

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Arnaldo Corpus			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	1401 E. Griffin Pkwy Mission TX 78572		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	330-5876	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mrs. Anita Lugo			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	1401 E Griffin Pkwy Mission TX 78572		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	345-6699	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input 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
	2	22	16
THROUGH		Month	Day
THROUGH		5	14
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff
5 / 24 / 16	<input type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Justice of the Peace Precinct 3 Place 2	

**OFFICE USE ONLY**

Date Received

REC'D MAY 16 2016

1:47 pm CN

*Carl Nub*

---

Date Hand-delivered or Date Postmarked

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Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ N/A

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

\$ 9995.50

EXPENDITURE  
TOTALS

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

\$ N/A

4. TOTAL POLITICAL EXPENDITURES

\$ 9,336.54

CONTRIBUTION  
BALANCE

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

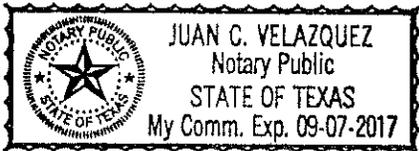
\$ 2,804.84

OUTSTANDING  
LOAN TOTALS

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

\$ N/A

18 AFFIDAVIT



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

*Arnaldo Corpus*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Juan C. Velazquez*  
Signature of officer administering oath

Juan C. Velazquez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 9,995.50
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 4,600.00
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ N/A
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$ N/A
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 9336.54
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ N/A
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$ N/A
8. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 5419.85
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ N/A
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ N/A
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ N/A

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Arnaldo Corpus</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-29-16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Roberto Ramos</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
	6 Contributor address; City; State; Zip Code <b>511 E Loop 374 Palmview TX 78572</b>	
8 Contributor's principal occupation <b>Business owner</b>		9 Contributor's job title <b>owner</b>
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2-29-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Bert Peña</b>	Amount of contribution (\$) <b>\$ 50.00</b>
	Contributor address; City; State; Zip Code <b>4201 44th st Washington DC 20016</b>	
Contributor's principal occupation <b>Business owner</b>		Contributor's job title <b>owner</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2-29-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Estela &amp; Miguel A. Flores</b>	Amount of contribution (\$) <b>\$ 250.00</b>
	Contributor address; City; State; Zip Code <b>5110 N Inspiration Rd Mission TX 78572</b>	
Contributor's principal occupation <b>Business owner</b>		Contributor's job title <b>owner</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Arnaldo Corpus.</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">3-18-16</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="font-size: 1.2em;">Reynaldo ; Diana Ramon</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 200.00</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">475 avery circle Poteet TX 78065</p>		
8 Contributor's principal occupation <p style="font-size: 1.2em;">Business owner</p>		9 Contributor's job title <p style="font-size: 1.2em;">owner</p>
10 Contributor's employer/law firm <p style="font-size: 1.2em;">N/A</p>		11 Law firm of contributor's spouse (if any) <p style="font-size: 1.2em;">N/A</p>
12 If contributor is a child, law firm of parent(s) (if any) <p style="font-size: 1.2em;">N/A</p>		
Date <p style="font-size: 1.2em;">3-25-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="font-size: 1.2em;">Edgar A. Rojas</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 2,500.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1215 N 10th McAllen TX 78501</p>		
Contributor's principal occupation <p style="font-size: 1.2em;">Business owner</p>		Contributor's job title <p style="font-size: 1.2em;">owner</p>
Contributor's employer/law firm <p style="font-size: 1.2em;">N/A</p>		Law firm of contributor's spouse (if any) <p style="font-size: 1.2em;">N/A</p>
If contributor is a child, law firm of parent(s) (if any) <p style="font-size: 1.2em;">N/A</p>		
Date <p style="font-size: 1.2em;">3-25-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="font-size: 1.2em;">Mario A. Rodriguez</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 500</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">3606 buddy Ownes. McAllen TX 78504</p>		
Contributor's principal occupation <p style="font-size: 1.2em;">Business owner</p>		Contributor's job title <p style="font-size: 1.2em;">owner</p>
Contributor's employer/law firm <p style="font-size: 1.2em;">N/A</p>		Law firm of contributor's spouse (if any) <p style="font-size: 1.2em;">N/A</p>
If contributor is a child, law firm of parent(s) (if any) <p style="font-size: 1.2em;">N/A</p>		

