

# 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: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>Mr. Atanacio<br>NICKNAME LAST SUFFIX<br>"JR" Gaitan  | <b>OFFICE USE ONLY</b>   |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>817 W. Russell Rd.<br>Edinburg, Texas 78541  | Date Received<br><b>RECEIVED FEB 22 2016</b><br>3:54 PM<br>Ruder   |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(956) 383-8560   | Date Hand-delivered or Date Postmarked   |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Mr. Atanacio<br>NICKNAME LAST SUFFIX<br>"JR" Gaitan  | Receipt #  | Amount \$            |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>817 W. Russell Road.<br>Edinburg, Texas 78541   | Date Processed   |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(956) 383-8560   | Date Imaged  |                      |
| 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 (Officerholder Only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                      |
| 10 PERIOD COVERED  | Month Day Year      Month Day Year<br>01 / 22 / 16      THROUGH      02 / 20 / 16  |  |                      |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>03 / 01 / 16  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br>Hidalgo Co. Constable<br>Pct. 4  | 13 OFFICE SOUGHT (if known)<br>Hidalgo Co. Constable<br>Pct. 4   |                      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ - 0 -

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

\$ 15,010.00

EXPENDITURE  
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 17,846.42

CONTRIBUTION  
BALANCE

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

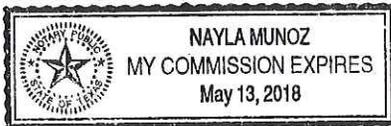
\$ 102.16

OUTSTANDING  
LOAN TOTALS

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

\$ 15,000.00

18 AFFIDAVIT



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

*Ataneicio "JR" Gaitan*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ataneicio "JR" Gaitan, this the 22nd day of Feb., 2016, to certify which, witness my hand and seal of office.

*Nayla Muñoz*  
Signature of officer administering oath

Nayla Muñoz  
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

Atanacio "TB" Gaitan

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |                         |
|-----|---|-------------------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 15010. <sup>00</sup> |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ -0-                  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ -0-                  |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ -0-                  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 17,846.42            |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ -0-                  |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ -0-                  |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ -0-                  |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ -0-                  |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ -0-                  |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ -0-                  |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ -0-                  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 9

2 FILER NAME

Atanacio "JR" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

1-22-16

5 Full name of contributor

Andree Maldonado

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

400.00

6 Contributor address;

City; State; Zip Code

209 E. University, Edg., TX 78539

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-23-16

Full name of contributor

Nowell Borders

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

P.O. Box 249, Hargill, Texas 78549

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-27-16

Full name of contributor

Loneo Law Firm

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

350.00

Contributor address;

City; State; Zip Code

214 E. University, Edg., TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-27-16

Full name of contributor

Memorial Funeral Home

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

600.00

Contributor address;

City; State; Zip Code

208 E. Canton, Edg., TX 78540

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 9

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

1-27-16

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

Memorial Funeral Home

6 Contributor address; City; State; Zip Code

311 E. Expressway, San Juan, TX 78589

7 Amount of contribution (\$)

600.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-24-16

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

Alan Yoder

Contributor address; City; State; Zip Code

P.O. Box 3097  
McAllen, Texas 78502

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-22-16

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

Robert Capello

Contributor address; City; State; Zip Code

106 S. 12th Ave., Suite 111  
Edinburg, Texas 78539

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-16

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

Noe Perez

Contributor address; City; State; Zip Code

302 E. Mahl  
Edinburg, Texas 78539

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 9

2 FILER NAME

Atanacio "JA" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

1-29-16

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

Kathryn East

6 Contributor address; City; State; Zip Code

2112 W. University  
Edinburg, Texas 78539

7 Amount of contribution (\$)

800.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-29-16

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

A. Alfredo Roybal

Contributor address; City; State; Zip Code

P.O. Box 5217  
McAllen, Texas 78502

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28-16

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

Luis Delgado, M.D.

