

**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	2 Total pages filed: 57			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Omar	MI			
	NICKNAME	LAST Maldonado	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4308 N, MCCOLL RD. MCALLEN, TX 78504		ZIP CODE			
	OFFICE USE ONLY Date Received <i>Ob</i> REC'D JUL 07 2016					
	Date Hand-delivered or Date Postmarked		Receipt #			
	Date Processed		Amount			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Mr. Gilbert</i>	MI			
	NICKNAME	LAST <i>Maldonado</i>	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); <i>4308 N. McColl Rd., McAllen, TX 78504</i>		APT / SUITE #;	CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		<i>956-624-5910</i>				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
			01/01/2016	THROUGH		06/30/2016
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
			03/06/2018	<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) COUNTY COURT AT LAW #8 District HIDALGO CO			12 OFFICE SOUGHT (if known)		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

2 of 57

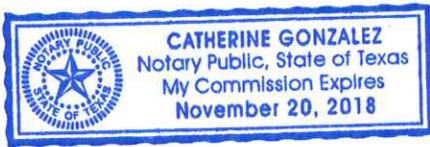
13 C / OH NAME Maldonado, Omar	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width:80%;"> COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/><hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/><hr/> </td> </tr> </table>	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> <hr/>
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> <hr/>		

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 99,220.41
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,113.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 126,684.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 322,689.14

17 AFFADAVIT

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.

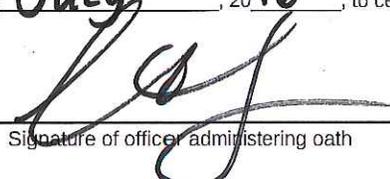




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Omar Maldonado, this the 7th day of July, 2016, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Catherine Gonzalez

 Printed name of officer administering oath

Notary Public of Texas

 Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Maldonado, Omar		19 Filer ID	
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 88,220.41
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11,000.00
3.	<input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$ 322,540.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,214.37
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5,898.65
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/26 Rpt: 4/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVARADO, CATARINA (Mrs.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 424 N. 17TH ST. DONNA, TX 78537		
8 Contributor's Principal Occupation SOLO PRACTITIONER		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMANDO M GUERRA & ASSOCIATES PLLC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 113 N. 9TH AVE. EDINBURG, TX 78541		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATLAS HALL & RODRIGUEZ, LLP	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code P.O. BOX 3725 MCALLEN, TX 78502		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/26 Rpt: 5/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBOSA, ALBERTO (Mr.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3327 N. WARE RD. STE 3 MCALLEN, TX 78501		
8 Contributor's Principal Occupation SOLO PRACTITIONER		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCINO, OSCAR (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 628 N. 9TH ST. ALAMO, TX 78516		
Contributor's Principal Occupation BUSINESSMAN		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTCON CONSTRUCTION LLC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1821 N. GLASSCOCK MISSION, TX 78572		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/26 Rpt: 6/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/13/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTELLANOS Jr., RENE (Mr.)	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 2913 LA PUERTA AVE. EDINBURG, TX 78541		
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm SOLE PRACTITIONER		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALE & KLEIN, L.L.P.	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 1100 EAST JASMINE AVE. SUITE 202 MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALE & KLEIN, L.L.P.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1100 EAST JASMINE AVE. SUITE 202 MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/26 Rpt: 7/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 04/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID E CAZARES P.C.	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 1320 N.10TH STREET SUITE 140 MCALLEN, TX 78501		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID'S BAIL BONDS	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3901 W. SCHUNIOR EDINBURG, TX 78541		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELICIA ENTERPRISES LLC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 3305 CORNELL AVE. MCALLEN, TX 78504		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/26 Rpt: 8/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESCAMILLA LAW FIRM	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 1021 MARTIN AVE. MCALLEN, TX 78504		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESPINOSA LAW FIRM PLLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3400 N. MCCOLL RD. MCALLEN, TX 78504		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED REGALADO BAIL BONDS	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code P.O.BOX 5217 MCALLEN, TX 78502		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/26 Rpt: 9/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, AQUILES (Mr.)	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 1800 ANGELINA MARIE AVE. PHARR, TX 78577		
