

**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: 46
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	ARTURO		C.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX
	A.C.	CUELLAR	JR.
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		1900 E. 28TH STREET, WESLACO, TX 78599	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER EXTENSION
		( 956 )	227-1403
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	ARTURO		C.
7 CAMPAIGN TREASURER ADDRESS	NICKNAME	LAST	SUFFIX
	A.C.	CUELLAR	JR.
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		1900 E. 28TH STREET, WESLACO, TX 78599	
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER EXTENSION
		( 956 )	227-1403
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)			
<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		Month Day Year	
02 / 01 / 2016		THROUGH 02 / 21 / 2016	
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		
03 / 01 / 2016	<input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		OFFICE HELD (if any)	
HIDALGO COUNTY COMMISSIONER, PCT. 1		HIDALGO COUNTY COMMISSIONER, PCT. 1	

**OFFICE USE ONLY**

Date Received  
**REC'D FEB 22 2016**  
*en Cal Nub*  
*4:28 pm*

Date Hand-delivered or Date Postmarked

Receipt #    Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

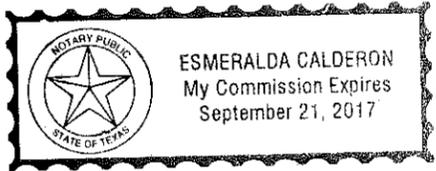
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ COMMITTEE NAME: _____  COMMITTEE ADDRESS: _____  COMMITTEE CAMPAIGN TREASURER NAME: _____  COMMITTEE CAMPAIGN TREASURER ADDRESS: _____
---------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 92,700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 127,891.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 304,444.12
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



AFFIX NOTARY STAMP / SEAL ABOVE

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 Calderon*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ARTURO C. CUELLAR, JR., this the 22ND day of FEBRUARY, 2016, to certify which, witness my hand and seal of office.

