

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|  |   |  |                      |
|--|---|--|----------------------|
| The JC/OH Instruction Guide explains how to complete this form.                          |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR      FIRST      MI<br>Mr      Arnaldo<br>NICKNAME      LAST      SUFFIX<br>Corpus   | <b>OFFICE USE ONLY</b><br>Date Received<br><b>RECEIVED FEB 22 2016</b><br>2:39 PM<br>[Signature] |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE<br>1401 E Griffin Pkwy<br>Mission Tx 78572   |  |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br>(956)      330-5876   |  |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR      FIRST      MI<br>Mrs      Anita<br>NICKNAME      LAST      SUFFIX<br>Hugo  |  |                      |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #:    CITY:    STATE:    ZIP CODE<br>1401 E Griffin Pkwy<br>Mission Tx 78572  |  |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br>(956)      345-6699   |  |                      |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                      |
| 10 PERIOD COVERED  | Month    Day    Year      THROUGH      Month    Day    Year<br>2 / 1 / 16                                    2 / 22 / 16  |  |                      |
| 11 ELECTION  | ELECTION DATE      ELECTION TYPE<br>Month    Day    Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br>3 / 1 / 16 <input type="checkbox"/> General <input type="checkbox"/> Special   |  |                      |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br>Justice of the Peace<br>Precinct 3 Place 2                        |                      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ N/A

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

\$ 4,350.00

EXPENDITURE  
TOTALS

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

\$ N/A

4. TOTAL POLITICAL EXPENDITURES

\$ 4,857.80

CONTRIBUTION  
BALANCE

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

\$ 3,750.81

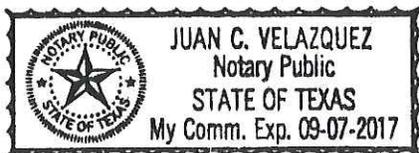
OUTSTANDING  
LOAN TOTALS

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

\$ N/A

18 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

*Arnaldo Corpus*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Arnaldo Corpus, this the 22nd day of February, 20 16, to certify which, witness my hand and seal of office.

*Juan C. Velazquez*  
Signature of officer administering oath

Juan C. Velazquez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

|   |  |  |
|---|--|--|
| 19 FILER NAME   |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |  | SUBTOTAL<br>AMOUNT                     |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)              |  | \$ 4,350                               |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$ 3,275                               |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                     |  | \$ N/A                                 |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)   |  | \$ N/A                                 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS         |  | \$ 3,138.87                            |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$ N/A                                 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                   |  | \$ N/A                                 |
| 8. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS              |  | \$ 1,718.43                            |
| 9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH              |  | \$ N/A                                 |
| 10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$ N/A                                 |
| 11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$ N/A                                 |

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Arnaldo Corpus

3 Filer ID (Ethics Commission Filers)

4 Date

2-1-16

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

Rodolfo Lopez

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

2017 W. Owassa Rd Edinburg TX 78539

8 Contributor's principal occupation

Business Owner

9 Contributor's job title

Owner

10 Contributor's employer/law firm

N/A

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

N/A

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

N/A

Date

2-3-16

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

James E. Olivarez Jaime Barrera

Amount of contribution (\$)

\$450

Contributor address; City; State; Zip Code

Contributor's principal occupation

Business Owner

Contributor's job title

owner

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

2-3-16

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Raquel Martiz

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

5009 W Hackberry McAllen TX 78501

Contributor's principal occupation

Business Owner

Contributor's job title

Owner

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Arnaldo Corpus

3 Filer ID (Ethics Commission Filers)

4 Date

2/8/16

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

Onesimo Flores Arda L. Flores

6 Contributor address; City; State; Zip Code

111 N Shary Blvd Alton TX 78573

7 Amount of contribution (\$)

\$ 200.00

8 Contributor's principal occupation

Business owner

9 Contributor's job title

Owner

10 Contributor's employer/law firm

N/A

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

N/A

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

N/A

Date

2/8/16

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Natividad Salinas Elva O. Salinas

Contributor address; City; State; Zip Code

P.O. Box 1431 Mission TX 78573

Amount of contribution (\$)