8 Contributor's Principal Occupation BUSINESSMAN		9 Contributor's Job Title BUSINESSMAN
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, ROGELIO (Mr.)	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code P.O. BOX 720074 MCALLEN, TX 78504		
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SOLE PRACTITIONER		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA & GARCIA PLLC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2416 BUDDY OWENS BLVD. MCALLEN, TX 78504		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/26 Rpt: 10/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAULT, NYE & QUINTANA, LLP	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3124 CENTER POINTE DR. EDINBURG, TX 78539		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIGDON LAW FIRM P.C.	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 4739 S. JACKSON RD. EDINBURG, TX 78539		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HODGE & JAMES LLP	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code P.O. BOX 534329 HARLINGEN, TX 78553		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/26 Rpt: 11/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES GALLIGAN KEY & LOZANO LLP	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code P.O. DRAWER 1247 WESLACO, TX 78599		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARAM LAW FIRM	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1722 PECAN AVE. MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KASOFSKY, DALE (Mr.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code P.O. BOX 720281 MCALLEN, TX 78504		
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SOLE PRACTITIONER		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/26 Rpt: 12/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/04/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KITTLEMAN THOMAS PLLC	7 Amount of Contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code 4900 N. 10TH ST. SUITE B MCALLEN, TX 78505		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF AGUSTIN HERNANDEZ, JR., P.C.	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 213 W. EXPWY 83 SUITE A PHARR, TX 78577		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF ALFRED DENHAM	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3700 N. 10TH STREET STE 100 MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/26 Rpt: 13/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 04/27/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF ARTURO MARTINEZ P.C.	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 414 S. CAGE BLVD. PHARR, TX 78577		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF CHRIS SULLY	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6900 N. 10TH ST. PMB 153 MCALLEN, TX 78504		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF DIANA FUENTES AGUILAR	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 900 N. BORDER AVE. STE. A WESLACO, TX 78596		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/26 Rpt: 14/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/04/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF FLORES AND TORRES	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 118 E. CANO ST. EDINBURG, TX 78539		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF JORGE MUNOZ P.L.L.C.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 210 W. CANO ST. STE. A EDINBURG, TX 78539		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF JUAN R. ZAMORA	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 1410 W. DOVE AVE. MCALLEN, TX 78504		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/26 Rpt: 15/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 04/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF LAURO B. TREJO III	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 4313 N. 10TH STREET SUITE G3 MCALLEN, TX 78504		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF MARIO DAVILA, P.L.L.C.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code P.O. BOX 3726 MCALLEN, TX 78502		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF MICHAEL FLANAGAN	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 809 CHICAGO AVE. MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/26 Rpt: 16/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF MICHAEL R. DELEON PLLC	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 301 N. MAIN ST. MCALLEN, TX 78501		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF NOE L. PEREZ	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 302 E. MAHL EDINBURG, TX 78539		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF RAMON VEGA III, PLLC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1012 MARTIN AVE. SUITE C MCALLEN, TX 78504		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/26 Rpt: 17/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF RICARDO PEREZ	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 812 DEL ORO LANE PHARR , TX 78577		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF ROBERT M. CAPELLO	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 106 SOUTH 12TH AVE. STE 111 EDINBURG, TX 78539		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF RODOLFO CANCHE, JR.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2011 N CONWAY AVENUE MISSION, TX 78572		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/26 Rpt: 18/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF TRACI L. EVANS	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 323 W. CANO ST. STE 2 EDINBURG, TX 78539		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALDONADO, ANDRE (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 209 E. UNIVERSITY DR. EDINBURG, TX 78539		