Contributor address; City; State; Zip Code

9128 N. 10th St.  
McAllen, Texas 78504

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28-16

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

Alli S+x Behab & Chino

Contributor address; City; State; Zip Code

117 N. Texas Blvd.  
Westlaco, Texas 78596

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 9

2 FILER NAME

Atencio "JB" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

1-25-16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rosal Garcia Law Office

6 Contributor address; City; State; Zip Code

125 W. Cherokee Ave.  
Phoenia, Texas 78577

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-27-16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Roselio Garza

Contributor address; City; State; Zip Code

P.O. Box 70074  
McAllen, Texas 78504

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-27-16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

John Rodriguez

Contributor address; City; State; Zip Code

1227 Esther Ave.  
Edinburg, Texas 78539

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sanchez Law Firm

Contributor address; City; State; Zip Code

4842 S. Jackson Rd.  
Edinburg, Texas 78539

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 9

2 FILER NAME

Atanacio "JB" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

1-27-16

5 Full name of contributor

A. Fast Bail Bonds

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

710 E. Cibola Rd.  
Edinburg, Texas 78542

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-30-16

Full name of contributor

County Wide Therapy

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

3149 Center Point, Suite C  
Edinburg, Texas 78539

Amount of contribution (\$)

460.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-30-16

Full name of contributor

Homeno Jasso, Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

710 N. Shamy Rd.  
Mission, Texas 78572

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-16

Full name of contributor

Doctors Rehab

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

4854 S. Jackson  
Edinburg, TX 78539

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 9

2 FILER NAME

Atencio "JA" Galton

3 Filer ID (Ethics Commission Filers)

4 Date

1-29-16

5 Full name of contributor

Jose Antonio Solis

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

7009 Alameda Rd. Apt. 1712  
Houston, Texas 77054

7 Amount of contribution (\$)

400.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-30-16

Full name of contributor

Pedro Samanippas

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

115 W. 9th St.  
San Juan, Texas 78589

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-30-16

Full name of contributor

George Gomez

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

3145 Center Pointe Dr.  
Edinburg, Texas 78539

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-1-16

Full name of contributor

A.C. Cuellar

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

1900 E. 28th St.  
Westlaco, Texas 78596

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 of 9

2 FILER NAME

Atanarido "JB" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

1-29-16

5 Full name of contributor

Rivera Funeral Home

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address;

1901 Pecan Blvd.  
McAllen, Texas 78501

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-5-16

Full name of contributor

Garcia, Quintanilla Palacios

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

5526 N. 10th St.  
McAllen, Texas 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-16

Full name of contributor

Richard Garcia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

5528 N. 10th St.  
McAllen, Texas 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-6-16

Full name of contributor

R.B. Carter

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

6002 Edgewater  
Corpus Christi, 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 of 9

2 FILER NAME

Atencio "JB" Gaitan

3 Filer ID (Ethics Commission Filers)

4 Date

2-3-16

5 Full name of contributor

Villalobos + Villalobos

6 Contributor address;

8701 N. 23rd St.  
Medden, Texas 78504

7 Amount of contribution (\$)

400.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-5-16

Full name of contributor

Flores + Tonnes

Contributor address;

118 E. Cano St.  
Edinburg, Texas 78539

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-4-16

Full name of contributor

Thomas Rayfield

Contributor address;

1300 N. 10th, Ste 300  
Medden, Texas 78501

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-8-16

Full name of contributor

Baldemar Martinez

Contributor address;