*Esmeralda Calderon*

Signature of officer administering oath

Esmeralda Calderon

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**SUBTOTALS - C/OH**

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

19 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 92,700.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$127,891.50
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 OF 13
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAUL PALMA 6 Contributor address; City; State; Zip Code 705 DAWSON DRIVE, EDINBURG, TX 78539	7 Amount of contribution (\$) 1500.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) MILLENIUM MEG
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMON GARCIA Contributor address; City; State; Zip Code 222 W. UNIVERSITY DR., EDINBURG, TX 78539	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL B. RHODES Contributor address; City; State; Zip Code 1020 ALLEN VIEW DR., NEW BRAUNFELS, TX 78132	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) SELF
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSA MARIA YBARRA Contributor address; City; State; Zip Code 5137 E. HWY 107, EDINBURG, TX 78539	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 OF 13
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANA L. CANALES 6 Contributor address; City; State; Zip Code 336 ROYAL ST., EDINBURG, TX 78539	7 Amount of contribution (\$) 1500.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) LINEBARGER GOGGAN BLAIR & SAMPSON, LLP
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & SAMPSON, LLP Contributor address; City; State; Zip Code P.O. BOX 17428, AUSTIN, TX 78760	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCVEY & ASSOCIATES Contributor address; City; State; Zip Code 1101 ORANGE ST., MERCEDES, TX 78570	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions) INSURANCE AGENCY		Employer (See Instructions) ENTITY
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALFF ASSOCIATES- STATE PAC Contributor address; City; State; Zip Code 1201 N. BOWSER ROAD, RICHARDSON, TX 75081	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) POLITICAL ACTION COMMITTEE		Employer (See Instructions) SELF
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 OF 13</b>
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUALITY READY MIX LTD, LLP. 6 Contributor address; City; State; Zip Code PO BOX 10100, CORPUS CHRISTI, TX 78460	7 Amount of contribution (\$) 5000.00
8 Principal occupation / Job title (See Instructions) BUSINESS		9 Employer (See Instructions) ENTITY
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERO INTERNATIONAL LLP DBA ERO ARCHITECTS. Contributor address; City; State; Zip Code 300 S. 8TH ST., MCALLEN, TX 78501	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTINUED ON NEXT PAGE Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 OF 13
2 FILER NAME ARTURO C. CUELLAR, JR., (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S & B.PAC. 6 Contributor address; City; State; Zip Code PO BOX 266245, HOUSTON, TX 77207	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) POLITICAL ACTION COMMITTEE		9 Employer (See Instructions) SELF
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDY RAMOS Contributor address; City; State; Zip Code 304 LARK AVE., MCALLEN, TX 78504	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions) SALES REP.		Employer (See Instructions) DOGGETT
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEC G. YOUNG Contributor address; City; State; Zip Code 4147 REXINE DR., ALAMO, TX 78516	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) COHRS REALTY
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIO A REYNA Contributor address; City; State; Zip Code 5101 W. HACKBERRY AVE., MCALLEN, TX 78501	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) MELDON & HUNT
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 OF 13
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA & ASSOCIATES 6 Contributor address; City; State; Zip Code 1419 DOVE AVE, STE. 1, MCALLEN, TX 78504	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) BUSINESS		9 Employer (See Instructions) ENTITY
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOUTHERN TRENCHLESS SOLUTIONS LLC DBA BLUEGREEN MUNICIPAL Contributor address; City; State; Zip Code PO BOX 8084, WESLACO, TX 78599	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) BUSINESS		Employer (See Instructions) ENTITY
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIDALGO COUNTY EMERGENCY SERVICE FOUNDATION Contributor address; City; State; Zip Code PO BOX 2533, EDINBURG, TX 78540	Amount of contribution (\$) 4000.00
Principal occupation / Job title (See Instructions) BUSINESS		Employer (See Instructions) ENTITY
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUBEN CARDENAS Contributor address; City; State; Zip Code 603 NORTH TEXAS BLVD., WESLACO, TX 78596	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions) SELF/ STATE FARM INSURANCE
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 OF 13</b>
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEREN LI 6 Contributor address; City; State; Zip Code 7619 WELLFORD TRL., SUGARLAND, TX 77479	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) CSE
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORDIA SUE, LLC Contributor address; City; State; Zip Code 3149-A CENTER POINTE DRIVE, EDINBURG, TX 78539	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) BUSINESS		Employer (See Instructions) ENTITY
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RABA KISTNER PAC Contributor address; City; State; Zip Code PO BOX 690287, SAN ANTONIO, TX 78269	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) POLITICAL ACTION COMMITTEE		Employer (See Instructions) SELF
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GENE GUERRA Contributor address; City; State; Zip Code PO BOX 5488, MCALLEN, TX 78502	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions) SELF
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 OF 13
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR)		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEMORIAL FUNERAL HOME 6 Contributor address; City; State; Zip Code 311 E. EXPRESSWAY 83, SAN JUAN, TX 78589	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) FUNERAL HOME		9 Employer (See Instructions) ENTITY
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEMORIAL FUNERAL HOME Contributor address; City; State; Zip Code 208 E. CANTON, EDINBURG, TX 78540	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) FUNERAL HOME		Employer (See Instructions) ENTITY
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'HANLON MCCOLLOM & DEMERATH PC DBA O'HANLON RODRIGUEZ BETANCOURT & DEMERATH Contributor address; City; State; Zip Code 808 WEST AVENUE, AUSTIN, TX 78701	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESLEY RICHARD LEFEVRE Contributor address; City; State; Zip Code 3908 YELLOWHAMMER AVE., MCALLEN, TX 78504	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SELF
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8 OF 13</b>
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD A. WALKER 6 Contributor address; City; State; Zip Code 7403 N. 16TH LANE, MCALLEN, TX 78504	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEFINA MIRELES Contributor address; City; State; Zip Code 7403 N. 16TH LANE, MCALLEN, TX 78504	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAULA VILLANUEVA Contributor address; City; State; Zip Code 402 W. MILE 10 RD. N., WESLACO, TX 78599	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions) BUSINESSWOMAN / OWNER		Employer (See Instructions) ALL VALLEY WASTE/ SELF
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACINTO GARZA Contributor address; City; State; Zip Code 27304 SOUTH BASS BLVD., HARLINGEN, TX 78552	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) L & G
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 OF 13
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GODFRY GARZA, JR. 6 Contributor address; City; State; Zip Code 4209 MILE 8 RD, EDINBURG, TX 78541	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) BUSINESSMAN		9 Employer (See Instructions) SELF
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNESTO SILVA Contributor address; City; State; Zip Code 1118 SOUTH D ST., HARLINGEN, TX 78550	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) CITY MANAGER		Employer (See Instructions) CITY OF DONNA
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAUL D MALDONADO Contributor address; City; State; Zip Code 801 E. FERGUSON STE B, PHARR, TX 78577	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SAMS ENGINEERING
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG F STONG Contributor address; City; State; Zip Code 15920 REYES RDG, HELOTES, TX 78023	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) 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 13
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK W. LUPHER 6 Contributor address; City; State; Zip Code 17406 MASONRIDGE DR., HOUSTON, TX 77095	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) TEDSI
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESUS SALINAS Contributor address; City; State; Zip Code 1201 E. EXPRESSWAY 83, MISSION, TX 78572	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions) TEDSI
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON R. EBERLE Contributor address; City; State; Zip Code PO BOX 1028, DONNA, TX 78537	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) EBERLE MATERIALS
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNETTE FRANZ Contributor address; City; State; Zip Code 400 N. MCCOLL RD. STE B, MCALLEN, TX 78501	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions) BUSINESSWOMAN		Employer (See Instructions) LAW OFFICE OF JOHN AVID FRANZ
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 OF 13
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENE RAMIREZ 6 Contributor address; City; State; Zip Code 612 W. NOLANA AVE., STE 415, MCALLEN, TX 78504	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) BUSINESSMAN		9 Employer (See Instructions) PATHFINDERS
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE E. LAZARO Contributor address; City; State; Zip Code 512 E. MAGNOLIA AVE, BOX 3459, LA FERIA, TX 78559	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) SELF
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDELMIRO DOMINGUEZ Contributor address; City; State; Zip Code 10525 E. ELDERBERRY LN., MEQUON, WI 53092	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BORDER HEALTH PAC Contributor address; City; State; Zip Code 612 W. NOLANA, BLDG. 300 STE. 340, MCALLEN, TX 78504	Amount of contribution (\$) 10000.00
Principal occupation / Job title (See Instructions) POLITICAL ACTION COMMITTEE		Employer (See Instructions) SELF
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 OF 13
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATLAS HALL & RODRIGUEZ LLP 6 Contributor address; City; State; Zip Code PO BOX 3725, MCALLEN, TX 78502	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM R. SPARKS Contributor address; City; State; Zip Code PO BOX 130, PROGRESO, TX 78579	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions) SELF
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PABLO G PENA Contributor address; City; State; Zip Code 625 S. AIRPORT DR., WESLACO, TX 78596	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions) SELF
Date 2/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY SPARKS Contributor address; City; State; Zip Code 13230 MILE 2 1/2 EAST, MERCEDES, TX 78570	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions) SELF
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 OF 13
2 FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RED SEAGULL MARINE SERVICES LLC 6 Contributor address; City; State; Zip Code 710 TRINITY RD., MISSION, TX 78572	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) BUSINESS		9 Employer (See Instructions) ENTITY
Date 2/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN DOWNING Contributor address; City; State; Zip Code 2253 MILE 6 NORTH, MERCEDES, TX 78570	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUIS H. JONES JR. Contributor address; City; State; Zip Code 3100 W. ALABAMA ST., HOUSTON, TX 77098	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) DANNENBAUM ENGINEERING
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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