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Arnaldo Corpus</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">3-25-16</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="font-size: 1.2em;">Onesimo &amp; aida Flores</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 200.00</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">111 N. Shary Blvd Alton tx 78572</p>		
8 Contributor's principal occupation <p style="font-size: 1.2em;">Business</p>		9 Contributor's job title <p style="font-size: 1.2em;">owner</p>
10 Contributor's employer/law firm <p style="font-size: 1.2em;">N/A</p>		11 Law firm of contributor's spouse (if any) <p style="font-size: 1.2em;">N/A</p>
12 If contributor is a child, law firm of parent(s) (if any) <p style="font-size: 1.2em;">N/A</p>		
Date <p style="font-size: 1.2em;">3-28-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="font-size: 1.2em;">Migdalia Fernandez</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 194.50</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">Mission tx 78572</p>		
Contributor's principal occupation <p style="font-size: 1.2em;">Business owner</p>		Contributor's job title <p style="font-size: 1.2em;">owner</p>
Contributor's employer/law firm <p style="font-size: 1.2em;">N/A</p>		Law firm of contributor's spouse (if any) <p style="font-size: 1.2em;">N/A</p>
If contributor is a child, law firm of parent(s) (if any) <p style="font-size: 1.2em;">N/A</p>		
Date <p style="font-size: 1.2em;">3-29-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <p style="font-size: 1.2em;">Artemio &amp; Francisca Ramos</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 500.00</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2410 El Encino Rd Mission tx 78572</p>		
Contributor's principal occupation <p style="font-size: 1.2em;">Business owner</p>		Contributor's job title <p style="font-size: 1.2em;">owner</p>
Contributor's employer/law firm <p style="font-size: 1.2em;">N/A</p>		Law firm of contributor's spouse (if any) <p style="font-size: 1.2em;">N/A</p>
If contributor is a child, law firm of parent(s) (if any) <p style="font-size: 1.2em;">N/A</p>		

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Arnaldo Corpas</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-29-16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jose A. Ramirez</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
6 Contributor address; City; State; Zip Code <b>210 W canast ste B Edinburg tx 78539</b>		
8 Contributor's principal occupation <b>Business owner</b>		9 Contributor's job title <b>owner</b>
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>3-29-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Sahadi Law</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>605 E Violet Ave ste 6 Maellen tx 78504</b>		
Contributor's principal occupation <b>Business owner</b>		Contributor's job title <b>owner</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>3-29-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Miguel L. Barboza</b>	Amount of contribution (\$) <b>\$ 350.00</b>
Contributor address; City; State; Zip Code <b>3711 E Main Ave Alton tx 78573</b>		
Contributor's principal occupation <b>Business owner</b>		Contributor's job title <b>owner</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Arnaldo Corpus.

3 Filer ID (Ethics Commission Filers)

4 Date

4-6-16

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

Oscar L. Cardenas

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address: City: State: Zip Code

903 Keystone Dr. Mission TX 78572

8 Contributor's principal occupation

Business owner

9 Contributor's job title

owner

10 Contributor's employer/law firm

N/A

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

N/A

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

N/A.

Date

4-6-16

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

Nemelo e. Lisa Sanchez

Amount of contribution (\$)

\$ 250.00

Contributor address: City: State: Zip Code

4616 W. Conway Ave Mission TX 78572

Contributor's principal occupation

Business owner

Contributor's job title

owner

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A.

Date

4-11-16

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

Rolando Morales

Amount of contribution (\$)

\$ 1,000.00.

Contributor address: City: State: Zip Code

PO Box 17564 San Antonio TX 78271

Contributor's principal occupation

Business owner

Contributor's job title

owner

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Arnaldo Corpus.