Contributor's Principal Occupation SOLO PRACTITIONER		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALDONADO, CHRISTINA (Mrs.)	Amount of Contribution (\$) \$1,446.50
Contributor address; City; State; Zip Code 4308 N. MCCOLL RD. MCALLEN, TX 78504		
Contributor's Principal Occupation COUNSELOR		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/26 Rpt: 19/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALDONADO, CHRISTINA (Mrs.)	7 Amount of Contribution (\$) \$719.64
6 Contributor address; City; State; Zip Code 4308 N. MCCOLLRD. MCALLEN, TX 78504		
8 Contributor's Principal Occupation COUNSELOR		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANGI, SURYA (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3801 E. SUNDOWN CT. MCALLEN, TX 78503		
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SOLE PRACTITIONER		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARION R. LAWLER III TRUST	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 805 MEDIA LUNA 620 BROWNSVILLE , TX 78520		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/26 Rpt: 20/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARROQUIN LAW FIRM PLLC	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 421 S. 12TH MCALLEN, TX 78501		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ M.D., MATTHEW (Mr.)	Amount of Contribution (\$) \$1,446.50
Contributor address; City; State; Zip Code 1203 ESTHER AVE. EDINBURG, TX 78539		
Contributor's Principal Occupation MEDICAL DOCTOR		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCALLEN MEDIATION CENTER	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3900 N. 10TH ST. SUITE 850 MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/26 Rpt: 21/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/13/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O. RENE FLORES P.C.	7 Amount of Contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code 1308 S. 10TH AVE. EDINBURG, TX 78539		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTEGON, CARLOS (Mr.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 2915 DRIFTWOOD LN. MISSION, TX 78574		
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PABLO GARZA, III, P.C.	Amount of Contribution (\$) \$1,250.00
Contributor address; City; State; Zip Code 3907 SOUTH SUGAR RD. EDINBURG, TX 78539		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/26 Rpt: 22/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/13/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PALACIOS GARZA & THOMPSON	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 2724 WEST CANTON ROAD EDINBURG , TX 78539		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATINO & ASSOCIATES PLLC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 1802 N. 10TH ST. SUITE A MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMIREZ, RUBEN (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 520 W. PECAN BLVD. MCALLEN, TX 78501		
Contributor's Principal Occupation SOLO PRACTITIONER		Contributor's Job Title ATTORNEY
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/26 Rpt: 23/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNA, ROLANDO (Mr.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3005 CRISANTEMA ST. MISSION, TX 78574		
8 Contributor's Principal Occupation BUSINESSMAN		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNA, ROLANDO (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3005 CRISANTEMA ST. MISSION, TX 78574		
Contributor's Principal Occupation BUSINESSMAN		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIGNEY, JOHN (Mr.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 4712 N. MCCOLL RD. MCALLEN, TX 78504		
Contributor's Principal Occupation SOLO PRACTITIONER		Contributor's Job Title ATTORNEY
Contributor's employer/law firm LAW OFFICE OF JOHN A. RIGNEY		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/26 Rpt: 24/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/03/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIGNEY, PATRICIA (Mrs.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 135 PASEO DEL PRADO EDINBURG, TX 78539		
8 Contributor's Principal Occupation SOLO PRACTITIONER		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROERIG, OLIVIERA & FISHER, L.L.P.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 855 WEST PRICE RD. SUITE 9 BROWNSVILLE, TX 78520		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUIZ LAW FIRM PLLC	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 118 WEST PECAN BLVD. MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/26 Rpt: 25/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAZAR III, JOE (Mr.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 611 E. LOOP 499 HARLINGEN, TX 78550		
8 Contributor's Principal Occupation BUSINESSMAN		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALINAS Jr., RUBIO (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1822 N. DEPOT RD. EDINBURG, TX 78541		