1803 Toni Lane  
Mission, Texas 78572

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 of 9

2 FILER NAME

Atencio "JP" Coaitan

3 Filer ID (Ethics Commission Filers)

4 Date

2-19-16

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

Victor Vicinaz

6 Contributor address; City; State; Zip Code

2305 Country Lane  
Palmhurst, Texas 78573

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-14-16

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

Roberto Delgado

Contributor address; City; State; Zip Code

905 W. Russell Rd.  
Edinburg, Texas 78541

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1:<br>1 of 11                 |  | 2 FILER NAME<br>Atanacio "JA" Gaitan  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>1-22-16                                     |  | 5 Payee name<br>Your Place  |  |   |  |
| 6 Amount (\$)<br>1000.00                              |  | 7 Payee address; City; State; Zip Code<br>1204 E. Canton<br>Edinburg, Texas 78539   |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought      Office held  |  |
| Date<br>1-22-16                                       |  | Payee name<br>Brand Booster   |  |   |  |
| Amount (\$)<br>951.52                                 |  | Payee address; City; State; Zip Code<br>3607 J.L. Lane<br>McAllen, TX 78503         |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought      Office held  |  |
| Date<br>1-23-16                                       |  | Payee name<br>Joe Barragan  |  |   |  |
| Amount (\$)<br>144.00                                 |  | Payee address; City; State; Zip Code<br>233 Cleveland<br>Edinburg, Texas 78542      |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Event Expense       |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought      Office held  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1:<br>2 of 11                 |  | 2 FILER NAME<br>Atencio "JR" Gaitan  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>1-23-16                                     |  | 5 Payee name<br>Juan Hernandez   |  |   |  |
| 6 Amount (\$)<br>300.00                               |  | 7 Payee address; City; State; Zip Code<br>Edinburg, Texas 78539  |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Donation / Sponsorship             |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br>1-26-16                                       |  | Payee name<br>McCoy  |  |   |  |
| Amount (\$)<br>14.06                                  |  | Payee address; City; State; Zip Code<br>2901 W. University<br>Edinburg, Texas 78539                    |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Polling Expense                        |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br>1-28-16                                       |  | Payee name<br>BMC Designs  |  |   |  |
| Amount (\$)<br>270.63                                 |  | Payee address; City; State; Zip Code<br>1018 S. Clozner<br>Edinburg, Texas 78541                       |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Polling Expense<br>Advertising Expense |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>3 of 11                        |  | <b>2</b> FILER NAME<br>Atanecto "JR" Gaitan  |  | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>1-29-16  |  | <b>5</b> Payee name<br>Academy   |  |  |  |
| <b>6</b> Amount (\$)<br>43.28                                       |  | <b>7</b> Payee address; City; State; Zip Code<br>651 E. Trenton Rd.<br>Edinburg, Texas 78539 |  |  |  |
| <b>8</b><br><br><b>PURPOSE OF EXPENDITURE</b>                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>Event Expense |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
|   | Candidate / Officeholder name  |  | Office sought  | Office held                                  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |  |  |  |
| Date<br>1-29-16   |  | Payee name<br>Aguilar Meat Market  |  |  |  |
| Amount (\$)<br>119.24   |  | Payee address; City; State; Zip Code<br>3317 W. University Drive<br>Edinburg, Texas 78539    |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><br>Event Expense            |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |  |
|   | Candidate / Officeholder name  |  | Office sought  | Office held                                  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |  |  |  |
| Date<br>1-29-16   |  | Payee name<br>Academy  |  |  |  |
| Amount (\$)<br>156.87   |  | Payee address; City; State; Zip Code<br>651 E. Trenton Road<br>Edinburg, Texas 78539         |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><br>Event Expense            |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |  |
|   | Candidate / Officeholder name  |  | Office sought  | Office held                                  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |  |  |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |                               |               |
|---|---|--|-------------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br>4 of 11                        | <b>2</b> FILER NAME<br>Atanado "JR" Galvan  | <b>3</b> Filer ID (Ethics Commission Filers)   |                               |               |