\$ 200.00

Contributor's principal occupation

Business owner

Contributor's job title

Owner

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

2-16-16

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Octavio Castaneda

Contributor address; City; State; Zip Code

P.O. Box 2592 McAllen TX 78502

Amount of contribution (\$)

\$ 500.00

Contributor's principal occupation

Business owner

Contributor's job title

Owner

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.                  |  | 1 Total pages Schedule A(J)1:                               |
| 2 FILER NAME<br><b>Arnaldo Corpus.</b>                                     |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>2-19-16</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Faustino M. Garcia Rosa H. Garcia</b><br>6 Contributor address; City; State; Zip Code<br><b>2108 Luck 1st Mission TX 78572</b> | 7 Amount of contribution (\$)<br><b>\$ 500.00</b>           |
| 8 Contributor's principal occupation<br><b>Business owner</b>              |  | 9 Contributor's job title<br><b>owner</b>                   |
| 10 Contributor's employer/law firm<br><b>N/A</b>                           |  | 11 Law firm of contributor's spouse (if any)<br><b>N/A.</b> |
| 12 If contributor is a child, law firm of parent(s) (if any)<br><b>N/A</b> |  |   |
| Date<br><b>2-19-16</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Faustino Garcia</b><br>Contributor address; City; State; Zip Code<br><b>1801 W Palma Vista Dr Palmview TX 78572</b>              | Amount of contribution (\$)<br><b>\$ 500</b>                |
| Contributor's principal occupation   |  | Contributor's job title                                     |
| Contributor's employer/law firm  |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)                  |  |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                                 |
| Contributor's principal occupation   |  | Contributor's job title                                     |
| Contributor's employer/law firm  |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)                  |  |   |

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|  |  |  |   |
|--|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A2:   |   |
| 2 FILER NAME<br><b>Arnaldo Corpus.</b>   |  | 3 Filer ID (Ethics Commission Filers)  |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$   |   |
| 5 Date<br><b>2-16-16</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Juan Ramirez</b> | 8 Amount of Contribution \$<br><b>\$1500</b>                                   | 9 In-kind contribution description<br><b>Political Sign</b> |
| 7 Contributor address; City; State; Zip Code<br><b>707 asucena st Mission TX 78572</b>   |  | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>Business owner</b>  |  | 11 Employer (FOR NON-JUDICIAL)(See Instructions)                               |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br><b>owner</b>   |  | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)                    |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br><b>N/A</b>  |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br><b>N/A</b>      |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)<br><b>N/A</b>  |  |  |   |
| Date<br><b>2-16-16</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ruben Garcia</b>   | Amount of Contribution \$<br><b>\$1500</b>                                     | In-kind contribution description<br><b>Political Sign</b>   |
| Contributor address; City; State; Zip Code<br><b>2404 E 21st Mission TX 78572</b>  |  | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T |   |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>Business owner</b>   |  | Employer (FOR NON-JUDICIAL)(See Instructions)                                  |   |
| Contributor's principal occupation (FOR JUDICIAL)<br><b>owner</b>  |  | Contributor's job title (FOR JUDICIAL)(See Instructions)                       |   |
| Contributor's employer/law firm (FOR JUDICIAL)<br><b>N/A</b>   |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br><b>N/A</b>         |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)<br><b>N/A</b>   |  |  |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|   |  |   |                                    |
|---|--|---|------------------------------------|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A2:  |                                    |
| 2 FILER NAME<br><b>Arnaldo Corpus</b>   |  | 3 Filer ID (Ethics Commission Filers)                                     |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |  | \$  |                                    |
| 5 Date<br><b>2-20-15</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jorge Zamora Quesada</b> | 8 Amount of Contribution \$   | 9 In-kind contribution description |
|   | 7 Contributor address; City; State; Zip Code<br><b>2609 Ober St Edinburg TX 78539</b>                            | <b>\$275</b>  |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>Business Owner</b> |  | 11 Employer (FOR NON-JUDICIAL)(See Instructions)                          |                                    |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br><b>Owner</b>                              |  | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)               |                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br><b>N/A</b>                                   |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br><b>N/A</b> |                                    |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)<br><b>N/A</b>         |  |   |                                    |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$  | In-kind contribution description |
|  | Contributor address; City; State; Zip Code                                      |  |                                  |
|  |   | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T |                                  |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)    |   | Employer (FOR NON-JUDICIAL)(See Instructions)                                  |                                  |
| Contributor's principal occupation (FOR JUDICIAL)                        |   | Contributor's job title (FOR JUDICIAL)(See Instructions)                       |                                  |
| Contributor's employer/law firm (FOR JUDICIAL)                           |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                       |                                  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |  |                                  |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                            |                                       |                                       |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>Arnaldo Corpus</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

