	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/16/2015	JAIME A. GONZALEZ JR. 817 E. ESPERANZA AVE., MCALLEN, TX 78501	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/16/2015	DAVID L. EARL 6 WEST OAKS COURT, SAN ANTONIO, TX 78213	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PRESIDENT	EARL & ASSOCIATES

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/16/2015	RUBEN CARDENAS 603 N. TEXAS BLVD., WESLACO, TX 78596	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
INSURANCE AGENT	STATE FARM INSURANCE

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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: 20 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/16/2015	R. VAUGHAN 105 W. CHAPARRAL ST., WESLACO, TX 78596	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
MANAGER	RIOS BOOTS OF MERCEDES

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
09/16/2015	MARK BRUNNEMANN 1830 LION LAKE DR. N., PROGRESO LAKES, TX 78596	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SALES REP	HOLT CATEPILLAR

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/16/2015	NOELIA TELLES P.O. BOX 2386, ELSA TX 78543	5000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
HOUSEWIFE	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/16/2015	HUGO P. GONZALEZ, JR. 2614 HYLTON AVE., EDINBURG, TX 78539	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ENGINEER	L & B

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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: 21 OF 28

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

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
9/16/2015	BORDER HEALTH PAC 6 Contributor address; City; State; Zip Code 612 W. NOLANNA, BLDG 3, SUITE 340, MCALLEN, TX 78504	10000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
POLITICAL ACTION COMMITTEE	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
9/16/2015	GREG LAMANTIA Contributor address; City; State; Zip Code 3900 N. MCCOLL, RD. MCALLEN, TX 78501	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESSMAN	L & F DISTRIBUTORS

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
9/16/2015	ATLAS, HALL & RODRIGUEZ, LLP Contributor address; City; State; Zip Code P.O. DRAWER 3725, MCALLEN, TX 78502	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
9/16/2015	HALFF ASSOCIATES- STATE PA Contributor address; City; State; Zip Code 1201 N. BOWSER ROAD, RICHARDSON, TX 75081	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ENGINEER	SELF

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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: 22 OF 28

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

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/17/2015	BURNS BROTHERS LTD 4216 N. US HWY 281, EDINBURG, TX 78542	1500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
DEVELOPERS	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/17/2015	O'HANLON MCCOLLOM & DEMERATH PC DBA O'HANLONRODDRIGUEZ, BETANCOURT & DEMERATH 808 WEST AVE, AUSTIN, TX 78701	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/30/2015	RICK HARBISON 280125 DAL CIN, DR., SAN ANTONIO, TX 78260	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
FARMER	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/30/2015	THOMAS JOSEPH JENDRUSCH 1500 ORCHID AVE., MCALLEN, TX 78504	250.00

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: 23 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/30/2015	RAUL EDUARDO SESIN	2110 DIANE DRIVE, MISSION, TX 78572	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
ENGINEER	SELF

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
9/30/2015	CAST SHEET METAL LLC	P.O. BOX 5926, MCALLEN, TX 78502	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS	ENTITY

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
9/30/2015	HIDALGO COUNTY EMERGENCY SERVICE FOUNDATION	P.O.B OX 2533, EDINBURG, TX 78540	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS	ENTITY

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/26/2015	LA FLORESTA RV PARK	4140 LA FLORESTA RD, MERCEDES, TX 78570	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
RV PARK	ENTITY

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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: 24 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/26/2015	ARMANDO J. MARROQUIN 1313 MALTESE ST., EDINBURG TX 78539	500.00

8 Principal occupation / Job title (See Instructions): ATTORNEY

9 Employer (See Instructions): SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10/26/2015	HOMERO JASSO JR. CAMPAIGN ACCT. 710 N. SHARY RD., MISSION, TX 78572	1000.00

Principal occupation / Job title (See Instructions): BUSINESSMAN

Employer (See Instructions): SUPERIOR OIL EXPRESS

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10/26/2015	LAW OFFICES OF GUERRA & FARAH, PLLC 4101 WASHINGTON AVE., 3RD FLOOR, HOUSTON, TX 77007	500.00

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions): SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10/26/2015	S & B PAC TEXAS CONTRIBUTON ACCT. P.O. BOX 266245, HOUSTON, TX 77207	250.00

Principal occupation / Job title (See Instructions): POLITICAL ACTION COMMITTEE

Employer (See Instructions): SELF

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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: 25 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/26/2015	FRANCISO JAVIER MEDRANO 2109 NORTHGATE CIRCLE, WESLACO, TX 78596	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
OWNER	SOUTH STAR AMBULANCE

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/6/2015	GARY LOONEY 12514 CHAPEL BELL ST., SAN ANTONIO, TX 78230	1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
INSURANCE AGENT	ALAMO INSURANCE

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/6/2015	LINEBARGER, GOGGAN, BLAIR & SAMPSON, LLP ATTORNEYS AT LAW PO BOX 17428, AUSTIN, TX 78760	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/6/2015	ANNETTE FRANZ 400 N. MCCOLL RD. STE B, MCALLEN, TX 78501	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS WOMAN	LAW OFFICE OF JOHN DAVID FRANZ

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: 26 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
11/6/2015	WESLEY RICHARD LEFEVRE 3908 YELLOWHAMMER AVE, MCALLEN, TX 78504	5000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
ENGINEER	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/17/2015	ANA L. CANALES 336 ROYAL ST., EDINBURG, TX 78539	2500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	LINEBARGER GOGGAN BLAIR & SAMPSON

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/17/2015	RAMIRO GONZALEZ JR. 2690 N. SAM HOUSTON, SAN BENITO, TX 78586	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESSMAN/ OWNER	R & R PAVING

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/17/2015	JEFF BRADLEY 8200 SUNBURST PKWY, ROUND ROCK, TX 78681	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ARCHITECT	HOK

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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: 27 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
11/17/2015	CARLOTA C LEAL 515 S. AUSTIN ST. SAN BENITO TX 78586	1000.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
11/17/2015	JOSUE B CANO 27194 BAKER POTTS RD., HARLINGEN, TX 78552	1000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/10/2015	H & R INSULATION 8755 W. CHARLES GREEN, MONTE CRISTO, TX 78538	100.00