3 Filer ID (Ethics Commission Filers)

4 Date

4-19-16

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

Reynol Martinez

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address: City: State: Zip Code

P.O Box 869 Edinburg Tx 78572

8 Contributor's principal occupation

Business owner

9 Contributor's job title

owner

10 Contributor's employer/law firm

N/A

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

N/A

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

N/A

Date

4-19-16

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

J.A. Connors III

Amount of contribution (\$)

\$ 251.00

Contributor address: City: State: Zip Code

106 W Fern Ave Macallen Tx 78572

Contributor's principal occupation

Business owner

Contributor's job title

owner

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

5-12-16

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

Gregorio Lopez

Amount of contribution (\$)

\$500

Contributor address: City: State: Zip Code

4416 N. Mocal Rd Macallen Tx 78504

Contributor's principal occupation

Business owner

Contributor's job title

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

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

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



**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Arnaldo Corpus</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3-25-16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edgar Rojas</i>	8 Amount of Contribution \$ <i>\$1,800</i>	9 In-kind contribution description <i>Food/Beverage Campaign</i>
7 Contributor address; City; State; Zip Code <i>1215 N. 10th McAllen TX 78501</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <i>owner</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
Date <i>4-28-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arnold Ochoa</i>	Amount of Contribution \$ <i>\$1,500</i>	In-kind contribution description <i>Food/Beverage Campaign</i>
Contributor address; City; State; Zip Code <i>1301 Cedro st Penitas TX 78576</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <i>owner</i>		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Arnaldo Corpus</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>5-3-16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lizet Bernal</i>	8 Amount of Contribution \$ <i>1,300<sup>00</sup></i>	9 In-kind contribution description <i>Food/Beverage Campaign</i>
7 Contributor address; City; State; Zip Code <i>3052 Cenizo Dr Sullivan city TX 78576</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Business owner</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <i>owner</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES 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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Arnaldo Corpus</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-22-16</b>		5 Payee name <b>Outta Town Dance Hall</b>			
6 Amount (\$) <b>\$300.00</b>		7 Payee address; City; State; Zip Code <b>204 Elida St. Mission TX 78572</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Event Expenses Rental Expense</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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>2-22-16</b>		Payee name <b>Arnoldo Ochoa</b>			
Amount (\$) <b>\$250</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		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	
Date <b>2-24-16</b>		Payee name <b>Carlos Bernaldez</b>			
Amount (\$) <b>\$370.00</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>advertising Expense T-shirt</b>		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 2-25-16	5 Payee name Sylvia Flores
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6 Amount (\$) \$1,000	7 Payee address; City; State; Zip Code 2509 Paseo encantado st. Mission TX 78572
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract labor.	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-25-16	Payee name Sylvia Flores
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Amount (\$) \$200	Payee address; City; State; Zip Code 2509 Paseo encantado st Mission TX 78572
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PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-26-16	Payee name Walmart
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Amount (\$) \$42.37	Payee address; City; State; Zip Code 1006 N. Bryan Rd Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
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4 Date 3-1-16	5 Payee name Sylvia Flores.
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6 Amount (\$) \$1200	7 Payee address; City; State; Zip Code 2509 Paseo encantado st. Mission TX 78572
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Contract labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-3-16	Payee name Capital one Bank.
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Amount (\$) \$175	Payee address; City; State; Zip Code P.O. Box 60599 City of Industry CA. 91716
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) office overhead Expenses.	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-9-16	Payee name Arnaldo Ochoa
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Amount (\$) \$475	Payee address; City; State; Zip Code 1301 Pedro st Penitas TX 78576
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dimaldo Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 3-25-16	5 Payee name Hidalgo County election
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6 Amount (\$) \$34.50	7 Payee address; City; State; Zip Code P.O. Box 659 Edinburg TX 78541
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Legal, service Political Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-12-16	Payee name AT&T
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Amount (\$) \$324.25	Payee address; City; State; Zip Code P.O. Box 105414 Atlanta GA, 30348
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PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-21-16	Payee name Maria Elena Manzanarez
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Amount (\$) \$1,000	Payee address; City; State; Zip Code 1419 Homa Rd Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Signs.	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: _____		2 FILER NAME <b>Arnaldo Corpus.</b>		3 Filer ID (Ethics Commission Filers) _____	
4 Date <b>4-21-16</b>		5 Payee name <b>Mat's Cash Carry</b>			
6 Amount (\$) <b>\$264.12</b>		7 Payee address; City; State; Zip Code <b>404 E Expressway 83 Pharr TX 78577</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Political/Campaign Material Expense</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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>4-22-16</b>		Payee name <b>Exclusive Deals</b>			
Amount (\$) <b>\$200.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>2.5 N La Homa Rd Mission TX 78572</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Political Signs Expense</b>		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	
Date <b>4-26-16</b>		Payee name <b>Leslie Gower</b>			
Amount (\$) <b>\$600</b>		Payee address; City; State; Zip Code <b>712 Walnut McAllen TX 78501</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Political/Campaign Expense</b>		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	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 4-28-16	5 Payee name Esteban Lopez
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 3713 Sarah Evans #4 Edinburg TX 78541
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expenses Campaign	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-29-16	Payee name Beto's Screen Printing
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Amount (\$) \$649.50	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Signs Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/3-16	Payee name Capital one Bank
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Amount (\$) \$1251.80	Payee address; City; State; Zip Code P.O Box 60599 City of Industry CA 91716
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PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
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4 Date 4-28-16	5 Payee name Arnaldo Ochoa
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6 Amount (\$) \$350 <sup>00</sup>	7 Payee address; City; State; Zip Code 1301 Cedro St. Penitas TX 78576
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract labor.	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-7-16	Payee name Leslie Sower
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Amount (\$) \$176.23	Payee address; City; State; Zip Code 712 Walnut McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign 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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Armando Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 2-22-16	5 Payee name Stripes	
6 Amount (\$) \$36.26 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Trans / 123 N. Mile line Mission tx 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 2-22-16	Payee name 492 - Bar B-Que	
Amount (\$) \$70.25 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4126 N FM 492 Mission tx 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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 2-23-16	Payee name Stripes	
Amount (\$) \$37.23 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 305 W. Expressway B3 La Joya TX 78560	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Expenses	(b) 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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
4 Date 2-23-16	5 Payee name La Popular	
6 Amount (\$) \$43.29 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6601 W Hwy 83 Mission TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Material	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought      Office held