|                         |                                       |
|-------------------------|---------------------------------------|
| 4 Date<br><b>2-4-16</b> | 5 Payee name<br><b>Flux Media LLC</b> |
|-------------------------|---------------------------------------|

|                                  |  |
|----------------------------------|--|
| 6 Amount (\$)<br><b>\$694.00</b> | 7 Payee address; City; State; Zip Code<br><b>620 W. Ferguson St #15<br/>Pharr TX 78577</b> |
|----------------------------------|--|

|                                    |   |  |
|------------------------------------|---|--|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See categories listed at the top of this schedule)<br><b>Event Expenses</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

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

|                       |                                       |
|-----------------------|---------------------------------------|
| Date<br><b>2-9-13</b> | Payee name<br><b>Capital One Bank</b> |
|-----------------------|---------------------------------------|

|                               |   |
|-------------------------------|---|
| Amount (\$)<br><b>\$87.00</b> | Payee address; City; State; Zip Code<br><b>P.O. Box 60599<br/>City of Industry CA 91716</b> |
|-------------------------------|---|

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

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

|                        |                               |
|------------------------|-------------------------------|
| Date<br><b>2-11-16</b> | Payee name<br><b>Wal-Mart</b> |
|------------------------|-------------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><b>\$29.79</b> | Payee address; City; State; Zip Code<br><b>215 E. mile 3 Rd<br/>Palmhurst TX 78573</b> |
|-------------------------------|--|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                            |                                       |                                       |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>Arnaldo Corpus</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

|                         |                                |
|-------------------------|--------------------------------|
| 4 Date<br><b>2-8-16</b> | 5 Payee name<br><b>Stripes</b> |
|-------------------------|--------------------------------|

|                                 |   |
|---------------------------------|---|
| 6 Amount (\$)<br><b>\$36.08</b> | 7 Payee address; City; State; Zip Code<br><b>2401 E Griffin Pkwy<br/>Mission TX 78572</b> |
|---------------------------------|---|

|                             |  |  |
|-----------------------------|--|--|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>Trans/Equipment Related Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-----------------------------|--|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                        |  |
|------------------------|--|
| Date<br><b>2-12-16</b> | Payee name<br><b>Ximentas Restaurant</b> |
|------------------------|--|

|                               |   |
|-------------------------------|---|
| Amount (\$)<br><b>\$49.73</b> | Payee address; City; State; Zip Code<br><b>104 Tom Gill Rd<br/>Penitas TX 78576</b> |
|-------------------------------|---|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                        |                                  |
|------------------------|----------------------------------|
| Date<br><b>2-17-16</b> | Payee name<br><b>CP Printing</b> |
|------------------------|----------------------------------|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><b>\$292.27</b> | Payee address; City; State; Zip Code<br><b>1211 Redwood Ave<br/>McAllen TX 78572</b> |
|--------------------------------|--|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                            |  |                                       |
|----------------------------|--|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>Arnaldo Corpus.</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

|                          |                                       |
|--------------------------|---------------------------------------|
| 4 Date<br><b>2-12-16</b> | 5 Payee name<br><b>Estela Flores.</b> |
|--------------------------|---------------------------------------|

|                               |  |
|-------------------------------|--|
| 6 Amount (\$)<br><b>\$400</b> | 7 Payee address; City; State; Zip Code<br><b>204 Elida St<br/>Mission TX 78572</b> |
|-------------------------------|--|

|                             |   |  |
|-----------------------------|---|--|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>Event Expense<br/>Rental Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-----------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                        |  |
|------------------------|--|
| Date<br><b>2-12-16</b> | Payee name<br><b>Outta Town Dance Hall</b> |
|------------------------|--|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><b>\$300</b> | Payee address; City; State; Zip Code<br><b>204 Elida St<br/>Mission TX 78572</b> |
|-----------------------------|--|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                        |                                     |
|------------------------|-------------------------------------|
| Date<br><b>2-20-16</b> | Payee name<br><b>Sylvia Flores.</b> |
|------------------------|-------------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>\$1000</b> | Payee address; City; State; Zip Code<br><b>2509 Paseo Encantado St<br/>Mission TX 78572</b> |
|------------------------------|---|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                            |                                       |                                       |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>Arnaldo Flores</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