Principal occupation / Job title (See Instructions): BUSINESS

Employer (See Instructions): ENTITY

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/10/2015	GENE GUERRA P.O. BOX 5488, MCALLEN, TX 78502	200.00

Principal occupation / Job title (See Instructions): BUSINESSMAN

Employer (See Instructions): SELF

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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: 28 OF 28

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

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
12/10/2015	AMPRIS PROPERTIES PO BOX 2822, ELSA, TX 78543	50.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/10/2015	LETICIA R. GARZA 1717 PEBBLE DR., MISSION, TX 78574	1000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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):

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

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

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ 2030.00

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution $	9 In-kind contribution description
09/16/2015	A.C. CUELLAR, III 7 Contributor address: City: State: Zip Code 141 LION LAKE DR. SOUTH PROGRESO LAKES, TEXAS 78596	530.00	DEPUTIES SECURITY FOR KICKOFF ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) VICE PRESIDENT	11 Employer (FOR NON-JUDICIAL) (See Instructions) J-III CONCRETE CO., INC.
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of Contribution $	In-kind contribution description
10/6/2015	TEXAS DEMOCRATIC PARTY Contributor address: City: State: Zip Code 4818 E. BEN WHITE BLV., STE 104 AUSTIN, TX 78741	1500.00	VOTER FILE ☐ Check if travel outside of Texas. Complete Schedule T.

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

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: 1 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 07/09/2015	5 Payee name WESLACO EAST HIGH SCHOOL	
6 Amount ($) 40.00	7 Payee address; City; State; Zip Code 400 S. OKLAHOMA, WESLACO, TX 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense SPONSOR- KAYLA CUELLAR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 07/09/2015	Payee name WESLACO SOFTBALL BASEBALL	
Amount ($) 50.00	Payee address; City; State; Zip Code P.O. BOX 1350, WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	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 07/09/2015	Payee name WESLACO SOFTBALL BASEBALL	
Amount ($) 25.00	Payee address; City; State; Zip Code P.O. BOX 1350, WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense SPONSOR- ADRIANA GONZALEZ
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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
07/09/2015	BRIDGET PEREZ

6 Amount ($)	7 Payee address; City; State; Zip Code
50.00	604 N. NOGALES, LA VILLA, TX 78562

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense SOFTBALL SPONSORSHIP

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

Date	Payee name
07/15/2015	CARRERA COMMUNICATIONS

Amount ($)	Payee address; City; State; Zip Code
15000.00	135 PASEO DEL PRADO, EDINBURG, TX 78542

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONSULTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense POLITICAL CAMPAIGN CONSULTANT

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

Date	Payee name
07/15/2015	MERCEDES POP WARNER

Amount ($)	Payee address; City; State; Zip Code
100.00	1108 E. 11TH ST., MERCEDES, TX 78570

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ 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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
07/16/2015	MARIA E. ALVARADO

6 Amount ($)	7 Payee address; City; State; Zip Code
250.00	730 N. DAHLIA, PHARR, TX 78577

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONTRACT LABOR	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GOTV

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

Date	Payee name
07/17/2015	HECTOR J HERNANDEZ

Amount ($)	Payee address; City; State; Zip Code
1550.40	905 W. 7TH STREET, WESLACO, TX 78596

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SCREEN PRINT SERVICE (T-SHIRTS)

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

Date	Payee name
07/17/2015	CHARLIE'S MEAT MARKET

Amount ($)	Payee address; City; State; Zip Code
167.60	211 W. EDINBURG, ELSA, TX 78543

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD/ BEVERAGE/ EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN MEETING

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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
07/26/2015	MID VALLEY TOWN CRIER

6 Amount ($)	7 Payee address; City; State; Zip Code
149.00	P.O. BOX 3267, MCALLEN, TEXAS 78502

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. MVTC FOOTBALL POSTER

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

Date	Payee name
07/29/2015	W E A B C

Amount ($)	Payee address; City; State; Zip Code
320.00	131 PLEASANTVIEW DRIVE, WESLACO, TX 78596

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. WESLACO EAST FOOTBALL PROGRAM

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

Date	Payee name
07/29/2015	CHIEF'S TRIBAL COUNCIL

Amount ($)	Payee address; City; State; Zip Code
200.00	7520 N. VAL VERDE RD., DONNA, TX 78537

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. DONNA NORTH FOOTBALL PROGRAM

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

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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: 5 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 07/29/2015	5 Payee name EE ISD	
6 Amount ($) 300.00	7 Payee address; City; State; Zip Code 107 N. MILE 4W, EDCOUCH, TX 78538	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EDCOUCH ELSA FOOTBALL PROGRAM
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 07/29/2015	Payee name MERCEDES HIGH SCHOOL	
Amount ($) 200.00	Payee address; City; State; Zip Code 1200 S. FLORIDA, MERCEDES, TX 78570	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MERCEDES FOOTBALL PROGRAM
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 07/29/2015	Payee name DONNA REDSKINS QUARTERBACK CLUB	
Amount ($) 250.00	Payee address; City; State; Zip Code P.O. BOX 683, DONNA, TX 78537	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DONNA FOOTBALL PROGRAM
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 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: 6 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 07/29/2015	5 Payee name DONNA REDSKINS QUARTERBACK CLUB	
6 Amount ($) 250.00	7 Payee address; City; State; Zip Code P.O. BOX 683, DONNA, TX 78537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIP- GEORGE HERNANDEZ
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 07/29/2015	Payee name J NAVA STUDIOS	
Amount ($) 285.00	Payee address; City; State; Zip Code 308A SOUTH TEXAS BLVD., WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense WESLACO HIGH FOOTBALL PROGRAM
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 07/29/2015	Payee name NANDIPATY FAMILY LIMITED PARTNERSHIP	
Amount ($) 2500.00	Payee address; City; State; Zip Code 1620 E. 8TH ST. STE.1, WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense $1250 DEPOSIT & 1ST MO. RENT WESLACO HEADQUARTERS
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 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: 7 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 07/29/2015	5 Payee name A.C. CUELLAR, III	
6 Amount ($) 2721.08	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ONLINE ORDER OF TSHIRTS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 07/29/2015	Payee name J NAVA STUDIOS	
Amount ($) 370.00	Payee address; City; State; Zip Code 308A SOUTH TEXAS BLVD., WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIP- MICHAEL OCHOA
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 08/05/2015	Payee name OSCAR GARCIA JR.	
Amount ($) 120.00	Payee address; City; State; Zip Code 21223 MAIN STREET, EDCOUCH, TX 78538	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MEDICAL FUNDRAISER
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 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: 8 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 08/06/2015	5 Payee name INXS EMBROIDERY, INC.	
6 Amount ($) 1407.79	7 Payee address; City; State; Zip Code 821 N. 10TH ST., MCALLEN, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EMBROIDERY LOGO ON SHIRTS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 08/06/2015	Payee name MID VALLEY TOWN CRIER	
Amount ($) 175.00	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MVTC HIGH SCHOOL FOOTBALL TAB
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 08/06/2015	Payee name 913 SPORTS	
Amount ($) 125.00	Payee address; City; State; Zip Code P.O. BOX 596, LA VILLA, TX 78562	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIP- DERRIK PALOMIN
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 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: 9 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 08/06/2015	5 Payee name BETO'S SCREEN PRINTING	
6 Amount ($) 1450.00	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 08/11/2015	Payee name CHARLIE'S MEAT MARKET	
Amount ($) 469.03	Payee address; City; State; Zip Code 211 W. EDINBURG, ELSA, TX 78543	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION (445.43) FOOD/ BEVERAGE EXPENSE (23.60)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNERAL-RANDY RODRIGUEZ EE JR. HIGH CHEERLEADERS CAMPAIGN MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 08/11/2015	Payee name DELTA AREA AUTISM SOCIETY	
Amount ($) 800.00	Payee address; City; State; Zip Code P.O. BOX 2575, ELSA, TEXAS 78543	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIP- RIDE FOR AUTISM
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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
08/12/2015	MERCEDES AREA CHAMBER OF COMMERCE

