

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

GENERAL

SPECIFIC

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)

\$

1,742

EXPENDITURE
TOTALS

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

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$

2,500

CONTRIBUTION
BALANCE

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

\$

-758

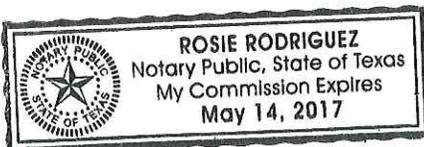
OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Celestino Arila Jr.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Celestino Arila Jr., this the Feb
day of 22, 2016, to certify which, witness my hand and seal of office.

Rosie A. Rodriguez

Signature of officer administering oath

Rosie A. Rodriguez

Printed name of officer administering oath

Admin Assist II

Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,742
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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:

2 FILER NAME

Celestino Avila Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
10-01-15

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

Javier Del Toro / Krystal

7 Amount of contribution (\$) 70.00

6 Contributor address; City; State; Zip Code

8239 Valdez Ave, Monte Alto, TX 78538

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

~~DBA~~

10-01-15

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

DBA Liveoak Nursery

Amount of contribution (\$) 63.00

Contributor address; City; State; Zip Code

2601 W. Bus 83, Weslaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-01-15

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

Dalia Phillips

Amount of contribution (\$) 28.00

Contributor address; City; State; Zip Code

711 W. 9th, Weslaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09-29-15

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

George Garrett Jr.

Amount of contribution (\$) 210.00

Contributor address; City; State; Zip Code

5129 N. Mile 5 1/2 W., Weslaco, TX 78596

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 FILER NAME

Celestino Avila Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10-03-15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Julio Gonzalez

7 Amount of contribution (\$) 42.⁰⁰

6 Contributor address;

City; State; Zip Code

205 Andry Dr, Westaco TX 78596

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-02-15

Full name of contributor

out-of-state PAC (ID#: _____)

Aimee Cavazos

Amount of contribution (\$) 14.⁰⁰

Contributor address;

City; State; Zip Code

105 Ford St, Westaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-01-15

Full name of contributor

out-of-state PAC (ID#: _____)

Agripina Hinojosa

Amount of contribution (\$) 14.⁰⁰

Contributor address;

City; State; Zip Code

P.O. Box 766, La Blanca, TX 78558

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-02-15

Full name of contributor

out-of-state PAC (ID#: _____)

Cynthia Ochoa

Amount of contribution (\$) 35.⁰⁰

Contributor address;

City; State; Zip Code

17538 Campana Ln W. Edcouch, TX 78538

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 FILER NAME

Celestino Avila Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10-01-15

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

Jose Villegas Jr./Lizette Gonzalez

7 Amount of contribution (\$) 21.00

6 Contributor address; City; State; Zip Code

300 S. mile 2w Apt 101, Edcouch TX 78538

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-01-15

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

Gerardo Garcia

Amount of contribution (\$) 91.00

Contributor address; City; State; Zip Code

2601 W. Bus 83, Westaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-01-15

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

Adan Meave

Amount of contribution (\$) 28.00

Contributor address; City; State; Zip Code

4760 N. mile 4W, Westaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-01-15

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

Roy Hernandez Jr.

Amount of contribution (\$) 28.00

Contributor address; City; State; Zip Code

301 Jalapa St. Westaco, TX 78596

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 FILER NAME

Celestine Avila Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

09-30-15

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

A-W Produce Co.

7 Amount of contribution (\$) *70⁰⁰*

6 Contributor address; City; State; Zip Code

P.O. Box 595, Weslaco, TX 78596

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-02-15

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

Jane Martinez Gonzalez

Amount of contribution (\$) *21⁰⁰*

Contributor address; City; State; Zip Code

1009 Amethysts Dr., Weslaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-01-15

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

Mayra Gutierrez

Amount of contribution (\$) *7⁰⁰*

Contributor address; City; State; Zip Code

607 Bowie St., Weslaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-14-16

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

Pablo G. Pena

Amount of contribution (\$) *500⁰⁰*

Contributor address; City; State; Zip Code

625 S. Airport Dr., Weslaco, TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

1242

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 FILER NAME <i>Celestino Avila Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02-03-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Olvarez Family Partnership LTD</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 22, Weslaco, TX 78599</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
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#: _____) 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#: _____) 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.