| <b>4</b> Date<br>1-30-16  | <b>5</b> Payee name<br>Aguilar's Meat Market  |  |                               |               |
| <b>6</b> Amount (\$)<br>148.73                                      | <b>7</b> Payee address; City; State; Zip Code<br>3317 W. University Dr.<br>Edinburg, Texas 78539  |  |                               |               |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>Event Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                               |               |
|   | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                                       | Office sought   | Office held  |                               |               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |                               |               |
| Date<br>1-30-16   | Payee name<br>Coyote Arms Shooting Range  |  |                               |               |
| Amount (\$)<br>3,000.00   | Payee address; City; State; Zip Code<br>8600 B145 Road<br>Edinburg, TX 78539  |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><br>Event Expense   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                               |               |
|   | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                                       | Office sought   | Office held  |                               |               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |                               |               |
| Date<br>1-30-16   | Payee name<br>Happy Days Rentals  |  |                               |               |
| Amount (\$)<br>292.28   | Payee address; City; State; Zip Code<br>3023 Huizache<br>Edinburg, Texas 78539  |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><br>Event Expense   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                               |               |
|   | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                                       | Office sought   | Office held  |                               |               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |                               |               |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>          |   |  |                               |               |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1:<br>5 of 11                 |  | 2 FILER NAME<br>Atanacio "JR" Gaitan   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>2-1-16                                      |  | 5 Payee name<br>Carrera Communications   |  |   |  |
| 6 Amount (\$)<br>1500.00                              |  | 7 Payee address; City; State; Zip Code<br>135 Paseo del Prado<br>Edinburg, Texas 78542 |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br>2-4-16  |  | Payee name<br>Amanda Davila  |  |   |  |
| Amount (\$)<br>100.00                                 |  | Payee address; City; State; Zip Code<br>808 W. Stubbs, Apt. 3<br>Edinburg, Texas 78539 |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Contract Labor         |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date<br>2-5-16  |  | Payee name<br>Your Place   |  |   |  |
| Amount (\$)<br>1000.00                                |  | Payee address; City; State; Zip Code<br>1204 E. Canton<br>Edinburg, Texas 78541        |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Event Expense          |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>6 of 11 | <b>2</b> FILER NAME<br>Atanacio "JB" Gaitan   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>2-5-16                      | <b>5</b> Payee name<br>Juan Trevino   |  |
| <b>6</b> Amount (\$)<br>150.00               | <b>7</b> Payee address; City; State; Zip Code<br>1018 S. Clooner<br>Edinburg, Texas 78541   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Polling Expense<br>Advertising Expense                                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br>2-5-16                               | Payee name<br>Brendo Booster  |  |
| Amount (\$)<br>627.85                        | Payee address; City; State; Zip Code<br>3607 S.L. Lane<br>McAllen, Texas 78503  |  |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br>2-6-16                               | Payee name<br>La Mexicana Bakery  |  |
| Amount (\$)<br>15.00                         | Payee address; City; State; Zip Code<br>723 E. Sprague<br>Edinburg, Texas 78539   |  |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>7 of 11 | <b>2</b> FILER NAME<br>Atanacio "JA" Gaitan | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|                         |                               |
|-------------------------|-------------------------------|
| <b>4</b> Date<br>2-8-16 | <b>5</b> Payee name<br>G.V.L. |
|-------------------------|-------------------------------|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>351.81 | <b>7</b> Payee address; City; State; Zip Code<br>2920 N. Clozner Blvd. D#1<br>Edinburg, Texas |
|--------------------------------|---|