Contributor's Principal Occupation SOLO PRACTITIONER		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANCHEZ LAW FIRM	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4842 S. JACKSON RD EDINBURG, TX 78539		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 23/26 Rpt: 26/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOLIS, JOSE (Mr.)	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 7009 ALAMEDA RD. APT 1712 HOUSTON, TX 77054		
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm SOLE PRACTITIONER		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEINDEL, ROBERT (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 137 S. BENSTEN PALM DR. MISSION, TX 78572		
Contributor's Principal Occupation SOLO PRACTITIONER		Contributor's Job Title ATTORNEY
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STERN, JEFFERY (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4909 BISSONNET SUITE 100 BELLAIRE, TX 77401		
Contributor's Principal Occupation SOLO PRACTITIONER		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 24/26 Rpt: 27/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 05/03/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T LOPEZ LAW FIRM	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 210 W. CANO ST. STE. B EDINBURG, TX 78539		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LOREDO LAW FIRM, P.L.L.C.	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 214 E. UNIVERSITY DR. EDINBURG, TX 78539		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE MANGI LAW FIRM PC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6521 N. 10TH ST. STE.F MCALLEN, TX 78504		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 25/26 Rpt: 28/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 04/28/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE VARGAS LAW OFFICE	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 220 S. 12TH AVE. STE. A EDINBURG, TX 78539		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, THOMAS (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2308 SUMMER BREEZE RD. MISSION, TX 78572		
Contributor's Principal Occupation SOLO PRACTITIONER		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIJERINA LEGAL GROUP, P.C.	Amount of Contribution (\$) \$1,007.77
Contributor address; City; State; Zip Code 1200 S. COL. ROWE BLVD. STE A6 MCALLEN, TX 78501		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 26/26 Rpt: 29/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 Date 06/02/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VEGA, OSCAR (Mr.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 2415 N. 10TH ST. MCALLEN, TX 78501		
8 Contributor's Principal Occupation SOLO PRACTITIONER		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILKINS, MARK (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code P.O. BOX 3609 MCALLEN, TX 78502		
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SOLE PRACTITIONER		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/3 Rpt: 30/57	
2 FILER NAME Maldonado, Omar		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/14/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVARADO, CATARINA (Mrs.) 7 Contributor address; City; State; Zip Code 424 N. 17TH ST. DONNA, TX 78537	8 Amount of contribution (\$) \$350.00	9 In-kind contribution description LIQUOR FOR GOLF TOURNAMENT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) SOLO PRACTITIONER		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOCTORS HOSPITAL AT RENAISSANCE Contributor address; City; State; Zip Code 5501 S. MCCOLL RD. EDINBURG, TX 78539	Amount of contribution (\$) \$500.00	In-kind contribution description DOOR PRIZES FOR GOLF TOURNAMENT <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)			
Date 05/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, DANIEL (Mr.) Contributor address; City; State; Zip Code 4841 S. JACKSON RD. EDINBURG, TX 78539	Amount of contribution (\$) \$2,500.00	In-kind contribution description CHAIR GIVEAWAY AT GOLF TOURNAMENT <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) ATTORNEY		Contributor's job title (FOR JUDICIAL) (See instructions) ATTORNEY	
Contributor's employer/law firm (FOR JUDICIAL) ATTORNEY		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/3 Rpt: 31/57	
2 FILER NAME Maldonado, Omar		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/14/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, HECTOR (Mr.)	8 Amount of contribution (\$) \$1,000.00	9 In-kind contribution description MEAT & COOKING SUPPLIES FOR COOKING TEAM AT GOLF TOURNAMENT
7 Contributor address; City; State; Zip Code 1308 S. 10TH AVE. EDINBURG, TX 78539		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) SOLO PRACTITIONER		13 Contributor's job title (FOR JUDICIAL) (See instructions) ATTORNEY	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L&F DISTRIBUTORS	Amount of contribution (\$) \$1,500.00	In-kind contribution description BEVERAGES, BAGS, & YARD SIGNS FOR SPONSORS
Contributor address; City; State; Zip Code 3900 N. MCCOLL RD. MCALLEN, TX 78501		<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)			
Date 05/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF ARMANDO GUERRA	Amount of contribution (\$) \$350.00	In-kind contribution description DONATION OF CIGARS FOR GOLF TOURNAMENT
Contributor address; City; State; Zip Code 113 N. 9TH AVE. EDINBURG, TX 78541		<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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 32/57	
2 FILER NAME Maldonado, Omar		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/09/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, NOE (Mr.) 7 Contributor address; City; State; Zip Code 5132 SHALOM DR EDINBURG, TX 78539	8 Amount of contribution (\$) \$2,500.00	9 In-kind contribution description DOOR PRIZES FOR GOLF TOURNAMENT
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) COURT COORDINATOR		13 Contributor's job title (FOR JUDICIAL) (See instructions) COURT COORDINATOR	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TACO OLE Contributor address; City; State; Zip Code 2020 U.S. 83 BUSINESS MISSION, TX 78572	Amount of contribution (\$) \$300.00	In-kind contribution description RICE & BEANS FOR GOLF TOURNAMENT
		<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)			
Date 05/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TACO PALENQUE Contributor address; City; State; Zip Code 409 E. TRENTON RD. EDINBURG, TX 78539	Amount of contribution (\$) \$2,000.00	In-kind contribution description CIGARS, GIFT CERTIFICATES, AND TACOS FOR GOLF TOURNAMENT
		<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)			

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 33/57
2 FILER NAME Maldonado, Omar		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/01/2016	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) LONE STAR NATIONAL BANK	9 Loan Amount (\$) \$322,540.00
6 Is lender a financial institution? Yes	8 Lender address; City; State; Zip Code 600 E. NOLANA AVE. MCALLEN, TX 78501	10 Interest Rate
		11 Maturity Date 12/16/2016
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None CERTIFICATE OF DEPOSIT		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor MALDONADO, ENRIQUE OMAR (Judge)	22 Amount Guaranteed (\$) \$322,540.00
	21 Guarantor address; City; State; Zip Code 1911 MESA DR. EDINBURG, TX 78539	
23 Guarantor's Principal Occupation JUDGE		24 Guarantor's Job Title JUDGE
25 Guarantor's Employer/Law Firm HIDALGO COUNTY		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/12 Rpt: 34/57		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 05/12/2016		5 Payee name ACADEMY SPORTS & OUTDOORS			
6 Amount (\$) \$96.29		7 Payee address; City; State; Zip Code 651 E. TRENTON RD. EDINBURG, TX 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 SUPPLIES FOR GOLF TOURNAMENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/12/2016		Payee name ACADEMY SPORTS & OUTDOORS			
Amount (\$) \$5.40		Payee address; City; State; Zip Code 651 E. TRENTON RD. EDINBURG, TX 78539			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 SUPPLIES FOR GOLF TOURNAMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/13/2016		Payee name AGUILARS MEAT MARKET			
Amount (\$) \$186.90		Payee address; City; State; Zip Code 3317 W. UNIVERSITY DR. EDINBURG, TX 78541			
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 MEAT FOR GOLF TOURNAMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/12 Rpt: 35/57		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 05/12/2016		5 Payee name BOB STARKS BEEF			
6 Amount (\$) \$83.17		7 Payee address; City; State; Zip Code 707 W. DOVE AVE. MCALLEN, TX 78504			
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 MEAT FOR GOLF TOURNAMENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/05/2016		Payee name CARDMEMBER SERVICE			
Amount (\$) \$1,466.36		Payee address; City; State; Zip Code P.O. BOX 94014 PALATINE, CA 60094-4014			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CREDIT CARD PAYMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/01/2016		Payee name CARDMEMBER SERVICE			
Amount (\$) \$81.17		Payee address; City; State; Zip Code P.O. BOX 94014 PALATINE, CA 60094-4014			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CREDIT CARD PAYMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/12 Rpt: 36/57		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 04/27/2016		5 Payee name CARDMEMBER SERVICE			
6 Amount (\$) \$305.12		7 Payee address; City; State; Zip Code P.O. BOX 94014 PALATINE, CA 60094-4014			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CREDIT CARD PAYMENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/01/2016		Payee name CARDMEMBER SERVICE			
Amount (\$) \$4,526.43		Payee address; City; State; Zip Code P.O. BOX 94014 PALATINE, CA 60094-4014			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CREDIT CARD PAYMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/14/2016		Payee name CITY OF PHARR			
Amount (\$) \$2,321.00		Payee address; City; State; Zip Code 118 S. CAGE BLVD FLOOR 4 PHARR, TX 78577			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 GOLF TOURNAMENT FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/12 Rpt: 37/57	2 FILER NAME Maldonado, Omar	3 Filer ID
4 Date 05/12/2016	5 Payee name COSTCO	
6 Amount (\$) \$425.15	7 Payee address; City; State; Zip Code P.O. BOX 34331 SEATTLE, WA 98124	
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 DRINKS & SUPPLIES FOR GOLF TOURNAMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2016	Payee name DELUXE BUSINESS SYSTEMS	
Amount (\$) \$112.58	Payee address; City; State; Zip Code 3680 VICTORIA ST. NORTH SHOREVIEW, ME 55126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REORDER CHECK FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2016	Payee name EDINBURG BOYS & GIRLS CLUB	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 702 CULLEN ST. EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STEAK IN YOUR COMMUNITY DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/12 Rpt: 38/57	2 FILER NAME Maldonado, Omar	3 Filer ID
4 Date 04/21/2016	5 Payee name ESTRELLA'S HOUSE	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 525 W. WISCONSIN RD. EDINBURG, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/15/2016	Payee name FLORES, ROSIE (Ms.)	
Amount (\$) \$290.00	Payee address; City; State; Zip Code 820 IMELDA EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2016	Payee name GO DADDY .COM	
Amount (\$) \$259.31	Payee address; City; State; Zip Code 14455 N. HAYDEN RD. SUITE 226 SCOTTSDALE, AZ 85260-6947	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 CAMPAIGN WEBSITE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/12 Rpt: 39/57		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 03/08/2016		5 Payee name GOMEZ, YOLANDA (Ms.)			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 11739 ORANGE GROVE MERCEDES, TX 78570			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/12/2016		Payee name HEB			
Amount (\$) \$247.00		Payee address; City; State; Zip Code 901 TRENTON RD. MCALLEN, TX 78501			
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 FOOD AND SUPPLIES FOR GOLF TOURNAMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/15/2016		Payee name LONE STAR NATIONAL BANK			
Amount (\$) \$596.55		Payee address; City; State; Zip Code P.O. BOX 1127 PHARR, TX 78577			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT TO LOAN		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT TO LOAN	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/12 Rpt: 40/57	2 FILER NAME Maldonado, Omar	3 Filer ID
4 Date 03/07/2016	5 Payee name LONE STAR NATIONAL BANK	
6 Amount (\$) \$426.11	7 Payee address; City; State; Zip Code P.O. BOX 1127 PHARR, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT TO LOAN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT TO LOAN
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2016	Payee name LONE STAR NATIONAL BANK	
Amount (\$) \$308.94	Payee address; City; State; Zip Code P.O. BOX 1127 PHARR, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT TO LOAN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT TO LOAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/21/2016	Payee name LONE STAR NATIONAL BANK	
Amount (\$) \$330.23	Payee address; City; State; Zip Code P.O. BOX 1127 PHARR, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT TO LOAN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT TO LOAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/12 Rpt: 41/57	2 FILER NAME Maldonado, Omar	3 Filer ID
4 Date 05/23/2016	5 Payee name LONE STAR NATIONAL BANK	
6 Amount (\$) \$319.58	7 Payee address; City; State; Zip Code P.O. BOX 1127 PHARR, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT TO LOAN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT TO LOAN
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/21/2016	Payee name LONE STAR NATIONAL BANK	
Amount (\$) \$330.24	Payee address; City; State; Zip Code P.O. BOX 1127 PHARR, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) INTEREST PAYMENT TO LOAN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST PAYMENT TO LOAN
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/09/2016	Payee name PRINTWORKS	
Amount (\$) \$55.00	Payee address; City; State; Zip Code 1414 PECAN BLVD. MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 STAMPS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/12 Rpt: 42/57		2 FILER NAME Maldonado, Omar		3 Filer ID	
4 Date 04/04/2016		5 Payee name PRINTWORKS			
6 Amount (\$) \$319.34		7 Payee address; City; State; Zip Code 1414 PECAN BLVD. MCALLEN, TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing 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 GOLF TOURNAMENT BROCHURES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/18/2016		Payee name RAINBOW RGV COMMUNITY PARTNERS			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 1919 AUSTIN AVE MCALLEN, TX 78501			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/11/2016		Payee name SAM'S CLUB			
Amount (\$) \$366.19		Payee address; City; State; Zip Code 7601 N. 10TH ST. MCALLEN, TX 78501			
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 SNACKS FOR GOODIE BAGS FOR GOLF TOURNAMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/12 Rpt: 43/57	2 FILER NAME Maldonado, Omar	3 Filer ID
4 Date 06/03/2016	5 Payee name SOZA, ROSENDO (Mr.)	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 403 LOTTO LANE APT B EDINBURG, TX 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2016	Payee name TEMPLE EMMANUEL SISTERHOOD	
Amount (\$) \$48.00	Payee address; City; State; Zip Code 4300 N. CHAI ST. MCALLEN, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2016	Payee name TIERRA DEL SOL GOLFCOURSE	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 700 E. HALL ACRES RD. PHARR, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 PAYMENT FOR GOLF TOURNAMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/12 Rpt: 44/57	2 FILER NAME Maldonado, Omar	3 Filer ID
4 Date 03/09/2016	5 Payee name VANNIE COOK CANCER CENTER	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 101 W. EXPWY HWY 83 MCALLEN, TX 78503	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2016	Payee name VERAS KING O MEATS	
Amount (\$) \$48.31	Payee address; City; State; Zip Code 2012 E. UNIVERSITY DR. EDINBURG, TX 78539	
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 MEAT FOR GOLF TOURNAMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2016	Payee name VILLANUEVA, EDUARDO (Mr.)	
Amount (\$) \$80.00	Payee address; City; State; Zip Code 907 S. 19TH EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REIMBURSEMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/12 Rpt: 45/57	2 FILER NAME Maldonado, Omar	3 Filer ID	
4 Date 05/26/2016	5 Payee name VILLARREAL, RAUL (Mr.)		
6 Amount (\$) \$480.00	7 Payee address; City; State; Zip Code 1201 E. MOORE #139 PHARR, TX 78577		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/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 CONTRACT LABOR--GOLF TOURNAMENT	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 1/12 Rpt: 46/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/13/2016	6 Payee name ACADEMY SPORTS & OUTDOORS
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7 Amount (\$) \$1,850.56	8 Payee address; City; State; Zip Code 651 E. TRENTON RD. EDINBURG, TX 78539
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 DOOR PRIZES FOR GOLF TOURNAMENT
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/02/2016	Payee name ACADEMY SPORTS & OUTDOORS
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Amount (\$) \$23.80	Payee address; City; State; Zip Code 651 E. TRENTON RD. EDINBURG, TX 78539
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 GOLF TOURNAMENT PRIZES
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 2/12 Rpt: 47/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 04/29/2016	6 Payee name ACADEMY SPORTS & OUTDOORS
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7 Amount (\$) \$47.61	8 Payee address; City; State; Zip Code 651 E. TRENTON RD. EDINBURG, TX 78539
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 GOLF TOURNAMENT PRIZES
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/11/2016	Payee name ACADEMY SPORTS & OUTDOORS
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Amount (\$) \$305.12	Payee address; City; State; Zip Code 651 E. TRENTON RD. EDINBURG, TX 78539
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRIZES FOR GOLF TOURNAMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRIZES FOR GOLF TOURNAMENT
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 3/12 Rpt: 48/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/04/2016	6 Payee name BRANDMARK LLC
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7 Amount (\$) \$1,385.60	8 Payee address; City; State; Zip Code 4841 S. JACKSON RD. EDINBURG, TX 78539
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 CAMPAIGN CUPS
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/13/2016	Payee name FIREHOUSE SUBS
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Amount (\$) \$52.94	Payee address; City; State; Zip Code 4201 S. MCCOLL RD. EDINBURG, TX 78539
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 CAMPAIGN LUNCH
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 4/12 Rpt: 49/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/03/2016	6 Payee name GODADDY
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7 Amount (\$) \$259.31	8 Payee address; City; State; Zip Code 14455 N. HAYDEN RD. SUITE 226 SCOTTSDALE, AZ 85260-6947
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 CAMPAIGN WEBSITE
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/20/2016	Payee name HEB
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Amount (\$) \$12.66	Payee address; City; State; Zip Code 901 TRENTON RD. MCALLEN, TX 78501
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 MISCELLANEOUS
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 5/12 Rpt: 50/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 04/27/2016	6 Payee name HEB #431
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7 Amount (\$) \$3.97	8 Payee address; City; State; Zip Code 2700 W. FREDDY GONZALEZ EDINBURG, TX 78539
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MISCELLANEOUS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MISCELLANEOUS
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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5 Date 05/04/2016	6 Payee name JASON'S DELI
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7 Amount (\$) \$90.93	8 Payee address; City; State; Zip Code 1308 U.S. 83 FRONTAGE RD. S. MCALLEN, TX 78503
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 GOLF TOURNAMENT LUNCH MEETING
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 6/12 Rpt: 51/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 04/20/2016	6 Payee name JASON'S DELI
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7 Amount (\$) \$121.24	8 Payee address; City; State; Zip Code 1308 U.S. 83 FRONTAGE RD. S. MCALLEN, TX 78503
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 GOLF TOURNAMENT LUNCH MEETING
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/15/2016	Payee name LIQUID WEB INC.
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Amount (\$) \$149.50	Payee address; City; State; Zip Code 4210 S. CREYTS RD. LANSING, MO 48917-9526
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 CAMPAIGN WEBSITE
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 7/12 Rpt: 52/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 06/06/2016	6 Payee name LOGANS
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7 Amount (\$) \$101.59	8 Payee address; City; State; Zip Code 7612 N. 10TH ST. MCALLEN, TX 78503
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 CAMPAIGN LUNCH
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/13/2016	Payee name LOWE'S
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Amount (\$) \$69.07	Payee address; City; State; Zip Code 2802 W. UNIVERSITY DR EDINBURG, TX 78539
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SUPPLIES FOR GOLF TOURNAMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR GOLF TOURNAMENT
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 8/12 Rpt: 53/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/05/2016	6 Payee name MR. STITCH
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7 Amount (\$) \$48.71	8 Payee address; City; State; Zip Code 6112 N. 10TH ST. MCALLEN, TX 78504
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EMBROIDERY OF SHIRTS FOR GOLF TOURNAMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMBROIDERY OF SHIRTS FOR GOLF TOURNAMENT
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/21/2016	Payee name MR. STITCH
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Amount (\$) \$228.41	Payee address; City; State; Zip Code 6112 N. 10TH ST. MCALLEN, TX 78504
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EMBROIDERY OF SHIRTS FOR GOLF TOURNAMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMBROIDERY OF SHIRTS FOR GOLF TOURNAMENT
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 9/12 Rpt: 54/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/23/2016	6 Payee name PRINTWORKS
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7 Amount (\$) \$556.41	8 Payee address; City; State; Zip Code 1414 PECAN BLVD. MCALLEN, TX 78501
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 BANNERS AND BROCHURES FOR GOLF TOURNAMENT
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/23/2016	Payee name RICK'S ICE COMPANY
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Amount (\$) \$125.00	Payee address; City; State; Zip Code 402 W. STATE AVE. PHARR, TX 78577
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 ICE FOR GOLF TOURNAMENT
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 10/12 Rpt: 55/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 06/03/2016	6 Payee name STATE BAR OF TEXAS
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7 Amount (\$) \$240.00	8 Payee address; City; State; Zip Code 1414 COLORADO ST. AUSTIN, TX 78701
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STATE BAR DUES
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/17/2016	Payee name VIRGIN MOBILE USA
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Amount (\$) \$44.10	Payee address; City; State; Zip Code 2175 N. CALIFORNIA BLVD. WALNUT CREEK , CA 94596
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN PHONE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 11/12 Rpt: 56/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 04/16/2016	6 Payee name VIRGIN MOBILE USA
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7 Amount (\$) \$44.10	8 Payee address; City; State; Zip Code 2175 N. CALIFORNIA BLVD. WALNUT CREEK , CA 94596
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN PHONE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/13/2016	Payee name WALMART
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Amount (\$) \$118.93	Payee address; City; State; Zip Code 4101 S. MCCOLL RD EDINBURG, TX 78539
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SUPPLIES FOR GOLF TOURNAMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR GOLF TOURNAMENT
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 F4: Sch: 12/12 Rpt: 57/57	2 FILER NAME Maldonado, Omar	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/04/2016	6 Payee name WALMART
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7 Amount (\$) \$19.09	8 Payee address; City; State; Zip Code 4101 S. MCCOLL RD EDINBURG, TX 78539
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SUPPLIES FOR GOLF TOURNAMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR GOLF TOURNAMENT
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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