|                          |                                      |
|--------------------------|--------------------------------------|
| 4 Date<br><b>2/22/16</b> | 5 Payee name<br><b>Arnaldo Ochoa</b> |
|--------------------------|--------------------------------------|

|                               |  |
|-------------------------------|--|
| 6 Amount (\$)<br><b>\$250</b> | 7 Payee address: City: State: Zip Code |
|-------------------------------|--|

|                             |   |  |
|-----------------------------|---|--|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>Contract Labor</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-----------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address: City: State: Zip Code |
|-------------|--------------------------------------|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address: City: State: Zip Code |
|-------------|--------------------------------------|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| 1 Total pages Schedule G:  | 2 FILER NAME<br><b>Arnaldo Corpus</b>  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><b>1-22-16</b>   | 5 Payee name<br><b>Applebee</b>  |  |
| 6 Amount (\$) <b>\$46.47</b><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>306 E. mile 3 Rd.<br/>Palmhurst TX 78573</b>        |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought      Office held   |

|  |  |  |
|--|--|--|
| Date<br><b>1-23-16</b>   | Payee name<br><b>Diaz Diner</b>  |  |
| Amount (\$) <b>\$39.59</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>501 US Business 83<br/>Mission TX 78572</b>       |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought      Office held   |

|  |  |  |
|--|--|--|
| Date<br><b>1-24-16</b>   | Payee name<br><b>Walmart</b>   |  |
| Amount (\$) <b>\$96.71</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>215 E mile 3 Rd<br/>Palmhurst TX 78573</b>              |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><b>Food/Beverage Event Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought      Office held   |

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**POLITICAL EXPENDITURES  
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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                           |  |                                       |
|---------------------------|--|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME<br><i>Arnaldo Corpus.</i> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|--|---------------------------------------|

|                          |  |
|--------------------------|--|
| 4 Date<br><i>1-26-16</i> | 5 Payee name<br><i>Alejandro Restaurant.</i> |
|--------------------------|--|

|  |  |
|--|--|
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$20.87</i> | 7 Payee address; City; State; Zip Code<br><i>302 W Griffin Pkwy<br/>Mission TX 78572</i> |
|--|--|

|                          |  |  |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Food/Beverage Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|--|--|

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

|                        |   |
|------------------------|---|
| Date<br><i>1-26-16</i> | Payee name<br><i>Mariscos El 7 Nares.</i> |
|------------------------|---|

|  |  |
|--|--|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$57.45</i> | Payee address; City; State; Zip Code<br><i>2301 E Griffin Pkwy - #D<br/>Mission TX 78572</i> |
|--|--|

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

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

|                        |                             |
|------------------------|-----------------------------|
| Date<br><i>1-28-16</i> | Payee name<br><i>Stripe</i> |
|------------------------|-----------------------------|

|  |  |
|--|--|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$38.18</i> | Payee address; City; State; Zip Code<br><i>Trans/Equipment 123 N 3 mile<br/>Related Expense Mission tx 78572</i> |
|--|--|