4 Date: 2/1/2016      5 Payee name: A. "JR" GAITAN CAMPAIGN

6 Amount (\$): 1000.00      7 Payee address; City; State; Zip Code: 817 W. RUSSELL RD., EDINBURG, TX 78541

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

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

Date: 2/1/2016      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: RENTAL EXPENSE  
 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  
 WESLACO HEADQUARTERS RENT

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

Date: 2/1/2016      Payee name: MERCEDES CHAMBER

Amount (\$): 150.00      Payee address; City; State; Zip Code: 4305 OHIO AVE., MERCEDES, TX 78570

PURPOSE OF EXPENDITURE: CONTRIBUTION/ DONATION  
 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  
 SPONSOR (MISS MERCEDES/ JANELLE DE LA ROSA)

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/1/2016	<b>5</b> Payee name JOSE VELA
---------------------------	----------------------------------

<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 1916 TERRACE LN., WESLACO, TX 78596
--------------------------------	--------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/1/2016	Payee name JACOB VELA
------------------	--------------------------

Amount (\$) 150.00	Payee address; City; State; Zip Code 1916 TERRACE LANE, WESLACO, TX 78596
-----------------------	------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/2/2016	Payee name MID VALLEY TOWN CRIER
------------------	-------------------------------------

Amount (\$) 881.80	Payee address; City; State; Zip Code PO BOX 3267, MCALLEN, TX 78502
-----------------------	------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTED ADS (1/31, 2/7, 2/14)
-------------------------------------------	-------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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.