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

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

|                 |                              |
|-----------------|------------------------------|
| Date<br>2-14-16 | Payee name<br>Lupe Rodriguez |
|-----------------|------------------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>500.00 | Payee address; City; State; Zip Code<br>Edinburg, Texas 78539 |
|-----------------------|---|

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

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

|                 |                           |
|-----------------|---------------------------|
| Date<br>2-11-16 | Payee name<br>The Monitor |
|-----------------|---------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>633.50 | Payee address; City; State; Zip Code<br>1400 E. Velama Ave<br>McAllen, Texas 78504 |
|-----------------------|--|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1:<br>8 of 11                 |  | 2 FILER NAME<br>Atanacio "JR" Gaitan   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>2-11-16                                     |  | 5 Payee name<br>Yolanda Nino   |  |   |  |
| 6 Amount (\$)<br>135.00                               |  | 7 Payee address; City; State; Zip Code<br>Edinburg, Texas 78539                    |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Contract Labor |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought   |  |
|   |  |  |  | Office held   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Date<br>2-12-16                                     |  | Payee name<br>Your Place  |  |   |  |
| Amount (\$)<br>180.00                               |  | Payee address; City; State; Zip Code<br>1204 E. Canton<br>Edinburg, Texas 78539 |  |   |  |
| PURPOSE OF EXPENDITURE                              |  | Category (See Categories listed at the top of this schedule)<br>Event Expense   |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |
|   |  |   |  | Office held   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Date<br>2-12-16                                     |  | Payee name<br>Juan Trevino  |  |   |  |
| Amount (\$)<br>363.64                               |  | Payee address; City; State; Zip Code<br>1018 S. Closter<br>Edinburg, Texas 78541          |  |   |  |
| PURPOSE OF EXPENDITURE                              |  | Category (See Categories listed at the top of this schedule)<br>Advertising Event Expense |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |
|   |  |   |  | Office held   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br><b>9 of 11</b>                 | 2 FILER NAME<br><b>Atanado "JR" Gaitan</b>  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>2-15-16</b>                                     | 5 Payee name<br><b>Carriena Communications</b>  |  |
| 6 Amount (\$)<br><b>4500.00</b>                              | 7 Payee address; City; State; Zip Code<br><b>135 Paseo Del Prado<br/>Edinburg, Texas 78542</b>  |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Consulting Expense</b>   |  |
|  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                      Office held |

|  |   |  |
|--|---|--|
| Date<br><b>2-17-16</b>                                     | Payee name<br><b>Print Works</b>  | Office sought                      Office held |
| Amount (\$)<br><b>339.47</b>                               | Payee address; City; State; Zip Code<br><b>1414 Pecan Blvd.<br/>McAllen, Texas 78501</b>  |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   |  |
|  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                      Office held |

|  |   |  |
|--|---|--|
| Date<br><b>2-17-16</b>                                     | Payee name<br><b>Aguilera Meat Market</b>   | Office sought                      Office held |
| Amount (\$)<br><b>58.48</b>                                | Payee address; City; State; Zip Code<br><b>3317 W. University Dr.<br/>Edinburg, Texas 78539</b>   |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Polling Expense</b>  |  |
|  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                      Office held |

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1:<br>10 of 11                |  | 2 FILER NAME<br>Atamario "JB" Galvan  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>2-17-16                                     |  | 5 Payee name<br>Sam's Club  |  |   |  |
| 6 Amount (\$)<br>166.65                               |  | 7 Payee address; City; State; Zip Code<br>7601 N, 104th<br>McAllen, Texas 78503     |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Polling Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br>2-17-16                                       |  | Payee name<br>H.E.B.  |  |   |  |
| Amount (\$)<br>27.00                                  |  | Payee address; City; State; Zip Code<br>901 Trenton Rd.<br>McAllen, Texas 78504     |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Polling Expense     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |
| Date<br>2-19-16                                       |  | Payee name<br>Branch Boosters   |  |   |  |
| Amount (\$)<br>637.59                                 |  | Payee address; City; State; Zip Code<br>3607 S.L. Lane<br>McAllen, TX 78503         |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought Office held   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |                                 |  |
|---|---------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>11 of 11 | <b>2</b> FILER NAME<br>Atanacio | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---------------------------------|--|

|                          |                              |
|--------------------------|------------------------------|
| <b>4</b> Date<br>2-16-16 | <b>5</b> Payee name<br>Sam's |
|--------------------------|------------------------------|

|                               |   |
|-------------------------------|---|
| <b>6</b> Amount (\$)<br>60.82 | <b>7</b> Payee address; City; State; Zip Code<br>7601 N. 10th<br>McAllen, Texas 78503 |
|-------------------------------|---|

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

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

|      |            |
|------|------------|
| Date | 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<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

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

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

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

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

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

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