Date 2-24-16	Payee name Stripe	
Amount (\$) \$10.15 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 305 W Hwy 83 La Joya TX 78560.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expenses.	(b) 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 COH	Candidate / Officeholder name	Office sought      Office held

Date 2-28-16	Payee name Longhorn	
Amount (\$) \$66.76 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3606 Hwy 83 Macallen TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expenses	(b) 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 COH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
4 Date 2-29-16	5 Payee name El Tigre.	
6 Amount (\$) \$36.93 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3301 N. Shary Road. Mission Tx 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment Expenses.	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 2-29-16	Payee name Face book	
Amount (\$) \$150.84 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign event	(b) 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 2-29-16	Payee name stripe.	
Amount (\$) \$17.18 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3 mile line Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Expense	(b) 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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
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4 Date 2-29-16	5 Payee name Exxon
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6 Amount (\$) \$36.93 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Mission TX 78572
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-29-16	Payee name Stripe
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Amount (\$) \$38.03 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3 mile line. Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-29-16	Payee name Wal-Mart
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Amount (\$) \$36.85 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Mission TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 3-7-16	5 Payee name office Depot	
6 Amount (\$) \$129.89 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2509 E Expressway 83 Mission TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought      Office held

Date 3-7-16	Payee name The Home Depot	
Amount (\$) \$36.74 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 120 S Shary Road Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Material Expense	(b) 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 COH	Candidate / Officeholder name	Office sought      Office held