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

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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1 Total pages Schedule G:  |  | 2 FILER NAME<br><b>Arnaldo Corpus.</b>   |  | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 Date<br><b>1-29-16</b>   |  | 5 Payee name<br><b>Walmart</b>   |  |  |  |
| 6 Amount (\$)<br><b>\$ 22.34</b><br><input type="checkbox"/> Reimbursement from political contributions intended |  | 7 Payee address; City; State; Zip Code<br><b>2410 E Expressway 83<br/>Mission TX 78572</b> |  |  |  |
| 8 PURPOSE OF EXPENDITURE   |  | (a) Category (See categories listed at the top of this schedule)<br><b>Event Expenses.</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought  |  |
|  |  |  |  | Office held  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Date<br><b>1-30-16</b>   |  | Payee name<br><b>Walmart</b>   |  |  |  |
| Amount (\$)<br><b>\$ 45.36</b><br><input type="checkbox"/> Reimbursement from political contributions intended |  | Payee address; City; State; Zip Code<br><b>1006 N. Bryan Rd<br/>Mission TX 78572</b>                   |  |  |  |
| PURPOSE OF EXPENDITURE   |  | Category (See categories listed at the top of this schedule)<br><b>Trans/Equipment Related Expense</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought  |  |
|  |  |  |  | Office held  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Date<br><b>1-31-16</b>   |  | Payee name<br><b>Whataburger</b>   |  |  |  |
| Amount (\$)<br><b>\$ 47.88</b><br><input type="checkbox"/> Reimbursement from political contributions intended |  | Payee address; City; State; Zip Code<br><b>2510 E Expressway 83<br/>Mission TX 78572</b>     |  |  |  |
| PURPOSE OF EXPENDITURE   |  | Category (See categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought  |  |
|  |  |  |  | Office held  |  |

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**POLITICAL EXPENDITURES  
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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                           |  |                                       |
|---------------------------|--|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME<br><i>Arnaldo Corpus.</i> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|--|---------------------------------------|

|                          |                              |
|--------------------------|------------------------------|
| 4 Date<br><i>1-31-16</i> | 5 Payee name<br><i>H-E-B</i> |
|--------------------------|------------------------------|

|  |   |
|--|---|
| 6 Amount (\$)<br><i>\$ 29.72</i><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><i>200 E. Griffin Pkwy<br/>Mission TX 78572</i> |
|--|---|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Food/Beverage Expenses</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|---|--|

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

|                       |                               |
|-----------------------|-------------------------------|
| Date<br><i>2-2-16</i> | Payee name<br><i>El Tigre</i> |
|-----------------------|-------------------------------|

|   |  |
|---|--|
| Amount (\$)<br><i>\$40.84</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><i>3301 N. Shary Rd<br/>Mission TX 78573</i> |
|---|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Trans/Equipment Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|--|

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

|                       |                               |
|-----------------------|-------------------------------|
| Date<br><i>2-3-16</i> | Payee name<br><i>Taco ole</i> |
|-----------------------|-------------------------------|

|   |   |
|---|---|
| Amount (\$)<br><i>\$66.02</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><i>2316 N Conway<br/>Mission TX 78574</i> |
|---|---|

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

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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| 1 Total pages Schedule G:  | 2 FILER NAME<br><i>Arnaldo Corpus.</i>   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><i>2-5-16</i>  | 5 Payee name<br><i>Stripe Palmhurst</i>  |  |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$20.27</i> | 7 Payee address; City; State; Zip Code<br><i>120 E. 3 mile<br/>Palmhurst TX 78853</i>                        |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this schedule)<br><i>Trans/Equipment<br/>Signs Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought      Office held   |

|  |  |  |
|--|--|--|
| Date<br><i>2-5-16</i>  | Payee name<br><i>El Pato Mexican Food</i>  |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$15.54</i> | Payee address; City; State; Zip Code<br><i>819 N. Bryan Rd<br/>Mission TX 78572</i>              |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><i>Food/Beverage<br/>Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought      Office held   |

|  |  |  |
|--|--|--|
| Date<br><i>2-5-16</i>  | Payee name<br><i>Walmart</i>   |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$23.05</i> | Payee address; City; State; Zip Code<br><i>215 W. mile 3 Rd<br/>Palmhurst TX 78573</i>                 |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><i>Food/Beverage<br/>Event Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought      Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule G:  | 2 FILER NAME<br><b>Arnaldo Corpus.</b>  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><b>2-5-16</b>  | 5 Payee name<br><b>El Pato Mexican Food</b>   |  |
| 6 Amount (\$) <b>\$15.54</b><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>819 N Bryan Road<br/>Mission TX 78572</b>        |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this schedule)<br><b>Food Expense Event</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought                      Office held   |

|  |   |  |
|--|---|--|
| Date<br><b>2-6-16</b>  | Payee name<br><b>492 - Bar - B - Que</b>  |  |
| Amount (\$) <b>\$33.80</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>4126 N FM 492<br/>Mission TX 78572</b>           |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><b>Food Expenses Event.</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought                      Office held   |