6 Amount ($)	7 Payee address; City; State; Zip Code
500.00	P.O. BOX 37/ 320 SOUTH OHIO, MERCEDES, TX 78570

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense SPONSORSHIP- TEXAS STREET FESTIVAL

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

Date	Payee name
08/12/2015	MIRIAM MORENO

Amount ($)	Payee address; City; State; Zip Code
50.00	1029 ALCALA, MISSION, TX 78573

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense MEDICAL BENEFIT

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

Date	Payee name
08/17/2015	CITY OF ELSA/ ELSA PD

Amount ($)	Payee address; City; State; Zip Code
100.00	P.O. BOX 427, ELSA, TX 78543

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ 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

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: 11 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 08/19/2015	5 Payee name CITY OF DONNA	
6 Amount ($) 50.00	7 Payee address; City; State; Zip Code 307 S. 12TH ST., DONNA, TX 78537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL SIGN PERMIT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 08/20/2015	Payee name LEOPOLDO DIAZ	
Amount ($) 100.00	Payee address; City; State; Zip Code 101 PLEASANTVIEW DR., WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	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 08/21/2015	Payee name OLIVIA GARCIA	
Amount ($) 500.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
12 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
08/21/2015	BETO'S SCREEN PRINTING

6 Amount ($)	7 Payee address; City; State; Zip Code
5185.00	110 W. 4TH ST., SAN JUAN, TX 78589

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL SIGNS

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

Date	Payee name
08/21/2015	SELINA MEDRANO

Amount ($)	Payee address; City; State; Zip Code
1500.00	1303 PINE AVENUE, PHARR, TX 78577

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONSULTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN CONSULTANT

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

Date	Payee name
08/27/2015	MERCEDES POP WARNER

Amount ($)	Payee address: City; State; Zip Code
50.00	1108 E. 11TH ST., MERCEDES, TX 78570

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSOR- NATHAN VILCHES

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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
13 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
08/28/2015	DAVID BARBOSA

6 Amount ($)	7 Payee address; City; State; Zip Code
1500.00	1809 JOLEIGH, MERCEDES, TX 78570

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense 8' X 12' POLITICAL SIGN

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

Date	Payee name
09/03/2015	SGT BENITO ALANIZ POST 7473

Amount ($)	Payee address; City; State; Zip Code
100.00	ELSA, TX 78543

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MEDICAL EXPENSE DONATION

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

Date	Payee name
09/03/2015	EDWARD MEJIA

Amount ($)	Payee address; City; State; Zip Code
100.00	721 E. TORRITOS ST., WESLACO, TX 78596

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIP- ULTIMATE FRISBEE TEAM

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

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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: 14 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 09/03/2015	5 Payee name AMATEUR GOLF CHAMPIONSHIP	
6 Amount ($) 145.00	7 Payee address; City; State; Zip Code P.O. BOX 220, MCALLEN, TX 78505	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense SPONSORSHIP- JOSE AVITA JR.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/03/2015	Payee name CATHOLIC WAR VETERANS	
Amount ($) 700.00	Payee address; City; State; Zip Code 1501 INTERNATIONAL BLVD., WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense VENUE FOR KICKOFF PARTY- BALANCE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/03/2015	Payee name CHARLIE'S MEAT MARKET	
Amount ($) 424.91	Payee address; City; State; Zip Code 211 W. EDINBURG, ELSA, TX 78543	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/ BEVERAGE/ EXPENSE (200.91) CONTRIBUTION/ DONATION (224.00)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense CAMPAIGN MEETING (200.91) FUNDRAISER- BLANCA FLORES, LA VILLA (140.00) FUNERAL- RANDY RORIGUEZ (84.00)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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: 15 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 09/04/2015	5 Payee name INXS EMBROIDERY INC.	
6 Amount ($) 1498.78	7 Payee address; City; State; Zip Code 821 N. 10TH ST., MCALLEN, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EMBROIERY LOGO ON SHIRTS & COOLERS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/04/2015	Payee name DAVID BARBOSA	
Amount ($) 1600.00	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense 8' X 12' POLITICAL SIGN
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/04/2015	Payee name DAVID BARBOSA	
Amount ($) 1300.00	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense 3- POLITICAL TRAILERS
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 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: 16 OF 51	2 FILER NAME: ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date: 09/04/2015	5 Payee name: MID VALLEY TOWN CRIER	
6 Amount ($): 1038.00	7 Payee address; City; State; Zip Code: P.O. BOX 3267, MCALLEN, TEXAS 78502	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE	(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. MVTC POLITICAL ADVERTISEMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 09/04/2015	Payee name: BETO'S SCREEN PRINTING	
Amount ($): 5050.68	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: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. POLITICAL SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 09/08/2015	Payee name: PRINT WORKS	
Amount ($): 8316.31	Payee address; City; State; Zip Code: 1414 PECAN BLVD., MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): PRINTING EXPENSE	Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. FLYERS/ PUSHCARDS/ STICKERS/ BANNER
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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
17 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date: 09/08/2015

5 Payee name: DAVID RODRIGUEZ

6 Amount ($): 1682.79

7 Payee address; City; State; Zip Code: P.O. BOX 2203 ELSA, TX 78543

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): REIMBURSEMENT

(b) Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

FOOD/ BEVERAGE- CAMPAIGN MEETING (256.19) GOTV (240.89)
OFFICE OVERHEAD (5.40)
ADVERTISING- TSHIRT EMBROIDERY (36.00)
~~MATERIAL FOR SIGNS (814.31) RENTAL EXPENSE (330.00)~~

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

Date: 09/09/2015

Payee name: MERCEDES ENTERPRISE

Amount ($): 200.00

Payee address; City; State; Zip Code: 230 S. TEXAS, MERCEDES, TX 78570

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

PRINT AD

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

Date: 09/09/2015

Payee name: CARRERA COMMUNICATIONS

Amount ($): 5925.00

Payee address; City; State; Zip Code: 135 PASEO DEL PRADO, EDINBURG, TX 78542

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CONSULTING EXPENSE

Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

POLITICAL CAMPAIGN CONSULTANT

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

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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: 18 OF 51	2 FILER NAME: ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date: 09/10/2015	5 Payee name: R COMMUNICATIONS	
6 Amount ($): 1450.00	7 Payee address; City; State; Zip Code: 1201 N. JACKSON, STE. 900, MCALLEN, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE	(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense — RADIO ADVERTISING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 09/15/2015	Payee name: SAM'S CLUB	
Amount ($): 579.20	Payee address; City; State; Zip Code: 1400 E. JACKSON AVE., MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): FOOD/ BEVERAGE/ EXPENSE	Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense — CUPCAKES FOR KICKOFF
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 09/17/2015	Payee name: SILVIA BETANCOURT	
Amount ($): 745.00	Payee address; City; State; Zip Code: 209 N. RETAMA LN., WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): EVENT EXPENSE	Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense — BALLOON DECORATIONS FOR KICKOFF
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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: 19 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2015	5 Payee name SELINA MEDRANO	
6 Amount ($) 1500.00	7 Payee address; City; State; Zip Code 1303 PINE AVENUE, PHARR, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN CONSULTANT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/21/2015	Payee name EDDIE GUERRA CAMPAIGN	
Amount ($) 500.00	Payee address; City; State; Zip Code P.O. BOX 418, LINN, TX 78563	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/23/2015	Payee name WYFL	
Amount ($) 200.00	Payee address; City; State; Zip Code P.O. BOX 1261, WESLACO, TX 78599	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ELI RUBIO/ SIGN SPONSOR
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 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: 20 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2015	5 Payee name ELIBERTO GUERRA CAMPAIGN	
6 Amount ($) 500.00	7 Payee address; City; State; Zip Code 4265 6TH ST., RAYMONDVILLE, TX 78580	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GOLF TOURNAENT/ SPONSOR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/24/2015	Payee name BETO'S SCREEN PRINTING	
Amount ($) 5720.19	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL SIGNS / MAGNETIC SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/24/2015	Payee name CASSANDRA ALTAMIRANO	
Amount ($) 50.00	Payee address; City; State; Zip Code PO BOX 566, LA VILLA, TX 78563	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
21 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
09/25/2015	KIMBERLY ROCHA

6 Amount ($)	7 Payee address; City; State; Zip Code
300.00	3533 CESSNA AVE, EDINBURG, TX 78542

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONTRACT LABOR	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GOTV

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

Date	Payee name
09/25/2015	PRINT WORKS

Amount ($)	Payee address; City; State; Zip Code
1087.91	1414 PECAN BLVD., MCALLEN, TX 78501

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PUSHCARDS/ ENDORSEMENTS/ BUS CARDS

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

Date	Payee name
09/25/2015	BRAND BOOSTERS CO., LLC

Amount ($)	Payee address; City; State; Zip Code
216.50	3607 S. L LANE, MCALLEN, TX 78503