Date 3-8-16	Payee name Taco Palenque	
Amount (\$) \$32.35 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2420 E Expressway 83 Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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 COH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Araldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 3-8-16	5 Payee name office Depot.	
6 Amount (\$) \$13.52 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2509 E. Expressway 83 Mission TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 3-10-16	Payee name Best Buy	
Amount (\$) \$54.11 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3400 E. Expressway 83 McAllen TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead Expense	(b) 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 3-11-16	Payee name Applebee's	
Amount (\$) \$71.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 306 E. Mile 3 Road Palmhurst TX 78573	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
4 Date 3-11-16	5 Payee name ATCT	
6 Amount (\$) \$324.18 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 222 E mile 3 Road Palmhurst TX 78573	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead Expense.	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought      Office held

Date 3-12-14	Payee name BoSys Cafe.	
Amount (\$) \$26.70 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 703 N Conway Ave Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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 COH	Candidate / Officeholder name	Office sought      Office held

Date 3-13-16	Payee name Mariscos el 7 Mares.	
Amount (\$) \$47.42 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2301 E Griffin Pkwy #D Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense.	(b) 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 COH	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Aarnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 3-13-16	5 Payee name HEB	
6 Amount (\$) \$44.07 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 120 E 3 mile Rd. Palmhurst TX 78573	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 3-15-16	Payee name Pollos Medina	
Amount (\$) \$43.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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 3-15-16	Payee name Wal-Mart	
Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1006 N Bryan Rd Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Expense	(b) 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

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 3-16-16	5 Payee name Juniors Supermarket	
6 Amount (\$) 135.68 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Conway 5 mile. alton TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 3-16-16	Payee name The Home Depot	
Amount (\$) \$ 58.36 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 120 S Shary Road. Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) 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 3-18-16	Payee name HCB	
Amount (\$) \$ 44.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 120 E 3 mile Rd. Palmhurst TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Expenses	(b) 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

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 3-20-16	5 Payee name Morado's Restaurant.	
6 Amount (\$) \$44.98 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1610 N. 23rd St. Maellen TX 78501.	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 3-21-16	Payee name De alba Bakery	
Amount (\$) \$21.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code North Conway Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expenses.	(b) 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 3-22-16	Payee name Moonlight Cafe	
Amount (\$) \$50.75 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3911 S. Highway 281. Edinburg TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expenses	(b) 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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>Arnaldo Corpus.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-24-15</i>		5 Payee name <i>Stripes.</i>			
6 Amount (\$) <i>\$ 45.48</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>Dalmburst TX 78573</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Trans/Equipment Expenses.</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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	
Date <i>3-30-16</i>		Payee name <i>La Fogata.</i>			
Amount (\$) <i>\$ 55.25</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>300 N. Shary Rd. Mission TX 78572</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food/Beverage Expenses.</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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	
Date <i>3-31-16</i>		Payee name <i>FaceBox.</i>			
Amount (\$) <i>\$ 73.25</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>office/overhead Expenses.</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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	

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
4 Date 3-22-16	5 Payee name Wal-Mart	
6 Amount (\$) \$42.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1006 N. Bryan Rd. Mission Tx 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 3-24-16	Payee name Cabrero Nuevo Leon Restaurante	
Amount (\$) \$62.21 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2200 W Nolana McAllen Tx 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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 3-24-16	Payee name Exclusive Decals.	
Amount (\$) \$1500 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3705 N La Homa Rd. Mission Tx 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaigns Expense T-shirts/Caps.	(b) 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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus	3 Filer ID (Ethics Commission Filers)
4 Date 4-1-16	5 Payee name Stripe	
6 Amount (\$) \$44.42 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 123 E 3 mile line. Mission tx 78574.	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment Expenses.	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 4-4-16	Payee name Ximentas. Restaurant	
Amount (\$) \$19.23 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 104 Tombill Rd. Penitas TX 78576	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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 4-5-16	Payee name Stripes	
Amount (\$) \$49.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 E. Griffin Pkwy Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Expense	(b) 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

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
4 Date 4-8-16	5 Payee name Stripe	
6 Amount (\$) \$36.77 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1600 E. Griffin Pkwy Mission TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 4-9-16	Payee name Grapevine Cafe.	
Amount (\$) \$46.35 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 E. Swordfish South Padre Island TX 78	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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 4-10-16	Payee name Stripes.	
Amount (\$) \$46.96 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Trans/Equipmen 101 E. Ocean Blvd Los Fresnos TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Trans/Equipment Expenses	(b) 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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Arnaldo Corpus.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-12-16</b>	5 Payee name <b>Naviscos CI 7 Mares.</b>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$36.32</b>	7 Payee address; City; State; Zip Code <b>2301 E. Griffin Pkwy #D Mission TX 78572</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expenses</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
9 Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought      Office held

Date <b>4-15-16</b>	Payee name <b>El Tigre</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$49.09</b>	Payee address; City; State; Zip Code <b>Trans/ 3301 N. Shary Mission TX 78572</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Trans/Equipment Expenses</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
Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought      Office held

Date <b>4-16-16</b>	Payee name <b>El Pato.</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>6.02</b>	Payee address; City; State; Zip Code <b>600 E Exp 83 La Joya TX 78501</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</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
Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
4 Date 4-16-16	5 Payee name Murphy Express.	
6 Amount (\$) 7.50 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Penitas Tx 78576.	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 4-16-16	Payee name Taqueria Amaros	
Amount (\$) \$ 43.96 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1851 3 mile Rd. Penitas Tx 78576.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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 4-16-16	Payee name apple Bee's	
Amount (\$) 81.76 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 306 E. mile 3 Rd. Palmhurst Tx 78573	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Amaldo Corpus.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-16-16</b>	5 Payee name <b>Murphy Express.</b>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$ 49.55</b>	7 Payee address; City; State; Zip Code <b>Penitas TX 78576.</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Trans/Equipment Expense</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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>4-18-16</b>	Payee name <b>El Pato Mexican</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$16.96</b>	Payee address; City; State; Zip Code <b>600 E Exp 83 La Joya TX 78501</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/ Beverage Expense</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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>4-19-16</b>	Payee name <b>Matt's Buildings Materials.</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$ 264.12</b>	Payee address; City; State; Zip Code <b>3601 W Palm Vista Dr Palmview TX 78572</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Political/Campaign Material Expense</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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Arnaldo Corpus.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-19-16</b>	5 Payee name <b>Whataburger</b>	
6 Amount (\$) <b>\$26.03</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>201 E Griffin Pkwy Mission TX 78572</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Campaign Expenses.</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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date <b>4-19-16</b>	Payee name <b>Ruben's</b>	
Amount (\$) <b>\$78.06</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>620 N 20th McAllen TX 78501</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Workers Campaign</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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date <b>4-21-16</b>	Payee name <b>Rosy's Cate.</b>	
Amount (\$) <b>\$37.44</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>703 N Conway Ave Mission TX 78572</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Arnaldo Corpus.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-22-16</b>	5 Payee name <b>Longhorn</b>	
6 Amount (\$) <b>\$ 76.33</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3600 Exp B3 McAllen TX 78501.</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date <b>4-23-16</b>	Payee name <b>The Home Depot.</b>	
Amount (\$) <b>\$ 39.92</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>120 S. Shary Rd. Mission TX 79572</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Campaign Material Expense</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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date <b>4-23-16</b>	Payee name <b>Los Pinos Hardware</b>	
Amount (\$) <b>\$ 36.75</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3118 W Main Ave Mission TX 78572</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Campaign Material Expense</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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Arnaldo Corpus</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-25-16</b>	5 Payee name <b>Murphy Exp</b>	
6 Amount (\$) <b>\$53.01</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>Penitas TX 78576</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>4-25-16</b>	Payee name <b>Whataburger</b>	
Amount (\$) <b>\$3291</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>450 Highway 83 Lca Joya TX 78560</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expenses</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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>5-4-16</b>	Payee name <b>Diaz Diner</b>	
Amount (\$) <b>\$40.51</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>501 US Business 83 Mission TX 78572</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)
4 Date 5-5-16	5 Payee name Stripe	
6 Amount (\$) \$40.04 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2216 N Conway Mission TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Trans/Equipment expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 5-11-16	Payee name at & T	
Amount (\$) \$324.11 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 222 E mile 3rd Rd. Palmhurst TX 78573	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead Rental Expense	(b) 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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description <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

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