|  |  |  |
|--|--|--|
| Date<br><b>2-8-16</b>  | Payee name<br><b>Walmart</b>   |  |
| Amount (\$) <b>\$40.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>1006 N. Bryan Rd<br/>Mission TX 78572</b>   |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><b>Trans/Equipment</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought                      Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule G:   | 2 FILER NAME<br><i>Arnaldo Corpus.</i>   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><i>2-8-16</i>   | 5 Payee name<br><i>Apple bee S</i>   |  |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$ 58.22</i> | 7 Payee address; City; State; Zip Code<br><i>306 East mile 3 Rd<br/>Palmhurst TX 78573</i>     |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See categories listed at the top of this schedule)<br><i>Food/Beverage Event</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought      Office held   |

|  |   |  |
|--|---|--|
| Date<br><i>2-10-16</i>   | Payee name<br><i>Rosie's Restaurant.</i>  |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$22.01</i> | Payee address; City; State; Zip Code<br><i>2100 E Griffin Pkwy<br/>Mission TX 78572</i>     |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><i>Food/Beverage Event.</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought      Office held   |

|  |  |  |
|--|--|--|
| Date<br><i>2-12-16</i>   | Payee name<br><i>Al Sadero has Cabritos.</i>   |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$67.26</i> | Payee address; City; State; Zip Code<br><i>1512 E Expressway 83<br/>Mission TX 78572</i>   |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><i>Food/Beverage Event</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought      Office held   |

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**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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                           |  |                                       |
|---------------------------|--|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME<br><i>Arnaldo Corpus.</i> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|--|---------------------------------------|

|                          |                                |
|--------------------------|--------------------------------|
| 4 Date<br><i>2-13-06</i> | 5 Payee name<br><i>Walmart</i> |
|--------------------------|--------------------------------|

|   |  |
|---|--|
| 6 Amount (\$)<br><i>\$37.59</i><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><i>1006 N. Bryan Rd<br/>Mission Tx 78572</i> |
|---|--|

|                          |  |  |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Trans/Equipment Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|--|--|

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

|                        |                                    |
|------------------------|------------------------------------|
| Date<br><i>2-13-16</i> | Payee name<br><i>492 Bar B Que</i> |
|------------------------|------------------------------------|

|   |   |
|---|---|
| Amount (\$)<br><i>\$35.79</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><i>4126 N FM 492<br/>Mission Tx 78572</i> |
|---|---|

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

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

|                        |  |
|------------------------|--|
| Date<br><i>2-14-16</i> | Payee name<br><i>Marisol El 7 mares.</i> |
|------------------------|--|

|   |  |
|---|--|
| Amount (\$)<br><i>\$37.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><i>2301 E Griffin Pkwy #D<br/>Mission Tx 78572</i> |
|---|--|

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

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

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**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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| 1 Total pages Schedule G:  | 2 FILER NAME<br><i>Armando Corpus.</i>   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><i>2-15-16</i>   | 5 Payee name<br><i>Stripes.</i>  |  |
| 6 Amount (\$)<br><i>\$ 16.45</i><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><i>305 W. Expresway 83<br/>La Joya TX 78560</i>            |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this schedule)<br><i>Trans / Equipment Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought                      Office held   |

|  |  |  |
|--|--|--|
| Date<br><i>2-16-16</i>   | Payee name<br><i>Strip e</i>   |  |
| Amount (\$)<br><i>\$ 40.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><i>123 E 3 mile Rd.<br/>Mission Tx 78572</i>             |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><i>Trans / Equipment Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought                      Office held   |

|  |  |  |
|--|--|--|
| Date<br><i>2-16-16</i>   | Payee name<br><i>Stripe</i>  |  |
| Amount (\$)<br><i>\$ 28.62</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><i>1600 E Griffin Pkwy<br/>Mission Tx 78572</i>          |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br><i>Trans / Equipment Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought                      Office held   |