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FULL COLOR BANNER

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 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: 22 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2015	5 Payee name DAVID BARBOSA	
6 Amount ($) 350.00	7 Payee address; City; State; Zip Code 1809 JOLEIGH, MERCEDES, TX 78570	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAINT 52' POLITICAL TRAILER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/30/2015	Payee name GREAT TEXAS SPORTS	
Amount ($) 150.00	Payee address; City; State; Zip Code PO BOX 302829, AUSTIN, TX 78703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense AD ON MERCEDES BASKETBALL SCHEDULES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/30/2015	Payee name EDINBURG PARKS & RECREATON	
Amount ($) 100.00	Payee address; City; State; Zip Code 415 W. UNIVERSITY DR., EDINBURG, TX 78540	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSOR- SOFTBALL TEAM ACE HOLES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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: 23 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 09/30/2015	5 Payee name GATEWAY PRINTING	
6 Amount ($) 564.29	7 Payee address; City; State; Zip Code 315 S. CLOSNER, EDINBURG, TX 78540	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FITTED TABLE CLOTH WITH LOGO
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 09/30/2015	Payee name OSCAR SALINAS	
Amount ($) 250.00	Payee address; City; State; Zip Code P.O. BOX 1101, ALAMO, TX 78516	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense COOKOFF- SPONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/05/2015	Payee name NANDIPATY FAMILY LIMITED PARTNERSHIP	
Amount ($) 1250.00	Payee address; City; State; Zip Code 1620 E. 8TH ST., STE 1, WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) RENTAL EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense WESLACO HEADQUARTERS RENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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: 24 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 10/5/2015	5 Payee name J C A P A S	
6 Amount ($) 250.00	7 Payee address; City; State; Zip Code 1201 W. UNIVERSITY DR., EDINBURG, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GOLF TOURNAENT/ SPONSOR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/05/2015	Payee name GENEVA SALAS	
Amount ($) 300.00	Payee address; City; State; Zip Code 607 JOYCE ST., WESLACO, TX 78599	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/05/2015	Payee name DAVID RODRIGUEZ	
Amount ($) 525.66	Payee address; City; State; Zip Code P.O. BOX 2203 ELSA, TX 78543	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ADVERTISING- MATERIAL FOR SIGNS (124.80) FOOD/ BEVERAGE- GOTV (73.60) FOOD/ BEVERAGE- CAMPAIGN MEETING (177.26) RENTAL EXPENSE (150.00)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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: 25 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2015	5 Payee name CHARLIE'S MEAT MARKET	
6 Amount ($) 382.00	7 Payee address; City; State; Zip Code 211 W. EDINBURG, ELSA, TX 78543	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/ BEVERAGE/ EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN MEETING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/6/2015	Payee name TEXAS DEMOCRATIC PARTY	
Amount ($) 900.00	Payee address; City; State; Zip Code 4818 E. BEN WHITE BLVD, STE 104 AUSTIN, TX 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ONLINE VOTER FILE LICENSE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/6/2015	Payee name MID VALLEY TOWN CRIER	
Amount ($) 175.00	Payee address; City; State; Zip Code P.O. BOX 3267, MCALLEN, TEXAS 78502	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense HALLOWEEN COLOR CONTEST/ SAFETY
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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: 26 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2015	5 Payee name CARRERA COMMUNICATIONS	
6 Amount ($) 3000.00	7 Payee address; City; State; Zip Code 135 PASEO DEL PRADO, EDINBURG, TX 78542	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN CONSULTANT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/9/2015	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DATA ANALYSIST
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/12/2015	Payee name HECTOR J HERNANDEZ	
Amount ($) 646.00	Payee address; City; State; Zip Code 905 W. 7TH STREET, WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SCREEN PRINTING SERVICE (TSHIRTS)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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: 27 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 10/13/15	5 Payee name BETO'S SCREEN PRINTING	
6 Amount ($) 3955.00	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL SIGNS / MAGNETIC SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/13/15	Payee name KIMBERLY ROCHA	
Amount ($) 1110.00	Payee address: City: State: Zip Code 3533 CESSNA AVE, EDINBURG, TX 78542	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GOTV
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/13/15	Payee name PRINT WORKS	
Amount ($) 467.96	Payee address: City: State: Zip Code 1414 PECAN BLVD., MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PUSHCARDS
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 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: 28 OF 51

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

3 Filer ID (Ethics Commission Filers):

4 Date: 10/14/2015

5 Payee name: MARCO PEREZ

6 Amount ($): 3000.00

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

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX officeholder living expense

FIELD CONSULTANT/ MAP STUDIES

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

Date: 10/14/15

Payee name: MARCO PEREZ

Amount ($): 2000.00

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): CONSULTING EXPENSE

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX officeholder living expense

FIELD CONSULTANT/ MAP STUDIES

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

Date: 10/14/15

Payee name: JESSICA MORENO

Amount ($): 100.00

Payee address: City: State: Zip Code: 16913 CATHERINE ST, EDCOUCH TX 78538

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CONTRIBUTION/ DONATION

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX officeholder living expense

HEADSTART SHIRT DONATION

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

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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: 29 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/15	5 Payee name WESLACO PANTHERS	
6 Amount ($) 100.00	7 Payee address: City, State, Zip Code 1005 W. PIKE, WESLACO, TX 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GIRLS BASKETBALL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/15/15	Payee name HOLY SPIRIT PARISH	
Amount ($) 100.00	Payee address: City, State, Zip Code 2201 MARTIN AVE, MCALLEN, TX 78502	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	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 10/15/15	Payee name HARGILL COMMUNITY CHRUCH	
Amount ($) 500.00	Payee address: City, State, Zip Code PO BOX 25, HARGILL, TX 78549	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAN DE CAMPO COOKOFF
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
30 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
10/16/15	EDWARD MEJIA
6 Amount ($)	**7 Payee address; City; State; Zip Code**
100.00	721 E. TORRITOS ST., WESLACO, TX 78596

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MEDICAL BILLS DONATION

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

Date	Payee name
10/17/15	JAIME "JERRY" MUNOZ CAMPAIGN
Amount ($)	**Payee address; City; State; Zip Code**
500.00	PO BOX 47, SAN JUAN 78589

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TEAM SPONSOR- SKEET SHOOT

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

Date	Payee name
10/20/15	BETO'S SCREEN PRINTING
Amount ($)	**Payee address; City; State; Zip Code**
1159.50	110 W. 4TH ST., SAN JUAN, TX 78589

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL SIGNS / MAGNETIC SIGNS

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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
31 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
10/19/2015	KIMBERLY ROCHA

6 Amount ($)	7 Payee address; City; State; Zip Code
981.00	3533 CESSNA AVE, EDINBURG, TX 78542

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONTRACT LABOR	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense GOTV

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

Date	Payee name
10/22/2015	JOE FLORES CAMPAIGN

Amount ($)	Payee address; City; State; Zip Code
1000.00	P.O. BOX 310, MISSION, TX 78573

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION

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

Date	Payee name
10/23/2015	RCR

Amount ($)	Payee address; City; State; Zip Code
1700.00	PO BOX 1793, ELSA, TX 78543

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense COOKOFF- SPONSOR 4 TEAMS

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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
32 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
10/26/15	DAVID SANCHEZ

6 Amount ($)	7 Payee address; City; State; Zip Code
100.00	PO BOX 127. EDCOUCH,TX 78538

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONTRIBUTON/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense EE CROSSCOUNTRY SPONSORSHIP

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

Date	Payee name
10/26/15	LA BLANCA 4H CLUB

Amount ($)	Payee address; City; State; Zip Code
100.00	17539 FM 493, LA BLANCA, TX 78542

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTON/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense SPONSOR- JESSE PEREZ

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

Date	Payee name
11/2/15	HARLOD'S COUNTRY KITCHEN

Amount ($)	Payee address; City; State; Zip Code
1607.92	2111 E. BUS. HWY 83, DONNA. TS 78537

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD/ BEVERAGE/ EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense THANKSGIVING LUNCHEON

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 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: 33 OF 51

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

3 Filer ID (Ethics Commission Filers):

4 Date: 11/2/15

5 Payee name: HIDALGO COUNTY DEMOCRATIC PARTY

6 Amount ($): 1000.00

7 Payee address: City: State: Zip Code: 4001 N. 23RD ST, MCALLEN, TX 78501

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): FEES

(b) Description: BALLOT BASH

☐ 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: 11/2/15

Payee name: JOEY GARZA CAMPAIGN

Amount ($): 1000.00

Payee address: City: State: Zip Code: DONNA TX 78537

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CONTRIBUTION/ DONATION

Description: CAMPAIGN CONTRIBUTION

☐ 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: 11/2/2015

Payee name: KIMBERLY ROCHA

Amount ($): 981.00

Payee address: City: State: Zip Code: 3533 CESSNA AVE, EDINBURG, TX 78542

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CONTRACT LABOR

Description: GOTV

☐ 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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
34 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
11/4/15	CHARLIE'S MEAT MARKET

6 Amount ($)	7 Payee address: City: State: Zip Code
89.77	211 W. EDINBURG, ELSA, TX 78543

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	FOOD/ BEVERAGE/ EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. CAMPAIGN MEETING

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

Date	Payee name
11/4/15	CHARLIE'S MEAT MARKET

Amount ($)	Payee address: City: State: Zip Code
56.00	211 W. EDINBURG, ELSA, TX 78543

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. EVENT SPONSOR- RICK MEDRANO

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

Date	Payee name
11/5/2015	ALEX LOERA

Amount ($)	Payee address: City: State: Zip Code
430.00	1809 DOUEIGH ST., MERCEDES, TX 78570

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. CUSTOM PAINTED SIGNS

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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
35 OF 51	ARTURO C. CUELLAR, JR (A.C. CUELLAR, JR.)	

4 Date	5 Payee name:
11/5/2015	CARRERA COMMUNICATIONS

6 Amount ($)	7 Payee address; City; State; Zip Code
3000.00	135 PASEO DEL PRADO, EDINBURG, TX 78542

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONSULTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. POLITICAL CAMPAIGN CONSULTANT

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

Date	Payee name
11/6/15	BETO'S SCREEN PRINTING

Amount ($)	Payee address; City; State; Zip Code
1461.38	110 W. 4TH ST., SAN JUAN, TX 78589

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. HIDALGO COUNTY HEADSTART TSHIRTS

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

Date	Payee name
11/6/15	BETO'S SCREEN PRINTING

Amount ($)	Payee address; City; State; Zip Code
3869.94	110 W 4TH ST , SAN JUAN, TX 78589

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. POLITICAL SIGNS / MAGNETIC SIGNS

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 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: 36 OF 51

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

3 Filer ID (Ethics Commission Filers):

4 Date: 11/9/2015

5 Payee name: SELINA MEDRANO

6 Amount ($): 1500.00

7 Payee address: 1303 PINE AVENUE, PHARR, TX 78577

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): CONSULTING EXPENSE

(b) Description: POLITICAL CAMPAIGN CONSULTANT

☐ 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: 11/9/15

Payee name: NATHAN GOWER SCHWARZ

Amount ($): 1000.00

Payee address: 712 WALNUT, MCALLEN, TX 78504

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CONSULTING EXPENSE

Description: DATA ANALYSIST

☐ 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: 11/9/15

Payee name: NANDIPATY FAMILY LIMITED PARTNERSHIP

Amount ($): 1250.00

Payee address: 1620 E. 8TH ST., STE 1, WESLACO, TX 78596

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): RENTAL EXPENSE

Description: WESLACO HEADQUARTERS RENT

☐ 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

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: 37 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 11/10/15	5 Payee name A.C. CUELLAR, III	
6 Amount ($) 4925.07	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense. EE EVENT TAILGATE (330.57) ONLINE SHIRT ORDER (3030.21) EVENT KICKOFF (1215.24) FEES- HO INSPECTION PERMIT (56.00) PRINT EXENSE EMBROIDERY LOGO (282.07)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/11/15	Payee name MARCO PEREZ	
Amount ($) 297.03	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense. FOOD/ BEVERAGE (177.03) GOTV FUEL (120.00) GOTV
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/11/15	Payee name KIMBERLY ROCHA	
Amount ($) 981.00	Payee address: City: State: Zip Code 3533 CESSNA AVE, EDINBURG, TX 78542	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense. GOTV
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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitations/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: 38 OF 51	2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 11/11/15	5 Payee name HECTOR J HERNANDEZ	
6 Amount ($) 1728.00	7 Payee address; City; State; Zip Code 905 W. 7TH STREET, WESLACO, TX 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. SCREEN PRINT SERVICE (T-SHIRTS)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/11/15	Payee name NYSSA M CRUZ	
Amount ($) 1000.00	Payee address; City; State; Zip Code PO BOX 1374, WESLACO, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. CONSULTING EXPENSE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/11/15	Payee name PRINT WORKS	
Amount ($) 781.02	Payee address; City; State; Zip Code 1414 PECAN BLVD., MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. KICK OFF PARTY INVITE AND FLYERS
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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
39 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
11/12/15	MID VALLEY TOWN CRIER

6 Amount ($)	7 Payee address: City: State: Zip Code
625.00	PO BOX 3267, MCALLEN TX 78502

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. THANKSGIVING AD/ VETERANS SALUTE AD

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

Date	Payee name
11/13/15	CARRERA COMMUNICATIONS

Amount ($)	Payee address: City: State: Zip Code
15000.00	135 PASEO DEL PRADO, EDINBURG, TX 78542

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONSULTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. POLITICAL CAMPAIGN CONSULTANT

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

Date	Payee name
11/13/15	JRG FOUNDATION

Amount ($)	Payee address: City: State: Zip Code
1000.00	3609 E. RICHARDSON, EDINBURG, TX 78542

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/ DONATION	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense. GOLF TOURNAENT/ SPONSOR

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 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: 40 OF 51

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

3 Filer ID (Ethics Commission Filers):

4 Date: 11/13/2015

5 Payee name: LEO DIAZ

6 Amount ($): 150.00

7 Payee address; City; State; Zip Code: 101 S. PLEASANTVIEW DR., WESLACO, TX 78596

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): CONTRIBUTION/ DONATION

(b) Description:
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

COOKOFF SPONSORSHIP

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

---

Date: 11/13/2015

Payee name: HIDALGO COUNTY DEMOCRATIC PARTY

Amount ($): 1250.00

Payee address; City; State; Zip Code: PO BOX 4585, MCALLEN, TX 78502

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): FEES

Description:
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

FILING FEES

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

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Date: 11/16/2015

Payee name: COPYRITE

Amount ($): 3000.00

Payee address; City; State; Zip Code: 120 S. WESTGATE DR., WESLACO, TX 78596

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

Description:
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

STICKERS/ FLYERS

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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
41 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
11/19/2015	RIOS MEAT MARKET

6 Amount ($)	7 Payee address: City: State: Zip Code
1922.06	505 W. SANTA ROSA, EDCOUCH, TX 78538

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule):	(b) Description
	CONTRIBUTION/ DONATION 1124.96 FOOD/ BEVERAGE EXPENSE 797.10	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense FOOD/BEVERGE CAMPAIGN MEETING (797.10) CONTRIBUTION- MANUEL SANCHEZ (70.00) CONTRIBUTION-AIDA RUBALUCAVA (70.00) CONTRIBUTION- MISSY BAZAN (180.18) CONTRIBUTION- BRANDON GONZALEZ (270.00) CONTRIBUTION- FLORES (129.78) CONTRIBUTION- PALOMINO (162.00) CONTRIBUTION- ROLO CANTU (216.00) CONTRIBUTION- YOLANDA ALTAMIRANO (27.00)

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

Date	Payee name
11/19/2015	MARCO PEREZ

Amount ($)	Payee address: City: State: Zip Code
981.00	2008 W. JONQUIL, MCALLEN, TX 78501

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule):	Description
	CONTRACT LABOR	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GOTV

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

Date	Payee name
11/19/2015	HECTOR J. HERNANEZ

Amount ($)	Payee address City: State: Zip Code
216.00	905 W. 7TH STREET, WESLACO, TX 78596

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SCREEN PRINT SERVICE

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 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: 42 OF 51	2 FILER NAME: ARTURO C CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date: 11/24/2015	5 Payee name: TEXAS VALLEY COMMUNITIES FOUNDATION	
6 Amount ($): 2500.00	7 Payee address: City; State; Zip Code: 222 W. UNIVERSITY DR., EDINBURG, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): EVENT EXPENSE	(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense. HIDALGO COUNTY CHRISTMAS PARTY
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 11/24/2015	Payee name: DIRECT ENERGY BUSINESS	
Amount ($): 199.05	Payee address: City; State; Zip Code: 1001 LIBERTY AVE., PITTSBURGH, PA 15222	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD	Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense. WESLACO HEADQUARTERS ELECTRICITY
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 11/24/2015	Payee name: MARCO PEREZ	
Amount ($): 981.00	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): CONTRACT LABOR	Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense. GOTV
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 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: 43 OF 51

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

3 Filer ID (Ethics Commission Filers)

4 Date: 11/24/2015

5 Payee name: OMAR FIGEROA

6 Amount ($): 3000.00

7 Payee address: City: State: Zip Code: 1618 E. 26TH ST., WESLACO, TX 78596

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): CONTRIBUTION/ DONATION

(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

SPONSORSHIP

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

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Date: 12/1/2015

Payee name: NANDIPATY FAMILY LIMITED PARTNERSHIP

Amount ($): 1250.00

Payee address: City: State: Zip Code: 1620 E. 8TH ST., STE. 1, WESLACO, TX 78596

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): RENTAL EXPENSE

Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

WESLACO HEADQUARTERS RENT

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

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Date: 12/3/2015

Payee name: SELINA MEDRANO

Amount ($): 1649.60

Payee address: City: State: Zip Code: 1303 PINE AVENUE, PHARR, TX 78577

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): REIMBURSEMENT

Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

EVENTEXPENSE- CHRISTMAS PARTY

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 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: 44 OF 51

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

3 Filer ID (Ethics Commission Filers):

4 Date: 12/8/2015

5 Payee name: KIMBERLY ROCHA

6 Amount ($): 1417.00

7 Payee address: City: State: Zip Code: 3533 CESSNA AVE., EDINBURG, TX 78542

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): CONTRACT LABOR

(b) Description: GOTV

☐ 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

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Date: 12/9/2015

Payee name: ROMEO GARCIA

Amount ($): 2035.52

Payee address: City: State: Zip Code: P.O. BOX 35, LINN, TX 78563

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

Description: 12 VINYL BANNERS

☐ 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: 12/9/2015

Payee name: CARRERA COMMUNICATIONS

Amount ($): 3000.00

Payee address: City: State: Zip Code: 135 PASEO DEL PRADO, EDINBURG, TX 78542

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CONSULTING EXPENSE

Description: POLITICAL CAMPAIGN CONSULTANT

☐ 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

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: 45 OF 51	2 FILER NAME: ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date: 12/10/2015	5 Payee name: CHARLIE'S MEAT MARKET	
6 Amount ($): 535.50	7 Payee address; City; State; Zip Code: 211 W. EDINBURG, ELSA, TX 78543	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): FOOD/ BEVERAGE EXPENSE 299.80 CONTRIBUTION/ DONATION 235.70	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense FOOD/BEVERAGE- CHRISTMAS PARTY (299.80) CONTRIBUTION- HARGILL COOKOFF (199.70) CONTRIBUTION- MERCEDES COOKOFF (36.00)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 12/11/2015	Payee name: MARCO PEREZ	
Amount ($): 282.19	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 ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense FOOD/ BEVERAGE EXPENSE- GOTV
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 12/15/2015	Payee name: KIMBERLY ROCHA	
Amount ($): 1308.00	Payee address; City; State; Zip Code: 3533 CESSNA AVE., EDINBURG, TX 78542	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): CONTRACT LABOR	Description ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense GOTV
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 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: 46 OF 51

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

3 Filer ID (Ethics Commission Filers):

4 Date: 12/16/2015

5 Payee name: JOSE R. AYALA

6 Amount ($): 1000.00

7 Payee address; City; State; Zip Code: 6809 N. WESTGATE DR. WESLACO, TX 78596

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

VIDEO RECORDINGS & EDITING

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

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Date: 12/16/2015

Payee name: BETO'S SCREEN PRINTING

Amount ($): 2219.00

Payee address; City; State; Zip Code: 110 W. 4TH STREET, SAN JUAN, TX 78589

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

POLITICAL SIGNS

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

---

Date: 12/16/2015

Payee name: DIRECT ENERGY BUSINESS

Amount ($): 314.22

Payee address City; State; Zip Code: 1001 LIBERTY AVENUE, PITTSBURGH, PA 15222

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD

Description: ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

WESLACO HEAQUARTERS ELECTRICITY

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 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: 47 OF 51	2 FILER NAME: ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date: 12/16/2015	5 Payee name: ROLANDO GARCIA	
6 Amount ($): 500.00	7 Payee address: City: State: Zip Code: P.O. BOX 1161, MERCEDES, TX 78570	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): CONTRIBUTION/ DONATION	(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense. MAKE A WISH FOUNDATION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 12/18/2015	Payee name: TEXAS CITRUS FIESTA	
Amount ($): 250.00	Payee address: City: State: Zip Code: 220 E. 9TH ST., MISSION, TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): CONTRIBUTION/ DONATION	Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense. LYDIA M MONTOYA- SPONSOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 12/18/2015	Payee name: HIDALGO COUNTY DEMOCRATIC PARTY	
Amount ($): 250.00	Payee address: City: State: Zip Code: 3307 N. MCCOLL RD., MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): CONTRIBUTION/ DONATION	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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
48 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
12/18/2015	SELINA MEDRANO

6 Amount ($)	7 Payee address: City: State: Zip Code
1500.00	1303 PINE AVENUE, PHARR, TX 78577

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	CONSULTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense CONSULTING SERVICES (JANUARY)

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

Date	Payee name
12/18/2015	MID VALLEY TOWN CRIER

Amount ($)	Payee address: City: State: Zip Code
300.00	PO BOX 3267, MCALLEN, TX 78502

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense CHRISTMAS ADVERTISING

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

Date	Payee name
12/22/2015	PRINT WORKS

Amount ($)	Payee address: City: State: Zip Code
11297.00	1414 PECAN BLVD., McALLEN, TX 78501

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense FULL COLOR MAILERS

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 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: 49 OF 51

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

3 Filer ID (Ethics Commission Filers)

4 Date: 12/22/2015

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

☐ Check if travel outside of Texas. Complete Schedule T

☐ Check if Austin, TX, officeholder living expense

FIELD CONSULTING/ MAP STUDIES

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date: 12/23/2015

Payee name: DAVID RODRIGUEZ

Amount ($): 674.47

Payee address, City, State, Zip Code: P.O. BOX 2203, ELSA, TX 78543

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): REIMBURSEMENT

Description

☐ Check if travel outside of Texas. Complete Schedule T

☐ Check if Austin, TX, officeholder living expense

FOOD/ BEVERAGE- GOTV (374.47)
RENTAL EXPENSE (300.00)

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date: JUL'15-DEC'15

Payee name: RIO BANK

Amount ($): 17 79

Payee address, City, State, Zip Code: PO BOX 4169, MCALLEN, TX 78502

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ACCOUNTING/ BANKING

Description

☐ Check if travel outside of Texas. Complete Schedule T

☐ Check if Austin, TX, officeholder living expense

MONTHLY BANKING FEE
7/15/15 (2.96) 8/19/15 (2.96) 9/16/15 (2.96
10/21/15 (2.96) 11/18/15 (2.96) 12/16/15 (2.99)

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR 15(X)(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:	2 FILER NAME:	3 Filer ID (Ethics Commission Filers)
50 OF 51	ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	

4 Date	5 Payee name
JAN'15-DEC'15	PLAINS CAPITAL BANK

6 Amount ($)	7 Payee address, City, State, Zip Code
30.00	PO BOX 271, LUBBOCK, TX 79408

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	BANKING/ ACCOUNTING	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense MONTHLY BANKING FEE 07/10/15 (5.00) 8/14/15 (5.00) 9/11/15 (5.00) 10/09/15 (5.00) 11/13/15 (5.00) 12/11/15 (5.00)

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

Date	Payee name
9/15/2015	PLAINS CAPITAL BANK

Amount ($)	Payee address, City, State, Zip Code
1505.00	PO BOX 271, LUBBOCK, TX 79408

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	BANKING/ ACCOUNTING	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense RETURN CHECK SAUL DANIEL MALDONADO (1500.00) RTN CK FEE (5.00) ~~**REDEPOSITED 1500-7= 1493.00 (9/30/15)~~

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

Date	Payee name
SEPT'15-OCT'15	HARLAND AND CLARKE

Amount ($)	Payee address, City, State, Zip Code
88.25	15955 LA CANTERA PKWY, SAN ANTONIO, TX 78256

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	BANKING/ ACCOUNTING	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense 09/16/15 CHECK ORDER (45.27) 10/21/15 CHECK ORDER (42.98)

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 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 Expense
Event Expense
Food
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rent 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: 51 OF 51	2 FILER NAME ARTURO C. CUELLAR JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date 08/11/2015	5 Payee name A.C. CUELLAR, JR.	
6 Amount ($) 3419.72	7 Payee address: City: State: Zip Code 231 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 ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense ADVERTISING EXPENSE- MATERIAL FOR SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address City: State: Zip Code	
PURPOSE OF EXPENDITURE	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	Payee name	
Amount ($)	Payee address City: State: Zip Code	
PURPOSE OF EXPENDITURE	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

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 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 G: 1	2 FILER NAME: ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	3 Filer ID (Ethics Commission Filers)
4 Date: 8/11/15	5 Payee name: ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	
6 Amount ($): 3419.72 [X] Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code: 231 LION LAKE DR SOUTH PROGRSO LAKES, TX 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): REIMBURSEMENT ADVERTISING EXPENSE- MATERIAL FOR SIGNS	(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	Payee name	
Amount ($) [ ] Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($) [ ] Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED