JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. ΜI OFFICE USE ONLY MS / MRS / MR 3 CANDIDATE/ CAMEHUN JUUNT Keynaldo **OFFICEHOLDER** Mc. Date Received DEPARTMENT OF ELECTIONS & NAME SUFFIX , NICKNAME VOTER REGISTRATIO π ZIP CODE JUL 1 3 2015 ADDRESS / PO BOX; BrownsdlTX 4 CANDIDATE / 78520 Lakeway **OFFICEHOLDER** 4944 MAILING ADDRESS Change of Address EXTENSION PHONE NUMBER Date Hand-delivered or Date Postmarked AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** 544-5077 (956)Amount \$ PHONE Receipt # М MS / MRS / MR 6 CAMPAIGN Date Processed Mrs. hannon TREASURER SUFFIX NAME Date imaged STATE; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN Brownsulle TREASURER ADDRESS (Residence or Business) EXTENSION AREA CODE 8 CAMPAIGN 545-7177 TREASURER (956)PHONE 15th day after campaign 9 REPORT TYPE Runoff 30th day before election treasurer appointment (Officeholder Only) January 15 Final Report (Attach C/OH - FR) Exceeded \$500 limit July 15 8th day before election 10 PERIOD 6/30/2015 THROUGH COVERED 18/2015 ELECTION TYPE ELECTION ELL DATE Day 11 ELECTION Other Description Primary Runoff Special 2015-General Cameron County Court at Law #4 OFFICE HELD (if any) 12 OFFICE GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

CAMPAIGN			15 Filer ID (Ethics Commission Filers)
4 JC/OH NAME Reyna	ldo 6a	-Za III	
6 NOTICE FROM POLITICAL COMMITTEE(S)		TICE OF POLITICAL CONTRIBUTIONS ACCEPTED ON TOURISM. DATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE IN ISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TOURISM.	NITURES MADE BY POLITICAL COMMENTED WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HIS INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
No mitter	SPECIFIC		
(D)"		COMMITTEE CAMPAIGN TREASURER NAME	
10			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	Management Company of the Company of
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITE	THAN \$
	2. TOTAL	_ POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ 0
EXPENDITURE TOTALS	3. TOTAL	. POLITICAL EXPENDITURES OF \$100 OR LESS, SS ITEMIZED	\$ 0
	4. TOTA	L POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL	_ POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L EPORTING PERIOD	AST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTA	L PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS DAY OF THE REPORTING PERIOD	S OF THE \$
18 AFFIDAVIT		l swear, or affirm, under penal true and correct and includes	ty of perjury, that the accompanying report is all information required to be reported by me
30000		under Title 15, Election Code	m
No.	MARVELIA O SANDO tary Public, State o My Commission Ex	f Texas [1011
Jon Harry	August 25, 201	5 Signature o	f Candidate or Officeholder
			1.4
	TAMP/SEALABOVE	ne by the said Runy do Gwa IF	, this the
day of	M , 20 K	, to certify which, witness my hand and seal of	office. Natura Gate of Toms
	Cer administering o	ath Printed name of officer administering oath	Title of difficer administering oa
Signature of one			Revised 04/15

SUBTOTALS - JC/OH

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

SUBTOTALS - JC/OTT	
19 FILER NAME Reynaldo 6. Gaza III	ommission Filers)
TO LUDTOTAL S	SUBTOTAL AMOUNT
NAME OF SCHEDULE	\$
1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	Y
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	* <i>D</i>
4. SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø
9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
CONTRIBUTIONS	\$ 0
10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 11. TO FILER	\$ 6

	ne Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A(J)1:
	ne msuucion datad sop		3 Filer ID (Ethics Commission Filers)
_ER NAME			7 Amount of contribution (\$)
ate	J Full Harris St. Carrie	#:	· /uncarre
-	6 Contributor address; City; State;	Zip Code	
ontributor's	principal occupation	9 Contributor's job title	
Contributor's	employer/law firm	11 Law firm of contributor	s spouse (if any)
	of parent(s) (if any)		
f contributor	is a child, law firm of parent(s) (if any)		
)	Amount of contribution (\$)
Date	Full flame of construction	ID#:)	
	Contributor address; City; State	; Zip Code	
	1 - Junglion	Contributor's job title	
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	The state of the control of the cont	C ID#:	Amount of contribution (\$)
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		ite: Zip Code	
		Contributor's job titl	e
Contribut	or's principal occupation		utor's spouse (if any)
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	1 Total pages Schedule A2:
The Instruction Guide explains how to complete this form	
FILER NAME REYNALDO 6. 60 Za III	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description
7 Contributor address; City; State; Zip Coo	Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
I4 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 Full name of contributor ☐ out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$. description
Contributor address; City; State; Zip C	Check if travel outside of Texas, complete Schedule
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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)	
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PLEDG (JUDIC	ED CONTRIBUTIONS IAL)		sc	HEDULE B(J)
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Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip C	Code	Check if travel outside	le of Texas, complete Schedule T
	1	1 Piedgor's job		
 Pledgor's print 	ncipal occupation			
12 Pledgor's em	aployer/law firm	13 Law firm of p	oledgor's spouse (if any)
I4 If pledgor is	a child, law firm of parent(s) (if any)			
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
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if pledgor i	is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code	Check if travel or	
Pledgor's	principal occupation	Pledgor's		
Pledgor's	employer/law firm	Law firm	of pledgor's spouse (if	any)
If pledgo	r is a child, law firm of parent(s) (if any)			
	ATTACH ADDITIONAL COPIE	S OF THIS SC	HEDULE AS NEEDE	D a requirements
	ATTACH ADDITIONAL COFIE. If contributor is out-of-state PAC, please see inst	truction guide f	or additional reportin	Revised 04/1

out-of-state PAC (ID		1 Total pages Schedule E(J): 3 Filer ID (Ethics Commission Filers) \$
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TOTAL OF UNITEMIZED LOANS	#:)	\$ Ø
TOTAL OF UNITEMIZED LOANS	#:)	
TOTAL OF UNITEMIZED LOANS	#:)	
out-of-state PAC (ID	#:)	/
Name of lender out-of-state PAC (ID	#:	9 Loan Amount (\$)
Date of loan 7 Name of lender 0 ward state 11		
City St.	ate; Zip Code	10 Interest rate
Is lender address, Sign		The state of the s
Institution?		11 Maturity date
Y N	13 Lender's Job Title	
2 Lender's Principal Occupation		
14 Lender's Employer/Law Firm	15 Law Firm of lender's spo	ouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		- Illiani
17 Description of Collateral	18 Check if personal funds account (See Instruction	were deposited into political ns)
none		(¢)
19 GUARANTOR INFORMATION 20 Name of guarantor		22 Amount Guaranteed (\$)
21 Guarantor address; City;	State; Zip Code	
not applicable		
23 Guarantor's Principal Occupation	24 Guarantor's Job Title	
The state of the s	26 Law Firm of guaranto	r's spouse (if any)
25 Guarantor's Employer/Law Firm		
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE A	S NEEDED
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

counting/Banking ensulting Expense	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
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Total pages Schedule F1:	2 FILER NAME ROYN W	ldo 6-Courat	
Date	5 Payee name		
Amount (\$)	7 Payee address; City; State;	Zip Code	
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PURPOSE OF	-	Chear	Austin, TX, officeholder living expense
EXPENDITURE			
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expenditure to benefit C/C	2H 		
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OF EXPENDITURE			
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expenditure to benefit C	,,,,,		
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		Office s	ought Office held
Complete ONLY if dire expenditure to benefit	C/OH		
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE	AS NEEDED
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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EXPENDITURE		Political				
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EXPENDITURE						
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expenditure to benefit C/	/OH	ee name				
expenditure to benefit C/	Paye			te; Zip Code		
expenditure to benefit C/I	Paye	ee name		te; Zip Code		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Address of perso	n from whom investment is p		City; State; Zip Coo

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundratsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

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Total pages Schedule G:		2 Filer ID (Ethics Commission Filers)
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Date	5 Payee name	
Amount (\$)	7 Payee address; City; State; Zip Code	
Reimburgement from political contributions intended		b) Description
PURPOSE	(a) Category (See categories listed at the top of this schedule)	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
OF EXPENDITURE		Office sought Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		(b) Description
PURPOSE	Category (See categories listed at the top of this schedule)	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
OF EXPENDITURE		Office sought Office held
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Date	Payee name	
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EXPENDITURE	rect Candidate / Officeholder name	Office sought Office held
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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

dvertising Expense	Event Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Experient Travel In District
counting/Banking	Fees Food/Beverage Expense	Polling Expense Printing Expense	Travel Out Of District Other (enter a category not listed above)
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Date	5 Business name		
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PURPOSE		Check if Austin.	TX, officeholder living expense
OF			
EXPENDITURE			
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	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE	49 MEEDED
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	TUITE Commission	11.001110	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to compl	GEO SILICO CONTRACTOR
otal pages Schedule i:	2 FILER NAME Reynaldo 6. 6 arza	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	. /
Amount (\$)	7 Payee address; City; State; Zip Code (a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City, State; Zip Code	Description (See instructions regarding type of information
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type required.)
Date	Payee name	
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R NAME	Reynaldo 6. Garza III 8 Amount (\$)
3	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code
	7 Purpose for which amount is received
ate	Name of person from whom amount is received
	Address of person from whom amount is received; City, State; Zip Code
	Purpose for which amount is received Check if political contribution returned to filer
Date	Name of person from whom amount is received
	Address of person from whom amount is received; City; State; Zip Code
	Purpose for which amount is received Check if political contribution returned to filer
Date	Name of person from whom amount is received
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NUTSTAND	ING LOANS	SCHEDULE L				
		1 Total pages Schedule L:				
	ruction Guide explains how to complete this form.	3 Filer ID (Ethics Commission Filers)				
FILER NAME REY	naldo 6. borza III					
LENDER INFORMATION	Name of lender	Pode				
•	5 Lender address; City; State; Zip C					
GUARANTOR INFORMATION	6 Name of gluarantor					
not applicable .	7 Guarantor address; City; State; Zip					
LENDER INFORMATION	Name of lender Lender address; City; State; Zip	Code				
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zi	ip Code				
LENDER INFORMATION	Name of lender					
	Lender address; City; State; Z	Zip Code				
GUARANTOR INFORMATION	Name of guarantor	Zip Code				
not applicable	Guarantor address, City; State;	219 0020				
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GUARANTOR INFORMATION	Name of guarantor					
not applicable	Guarantor address; City; State;	Zip Code				

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
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FILER NAME Reynaldo 6. Garza M	
Description of Asset	2
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Keynaldo 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule F1 Schedule D Schedule C2 Schedule B(J) Schedule B Schedule A2 Schedule COH-UC Schedule B-SS Schedule H Schedule G Schedule F2 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule D Schedule F1 Schedule C2 Schedule B(પ્રે) Schedule B Schedule A2 Schedule COH-UC 🔲 Schedule B-SS Schedule H Schedule G Schedule F2 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F1 Schedule D Schedule C2 Schedule B(J) Schedule B Schedule A2 Schedule B-SS Schedule COH-UC Schedule H Schedule G Schedule F2 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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