<b>1</b> Total pages Schedule F1: 3 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/2/2016	<b>5</b> Payee name MARCO PEREZ
---------------------------	------------------------------------

<b>6</b> Amount (\$) 376.83	<b>7</b> Payee address; City; State; Zip Code 2008 W. JONQUIL, MCALLEN, TX 78501
--------------------------------	-------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) REIMBURSEMENT	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD/ BEVERAGE EXPENSE (176.83) 1/23/16 - 42.83, 1/31/16- 14.00, 1/30/16- 120.00 FUEL - GOTV (200.00) 1/23/16- 40.00, 1/30/16- 160.00
-------------------------------------------	------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/2/2016	Payee name CARRERA COMMUNICATIONS
------------------	--------------------------------------

Amount (\$) 3000.00	Payee address; City; State; Zip Code 135 PASEO DEL PRADO #48, EDINBURG, TX 78541
------------------------	-------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN CONSULTANT
-------------------------------	------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/2/2016	Payee name JOEL BARRIENTES
------------------	-------------------------------

Amount (\$) 250.00	Payee address; City; State; Zip Code 422 SOUTH UTAH, WESLACO, TX 78596
-----------------------	---------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BOXING SPONSORSHIP
-------------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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.

<b>1</b> Total pages Schedule F1: 4 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/2/2016	<b>5</b> Payee name MERCEDES BASEBALL DIAMOND CLUB
---------------------------	-------------------------------------------------------

<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code 1200 S. FLORIDA, MERCEDES, TX 78570
--------------------------------	--------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  SPONSORSHIP
-------------------------------------------	---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/2/2016	Payee name MACEDONIAN CHRISTIAN ACADEMY
------------------	--------------------------------------------

Amount (\$) 100.00	Payee address; City; State; Zip Code PO BOX 206, ALAMO, TX 78516
-----------------------	---------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  FINE ARTS BANQUET
-------------------------------------------	----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/2/2016	Payee name JULISSA OCHOA
------------------	-----------------------------

Amount (\$) 265.22	Payee address; City; State; Zip Code 508 SANTA ELENA ST., WESLACO, TX 78596
-----------------------	--------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) REIMBURSEMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  ADVERTISING EXPENSE (70 LAPEL PINS)
-------------------------------------------	-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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.

<b>1</b> Total pages Schedule F1: 5 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/3/2016	<b>5</b> Payee name SELINA MEDRANO
---------------------------	---------------------------------------

<b>6</b> Amount (\$) 1500.00	<b>7</b> Payee address; City; State; Zip Code 1303 PINE AVENUE, PHARR, TX 78577
---------------------------------	------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN CONSULTANT
-------------------------------------------	-----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>9</b> 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
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 2/3/2016	Payee name BETO'S SCREEN PRINTING
------------------	--------------------------------------

Amount (\$) 1461.00	Payee address; City; State; Zip Code 110 W. 10TH ST., SAN JUAN, TX 78589
------------------------	-----------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL SIGNS
-------------------------------	-------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/3/2016	<b>5</b> Payee name LA BLANCA 4H CLUB
---------------------------	------------------------------------------

<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 17539 FM 493, EDINBURG, TX 78542
--------------------------------	-----------------------------------------------------------------------------------

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

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

Date 2/3/2016	Payee name CHARLIE'S MEAT MARKET
------------------	-------------------------------------

Amount (\$) 867.14	Payee address; City; State; Zip Code 211 W. EDINBURG AVE., ELSA, TX 78543
-----------------------	------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD/ BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
		POLITICAL EVENT IN DELTA AREA

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

Date 2/3/2016	Payee name KIMBERLY ROCHA
------------------	------------------------------

Amount (\$) 1220.00	Payee address; City; State; Zip Code 3533 CESSANA AVE., EDINBURG, TX 78542
------------------------	-------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
		GOTV- PCT. 70, 79, 32, 85

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.

<b>1</b> Total pages Schedule F1: 7 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/3/2016	<b>5</b> Payee name MARCO PEREZ
---------------------------	------------------------------------

<b>6</b> Amount (\$) 2093.00	<b>7</b> Payee address; City; State; Zip Code 2008 W. JONQUIL, MCALLEN, TX 78501
---------------------------------	-------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV- PCT. 111, 42, 57
-------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/5/2016	Payee name LA BLANCA 4H CLUB
------------------	---------------------------------

Amount (\$) 250.00	Payee address; City; State; Zip Code 17539 FM 493, EDINBURG, TX 78542
-----------------------	--------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP- CORY SANCHEZ
-------------------------------	----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/5/2016	Payee name MONTE ALTO HEAD START
------------------	-------------------------------------

Amount (\$) 100.00	Payee address; City; State; Zip Code 25249 1ST ST., MONTE ALTO, TX 78538
-----------------------	-----------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP - SUMMER LOVE CANTU
-------------------------------	----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: 8 OF 30	<b>2</b>	FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b>	Filer ID (Ethics Commission Filers)
<b>4</b>	Date 2/5/2016	<b>5</b>	Payee name SIMPAQ USA, INC.		
<b>6</b>	Amount (\$) 5000.00	<b>7</b>	Payee address; City; State; Zip Code 3325 N. WARE RD., MCALLEN, TX 78501		
<b>8</b>	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEB & SOCIAL MEDIA MGMT. 2/1-2/29	
<b>9</b>		Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
	Date 2/5/2016		Payee name BRAND BOOSTERS CO		
	Amount (\$) 1569.63		Payee address; City; State; Zip Code 3607 S. L LN., MCALLEN, TX 78503		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2- 13"X33" FULL COLOR BANNERS	
		Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
	Date 2/6/2016		Payee name ROBERT GARATE JR		
	Amount (\$) 215.00		Payee address; City; State; Zip Code 8239 VALDEZ, MONTE ALTO, TX 78538		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
		Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 9 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/8/2016	<b>5</b> Payee name ALICIA SEGURA
---------------------------	--------------------------------------

<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 720, EDCOUCH TX 78538
--------------------------------	-------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/8/2016	Payee name IMELDA GUZMAN
------------------	-----------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code 311 NIXON ST., EDCOUCH, TX 78538
-----------------------	--------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/8/2016	Payee name BRAULIA P TREJO
------------------	-------------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code PO BOX 2712, ELSA TX 78543
-----------------------	--------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**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.

<b>1</b> Total pages Schedule F1: 10 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/8/2016	<b>5</b> Payee name FERNANDO ESPARZA
---------------------------	-----------------------------------------

<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 95, PROGRESO TX 78579
--------------------------------	-------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  GOTV
-------------------------------------------	-------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/8/2016	Payee name PORFIRIO VILLANUEVA
------------------	-----------------------------------

Amount (\$) 300.00	Payee address; City; State; Zip Code PO BOX 1528, EDCOUCH, TX 78538
-----------------------	------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  GOTV
-------------------------------	--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/8/2016	Payee name NORA L. SILVA
------------------	-----------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code PO BOX 2808, ELSA, TX 78543
-----------------------	---------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  GOTV
-------------------------------	--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11 OF 30		<b>2</b> FILER NAME ARTURO C. CUELLAR, JR.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/8/2016		<b>5</b> Payee name NOE GONZALEZ, JR.			
<b>6</b> Amount (\$) 200.00		<b>7</b> Payee address; City; State; Zip Code PO BOX 2808, ELSA TX 78543			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 2/8/2016		Payee name GABRIEL SILVA			
Amount (\$) 200.00		Payee address; City; State; Zip Code PO BOX 768, EDCOUCH, TX 78538			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 2/9/2016		Payee name KRGV			
Amount (\$) 32,117.25		Payee address; City; State; Zip Code 900 W. EXPRESSWAY 83, WESLACO, TX 78596			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TELEVISION COMMERCIAL ADS	
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.

<b>1</b> Total pages Schedule F1: 12 of 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/9/2016	<b>5</b> Payee name JOSE R. AYALA
---------------------------	--------------------------------------

<b>6</b> Amount (\$) 3500.00	<b>7</b> Payee address; City; State; Zip Code 6809 N. WESTGATE DR., WESLACO TX 78596
---------------------------------	-----------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VIDEO PHOTOGRAPHY (JAN- FEB 2016)
-------------------------------------------	------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 02/09/2016	Payee name LYNDON BAINES JOHNSON ELEMENTARY
--------------------	------------------------------------------------

Amount (\$) 100.00	Payee address; City; State; Zip Code PO BOX 127 EDCOUCH, TX 78538
-----------------------	----------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VALENTINE COURT FUNDRAISER
-------------------------------	----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/11/2016	Payee name KIMBERLY ROCHA
-------------------	------------------------------

Amount (\$) 700.00	Payee address; City; State; Zip Code 3533 CESSANA AVE. EDINBURG, TX 78542
-----------------------	------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV- PCT. 56
-------------------------------	--------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/11/2016	<b>5</b> Payee name MARCO PEREZ
----------------------------	------------------------------------

<b>6</b> Amount (\$) 2728.00	<b>7</b> Payee address; City; State; Zip Code 2008 W. JONQUIL, MCALLEN, TX 78501
---------------------------------	-------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV- PCT 113 AND PHONE BANK
-------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/11/2016	Payee name ALEX VILLALPANDO
-------------------	--------------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code PO BOX 2013 ELSA TX 78543
-----------------------	-------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/11/2016	Payee name MELINDA VILLALPANDO
-------------------	-----------------------------------

Amount (\$) 300.00	Payee address; City; State; Zip Code PO BOX 2013 ELSA TX 78543
-----------------------	-------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**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.

<b>1</b> Total pages Schedule F1: 14 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/11/2016	<b>5</b> Payee name RONNIE J. VILLALPANDO
----------------------------	----------------------------------------------

<b>6</b> Amount (\$) 150.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 2013 ELSA, TX 78543
--------------------------------	-----------------------------------------------------------------------------

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

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

Date 2/11/2016	Payee name SANDRA BELTRAN
-------------------	------------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code 208 W. PABLO LAYTON ST. ELSA, TX 78543
-----------------------	--------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	GOTV	

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

Date 2/11/2016	Payee name LIZETTE VILLARREAL
-------------------	----------------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code PO BOX 1446 PROGRESO TX 78579
-----------------------	-----------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	GO TV	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15 OF 30		<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/12/2016		<b>5</b> Payee name ENTRAVISION COMMUNICATIONS			
<b>6</b> Amount (\$) 16,000.00		<b>7</b> Payee address; City; State; Zip Code N. JACKSON RD., MCALLEN, TX			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TELEVISION ADVERTISING COMMERCIALS	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 2/12/2016		Payee name R COMMUNICATIONS			
Amount (\$) 10,293.50		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RADIO ADVERTISING EXPENSE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 2/12/2016		Payee name OSCAR GARCIA			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 8105 HOUSTON ST, EDCOUCH TX 78539			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL WATCHER	
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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 16 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/12/2016	<b>5</b> Payee name PRINT WORKS
----------------------------	------------------------------------

<b>6</b> Amount (\$) 13,243.52	<b>7</b> Payee address; City; State; Zip Code 1414 PECAN BLVD, MCALLEN, TX 78501
-----------------------------------	-------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PUSH CARDS, MAILERS, B/W COPIES, BANNER 4'X 8' FULL COLOR
-------------------------------------------	------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/12/2016	Payee name ANITA GARCIA
-------------------	----------------------------

Amount (\$) 250.00	Payee address; City; State; Zip Code 1902 RIDLEY DONNA, TX 78539
-----------------------	---------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/12/2016	Payee name ANA MARTINEZ
-------------------	----------------------------

Amount (\$) 250.00	Payee address; City; State; Zip Code 1904 RIDLEY ST., DONNA, TX 78539
-----------------------	--------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**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.

<b>1</b> Total pages Schedule F1: 17 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/12/2016	<b>5</b> Payee name JOSE ARTURO VELA
----------------------------	-----------------------------------------

<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code 1916 TERRACE LANE, WESLACO, TX 78596
--------------------------------	---------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/12/2016	Payee name JACOB VELA
-------------------	--------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code 1916 TERRACE LANE, WESLACO, TX 78596
-----------------------	------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/12/2016	Payee name JOSE VELA
-------------------	-------------------------

Amount (\$) 300.00	Payee address; City; State; Zip Code 1916 TERRACE LANE, WESLACO, TX 78596
-----------------------	------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**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.

<b>1</b> Total pages Schedule F1: 18 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/12/2016	<b>5</b> Payee name HECTOR J. HERNANDEZ
----------------------------	--------------------------------------------

<b>6</b> Amount (\$) 766.80	<b>7</b> Payee address; City; State; Zip Code 905 W. 7TH ST., WESLACO, TX 78596
--------------------------------	------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINT EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	SCREEN PRINT TSHIRTS	

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

Date 2/13/2016	Payee name BETO'S SCREEN PRINTING
-------------------	--------------------------------------

Amount (\$) 2056.75	Payee address; City; State; Zip Code 110 W. 4TH ST., SAN JUAN, TX 78589
------------------------	----------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	POLITICAL SIGNS	

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

Date 2/15/2016	Payee name HEB
-------------------	-------------------

Amount (\$) 547.00	Payee address; City; State; Zip Code 1004 N. TEXAS BLVD, WESLACO, TX 78596
-----------------------	-------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	SODAS- EARLY VOTE	

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 19 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/15/2016	<b>5</b> Payee name DOMINGO LONGORIA
----------------------------	-----------------------------------------

<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 2687 ELSA TX 78543
--------------------------------	----------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMOKING ON THE RIO- SPONSOR
-------------------------------------------	---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/15/2016	Payee name MELISSA PEREZ
-------------------	-----------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code PO BOX 2575, ELSA TX 78543
-----------------------	--------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMOKING ON THE RIO SPONSOR
-------------------------------	----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/15/2016	Payee name ARTURO GARCIA
-------------------	-----------------------------

Amount (\$) 300.00	Payee address; City; State; Zip Code 114 JENNIFER DONNA, TX 78537
-----------------------	----------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/15/2016	<b>5</b> Payee name MARIO GONZALEZ
----------------------------	---------------------------------------

<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code 343 S. 17TH ST., DONNA, TX 78537
--------------------------------	-----------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/15/2016	Payee name CRYSTAL GONZALEZ
-------------------	--------------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code 309 N. AVE., APT. 24, DONNA, TX 78537
-----------------------	-------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/15/2016	Payee name JUAN A. PEQUENO, SR.
-------------------	------------------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code 707 JANNETH ST., DONNA, TX 78537
-----------------------	--------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**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.

<b>1</b> Total pages Schedule F1: 21 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/15/2016	<b>5</b> Payee name JUAN A. PEQUENO JR.
----------------------------	--------------------------------------------

<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code 707 JANNETH ST. DONNA, TX 78537
--------------------------------	----------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/15/2016	Payee name DAVID RAMOS
-------------------	---------------------------

Amount (\$) 334.00	Payee address; City; State; Zip Code 526 SOUTH 13TH ST., DONNA, TX 78537
-----------------------	-----------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/15/2016	Payee name ANGELITA EQUIVEL
-------------------	--------------------------------

Amount (\$) 400.00	Payee address; City; State; Zip Code 300 1ST ST., DONNA, TX 78537
-----------------------	----------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 22 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/15/2016	<b>5</b> Payee name AURORA ZUNIGA
----------------------------	--------------------------------------

<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 1746 DONNA, TX 78537
--------------------------------	------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/15/2016	Payee name ROY GARCIA
-------------------	--------------------------

Amount (\$) 100.00	Payee address; City; State; Zip Code 512 W. ROOSEVELT RD, DONNA, TX 78537
-----------------------	------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/15/2016	Payee name MAXIMO RORIGUEZ
-------------------	-------------------------------

Amount (\$) 250.00	Payee address; City; State; Zip Code 512 S. 10TH, DONNA, TX 78537
-----------------------	----------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/15/2016	<b>5</b> Payee name CONSUELO REYES
----------------------------	---------------------------------------

<b>6</b> Amount (\$) 400.00	<b>7</b> Payee address; City; State; Zip Code 3301 S. PALETA ST., DONNA, TX 78537
--------------------------------	--------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  GOTV
-------------------------------------------	-----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/15/2016	Payee name SARA AVILA
-------------------	--------------------------

Amount (\$) 500.00	Payee address; City; State; Zip Code 2726 CEILLALILY, DONNA, TX 78537
-----------------------	--------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  GOTV
-------------------------------	------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/15/2016	Payee name ALBA AVILA
-------------------	--------------------------

Amount (\$) 500.00	Payee address; City; State; Zip Code 8108 VAL VERDE, DONNA, TX 78537
-----------------------	-------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  GOTV
-------------------------------	------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 24 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/15/2016	<b>5</b> Payee name LORIE GUZMAN
----------------------------	-------------------------------------

<b>6</b> Amount (\$) 334.00	<b>7</b> Payee address; City; State; Zip Code 924 S. GEORGIA, MERCEDES, TX 78570
--------------------------------	-------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LAVOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	GOTV	

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

Date 2/15/2016	Payee name MARTA QUIROZ
-------------------	----------------------------

Amount (\$) 350.00	Payee address; City; State; Zip Code 214 SRGT CERVANTES, EDCOUCH, TX 78538
-----------------------	-------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	GOTV	

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

Date 2/15/2016	Payee name SARAH CAVAZOS
-------------------	-----------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code 3716 MILE 12 1/2 MERCEDES, TX 78570
-----------------------	-----------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	GOTV	

Complete 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 25 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/16/2016	<b>5</b> Payee name ERASMO ROCHA	
<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code 2304 MOODY AVE, DONNA, TX 78537	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held
Date 2/16/2016	Payee name IMELDA GUZMAN	
Amount (\$) 400.00	Payee address; City; State; Zip Code 311 NIXON ST. EDCOUCH TX 78538	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held
Date 2/16/2016	Payee name ROLANDO URIBE	
Amount (\$) 500.00	Payee address; City; State; Zip Code 124 S. ESTHER EDCOUCH, TX 78538	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 26 OF 30		<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/16/2016		<b>5</b> Payee name MARTIN JUAREZ			
<b>6</b> Amount (\$) 500.00		<b>7</b> Payee address; City; State; Zip Code PO BOX 1449, EDCOUCH, TX 78538			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  CONTRACT LABOR		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  GOTV	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 2/16/2016		Payee name KIMBERLY ROCHA			
Amount (\$) 1183.00		Payee address; City; State; Zip Code 3533 CESSANA, EDINBURG, TX 78542			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  GOTV- PCT 47	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 2/16/2016		Payee name DANIEL ZAMORANO			
Amount (\$) 300.00		Payee address; City; State; Zip Code 204 W. SANTA ROSA AVE EDCOUCH, TC 78538			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  GOTV	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 27 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/16/2016	<b>5</b> Payee name MANUEL SANCHEZ
----------------------------	---------------------------------------

<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code 208 E. RICKY CROSSLAND, ELSA TX 78543
--------------------------------	----------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/16/2016	Payee name RUBEN GONZALEZ, JR.
-------------------	-----------------------------------

Amount (\$) 500.00	Payee address; City; State; Zip Code 503 W. ADKINS, EDCOUCH, TX 78538
-----------------------	--------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/17/2016	Payee name HEB
-------------------	-------------------

Amount (\$) 1011.80	Payee address; City; State; Zip Code 1004 N. TEXAS BLVD, WESLACO, TX 78596
------------------------	-------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD/ BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SODAS AND BOTTLED WATER- EARLY VOTE
-------------------------------	----------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 28 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/18/2016	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) 436.10	<b>7</b> Payee address; City; State; Zip Code 1104 N. TEXAS BLVD., WESLACO, TX 78596	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD/ BEVERAGE EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SODAS / ELSA POLL
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/18/2016	Payee name DIRECT ENERGY BUSINESS	
Amount (\$) 611.96	Payee address; City; State; Zip Code 1001 LIBERTY AVE., PITTSBURGH, PA 15222	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ELECTRICITY WESLACO HEADQUARTERS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/19/2016	Payee name HEB	
Amount (\$) 779.96	Payee address; City; State; Zip Code 1004 N. TEXAS BLVD, WESLACO, TX 78596	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD/ BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SODA AND WATER FOR VOTE POLLS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 29 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/19/2016	<b>5</b> Payee name MARCO PEREZ
----------------------------	------------------------------------

<b>6</b> Amount (\$) 4086.00	<b>7</b> Payee address; City; State; Zip Code 2008 JONQUIL, MCALLEN, TX 78501
---------------------------------	----------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	BLOCK WALK AND PHONE BANK - GOTV	

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

Date 2/19/2016	Payee name MARTHA QUIROZ
-------------------	-----------------------------

Amount (\$) 350.00	Payee address; City; State; Zip Code 214 SGT. CERVANTES, EDCOUCH TX 78538
-----------------------	------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	GOTV	

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

Date 2/19/2016	Payee name ERASMO ROCHA
-------------------	----------------------------

Amount (\$) 300.00	Payee address; City; State; Zip Code 2304 MOODY AVE., DONNA, TX 78537
-----------------------	--------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	GOTV	

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 30 OF 30	<b>2</b> FILER NAME ARTURO C. CUELLAR, JR. (A.C. CUELLAR, JR.)	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

<b>4</b> Date 2/19/2016	<b>5</b> Payee name ANNA REYES
----------------------------	-----------------------------------

<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code 2717 QUAIL RUN APT A, HARLINGEN, TX 78550
--------------------------------	--------------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV
-------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/20/2016	Payee name JULISSA OCHOA
-------------------	-----------------------------

Amount (\$) 557.24	Payee address; City; State; Zip Code 508 SANTA ELENA ST., WESLACO, TX 78596
-----------------------	--------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) REIMBURSEMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD/ EXPENSE- DONNA POLL WK 1
-------------------------------	-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date 2/12/2016	Payee name PLAINS CAPITAL BANK
-------------------	-----------------------------------

Amount (\$) 5.00	Payee address; City; State; Zip Code PO BOX 271 LUBBOCK TX 79408
---------------------	---------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) BANKING FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY BANK FEE
-------------------------------	-----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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