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| 1 Total pages Schedule G:  | 2 FILER NAME<br><i>Arnaldo Corpus</i>  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><i>2-16-16</i>   | 5 Payee name<br><i>Walmart</i>   |  |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$50.75</i> | 7 Payee address; City; State; Zip Code<br><i>1705 Expressway 83<br/>Penitas Tx 78576</i> |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this schedule)<br><i>Event/Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought      Office held   |

|   |   |  |
|---|---|--|
| Date<br><i>2-9-16</i>   | Payee name<br><i>at&amp;T</i>   |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$335.57</i> | Payee address; City; State; Zip Code<br><i>222 E mile 3 Rd<br/>Palmhurst Tx 78573</i> |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)                          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought      Office held   |

|  |  |  |
|--|--|--|
| Date   | Payee name   |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code                         |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate / Officeholder name                                | Office sought      Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br><i>Arnaldo Corpus.</i>   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br><i>2-18-16</i>  | <b>5</b> Payee name<br><i>Taco ole.</i>   |   |
| <b>6</b> Amount (\$)<br><i>92.35</i><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><i>2316 N Conway<br/>Mission TX 78572</i>                |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><i>Food / Beverage Expense</i> | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought      Office held  |

|   |  |  |
|---|--|--|
| Date<br><i>2-17-16</i>  | Payee name<br><i>Stripe</i>  |  |
| Amount (\$)<br><i>20.07</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><i>2005 W. Palma Vista<br/>Palmview TX 78572</i>       |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><i>Food / Beverage Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought      Office held   |

|   |   |  |
|---|---|--|
| Date<br><i>2-17-16</i>  | Payee name<br><i>Stripe.</i>  |  |
| Amount (\$)<br><i>20.07</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><i>305 W Express Way<br/>La Joya TX 78560</i>           |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><i>Food / Beverage Expenses</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought      Office held   |

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**POLITICAL EXPENDITURES  
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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule G:   | 2 FILER NAME<br><i>Arnaldo Corpus</i>   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><i>2-18-16</i>  | 5 Payee name<br><i>Stripe</i>   |  |
| 6 Amount (\$)<br><i>23.73</i><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><i>1600 E Griffin Pkwy<br/>Mission Tx 78572</i>           |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See categories listed at the top of this schedule)<br><i>Food / Beverage Expenses</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought      Office held   |

|   |  |  |
|---|--|--|
| Date<br><i>2-18-16</i>  | Payee name<br><i>Stripe</i>  |  |
| Amount (\$)<br><i>28.78</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><i>305. W. Expressway 83<br/>Lan Jaya Tx 78560</i>     |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><i>Food / Beverage Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought      Office held   |

|   |   |  |
|---|---|--|
| Date<br><i>2-18-16</i>  | Payee name<br><i>Stripe</i>   |  |
| Amount (\$)<br><i>19.78</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><i>1600 E Griffin Pkwy<br/>Mission Tx 78572</i>         |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><i>Food / Beverage Expenses</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought      Office held   |

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1 Total pages Schedule G:   |  | 2 FILER NAME<br><i>Arnaldo Corpus</i>   |  | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 Date<br><i>2-19-16</i>  |  | 5 Payee name<br><i>Stripe</i>   |  |  |  |
| 6 Amount (\$)<br><i>17.18</i><br><input type="checkbox"/> Reimbursement from political contributions intended |  | 7 Payee address; City; State; Zip Code<br><i>1600 E Griffin Pkwy<br/>Mission tx 78572</i>           |  |  |  |
| 8 PURPOSE OF EXPENDITURE  |  | (a) Category (See categories listed at the top of this schedule)<br><i>Food / Beverage Expenses</i> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought  |  |
| Office held   |  |   |  |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Date<br><i>2-21-16</i>  |  | Payee name<br><i>La Fogata</i>  |  |  |  |
| Amount (\$)<br><i>68.08</i><br><input type="checkbox"/> Reimbursement from political contributions intended |  | Payee address; City; State; Zip Code<br><i>300 N Shary Rd<br/>Mission tx 78572</i>              |  |  |  |
| PURPOSE OF EXPENDITURE  |  | Category (See categories listed at the top of this schedule)<br><i>Food / Beverage Expenses</i> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought  |  |
| Office held   |  |   |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Date  |  | Payee name   |  |  |  |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |  | Payee address; City; State; Zip Code                         |  |  |  |
| PURPOSE OF EXPENDITURE  |  | Category (See categories listed at the top of this schedule) |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name                                |  | Office sought  |  |
| Office held   |  |  |  |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED