Arturo
McDonald

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JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JCIOH Instruction Guide explains how to complete this form. 3 CANDIDATE/ OFFICEHOLDER NAME WY. APHILD ASSINGER PRODUCE 4 CANDIDATE/ OFFICEHOLDER NAME 5 CANDIDATE/ OFFICEHOLDER NAME 6 CANDIDATE/ OFFICEHOLDER NAME 7 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER NAME 8 CAMPAIGN TREASURER				
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NAME NAME NAME NAME NOMES INCIDENT LIST SOFTEX ALLAND ACANDIDATE / OPFICEHOLDER APT NOMES IN CROX. APT I SUITE #. CITY. OPFICEHOLDER ADDRESS OLDINGRO OF ACTIONS & PORDER APT NAME NOMES IN CROX. APT I SUITE #. CITY. STATE. ZP CODE JAN 1 7 2017 SAN 1 7 2017 AND 1 7 2017	•	MS / MRS / MR FIRST	A MI	OFFICE USE ONLY
4 CANDIDATE/OFFICEHOLDER ADDRESS IPO ADD; APT ISITE # CITY; STATE; ZP DODE JAN 1 7 2017 ADDRESS IPO ADD; APT ISITE # CITY; STATE; ZP DODE JAN 1 7 2017 ADDRESS Change of Address 5 CANDIDATE/OFFICEHOLDER OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NORMANE 7 CAMPAIGN TREASURER ADDRESS (NO PD BOX REASE); APT / SUITE #; DITY; STATE; ZIP CODE 8 CAMPAIGN TREASURER APPA CODE APPA CODE	į.	Mr. Arturo	SUFFIX	CAMERON COUNTY DEPARTMENT OF ELECTIONS &
OFFICEHOLDER MAILING ADDRESS Change of Address Strong Still TV B52 CANDIDATE OFFICEHOLDER PHONE AGA CODE PHONE NUMBER CS CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE COVERED Month Day Year TREASURER PHONE COVERED Month Day Year TREASURER PHONE COVERED Month Day Year TREASURER TREASURER PHONE COVERED Month Day Year TREASURER TREASURER TREASURER PHONE COVERED Month Day Year TREASURER		HIT WILLOUIS	OLEVA STATE: ZID CODE	AOTEH HERISTHVION
5 CANDIDATE/ OFFICEHOLDER PHONE NUMBER EXTENSION OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (NO PO DOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 8 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 10 PERIOD OCVERED 11 ELECTION 12 OFFICE 13 OFFICE 14 CAMPAIGN TREASURER PHONE 15 CAMPAIGN TREASURER PHONE 16 CAMPAIGN TREASURER PHONE 17 CAMPAIGN TREASURER PHONE 18 CAMPAIGN TREASURER PHONE 19 REPORT TYPE 10 PERIOD OCVERED 11 ELECTION 12 OFFICE 13 OFFICE 13 OFFICE SOUGHT (if lamy) 14 CAMPAIGN TREASURER PHONE 15 CAMPAIGN TREASURER PHONE 16 CAMPAIGN TREASURER PHONE 17 CAMPAIGN TREASURER PROCESS (NO PO DOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 18 CAMPAIGN TREASURER PHONE 19 REPORT TYPE 10 PERIOD OCVERED 11 Sin day after campaign Treasurer speciforment (collectation only) 15 Sin day before election Scococid \$500 limit Principle (collectation only) 16 COVERED 17 CAMPAIGN TREASURER AND TREASURER EXTENSION 18 CAMPAIGN TREASURER EXTENSION 19 REPORT TYPE 10 PERIOD OCCUPATION 10 PERIOD OCCUPATION 11 ELECTION 12 OFFICE 13 OFFICE SOUGHT (if known) 14 CAMPAIGN TREASURER 15 OFFICE SOUGHT (if known) 16 OFFICE SOUGHT (if known) 17 CAMPAIGN TREASURER 18 OFFICE SOUGHT (if known) 19 OFFICE SOUGHT (if known)	OFFICEHOLDER MAILING	14 shoreline D		
OBE Hand-delivered or Data Postmarked PHONE OSUS 44-0855 CAMPAIGN TREASURER NAME NO FOR DATA AFT AUT D NICKHAME NICKHAME NO FOR DOX PLEASE; APT / SUITE #; OITY; STATE; ZIP CODE TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; OITY; STATE; ZIP CODE AFEA CODE PHONE AFEA CODE PHONE NUMBER PHONE PHONE PHONE AFEA CODE PHONE NUMBER PHONE PHONE AFEA CODE PHONE NUMBER PHONE PHONE AFEA CODE PHONE NUMBER PHONE AFEA CODE PHONE NUMBER PHONE Bunoff Ish day after campaign treasurer appointment (Control-deliver) Treasurer appointment (Control-deliver) Treasurer appointment (Control-deliver) THOUGH TELECTION DATE North DATE North DATE AROUNT STATE; ZIP CODE AMOUNT S AMOUNT S AMOUNT S AMOUNT S AMOUNT S DATE AMOUNT S AMOUNT S AMOUNT S AMOUNT S AMOUNT S AMOUNT S DATE AMOUNT S AMOUNT S DATE AMOUNT S AMOUNT S AMOUNT S AMOUNT S AMOUNT S DATE AMOUNT S AMOUN	Change of Address	BrownsVIIIe, TX	18521	BY: UNITY
6 CAMPAIGN TREASURER NAME MS / MIS	OFFICEHOLDER			Date Hand-delivered or Date Postmarked
TREASURER NAME NICKNAME	6 CAMPAIGN			Receipt # Amount \$
TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 39	TREASURER	NICKNAME & LAST		
TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION		McDonald	5r.	Date Imaged
ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION Standard campaign treasure appointment (Officiendard Conty) Standard Conty	7 CAMPAIGN		SUITE #; CITY; STATE;	ZIP CODE
Residence or Business) LUS FIRSTOS, TX 185UU 8 CAMPAIGN TREASURER PHONE NUMBER EXTENSION 9 REPORT TYPE January 15		391213 Palm Ar		
8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15	(Residence or Business)		•	
TREASURER PHONE (950) 533 - 2200 9 REPORT TYPE January 15		LOS HESTIDS, IX	18566	·
January 15 30th day before election Runoff 15th day after campalign treasurer appointment (Officeholder Only) 30th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) 10 PERIOD COVERED Month Day Year THROUGH 12 /3 1 /2 0 1 V 11 ELECTION Month Day Year THROUGH Primary Runoff Primary Runoff General Special 12 OFFICE OFFICE HELD (if any) JUGGE County Court Other Description 13 OFFICE SOUGHT (if known) JUGGE County Court Other Description Law No. 1	TREASURER			
July 15	9 REPORT TYPE	January 15 30th day before	election Runoff	treasurer appointment
THROUGH 12 /31/2014 11 ELECTION County		July 15 Sth day before el	lection Exceeded \$500 limit	' '
11 ELECTION County C		Month Day Year	Month Day	Year
12 OFFICE OFFICE Description OFFICE HELD (if any) Office HELD (COVERED	01/01/2016 THRO	0UGH 12/31/	2014
General Description 12 OFFICE OFFICE HELD (if any) Judge County Court Office HELD (if any) Law No. 1 Law No. 1	11 ELECTION	DATE		
Judge County Court Judge County Court oft at Law No. 1 Law No. 1			Description	
	12 OFFICE			
		Juage County Cour	7 Judge Coun	ty Court of
GO TO PAGE 2		at Law No. T	Law No. 1	J
	GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	Artur	D A. Jr. (Mr.)	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ - 0 -
	4. TOTAL I	POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 496.80		
OUTSTANDING LOAN TOTALS	of REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 496.80		
18 AFFIDAVIT			
8. ₁		I swear, or affirm, under penalty of pe true and correct and includes altinfor under Title 15, Election code.	
		Stignature of Candi	date or Officeholder
Sworn to and subscribed before me, by the said AHUYD A. Mr bond) Jr, this the			
day of Jan Way W, 20 1 , to certify which, witness my hand and seal of office.			
Rub		Brenda Cantis Notary	fa the state of TX
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME JO Filer ID (Ethics Cor JO A) JV. (MV.) 20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ -0-
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ ~ 0 ~
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this f	form. 1 Total pages Schedule A(J)1:
2 FILER NAM	IE	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PAC	7 Amount of contribution (\$)
	6 Contributor address; City; State	
8 Contributor's	's principal occupation	9 Contributor's job title
O Contributor's	's employer/law firm	11 Law firm of contributor's spouse (if any)
2 If contributo	or is a child, law firm of parent(s) (if any)	
Date	Full name of contributor	
	Contributor address; City; State;	
Contributor's	s principal occupation	Contributor's job title
Contributor's	s employer/law firm	Law firm of contributor's spouse (if any)
If contributor	r is a child, law firm of parent(s) (if any)	
Date	Full name of contributor	D#:) Amount of contribution (\$)
•	Contributor address; City; State:	Zip Code
Contributor's	s principal occupation	Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor	r is a child, law firm of parent(s) (if any)	
	p.	

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

OUTSTANDING LOANS SCHEDULE L 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) 2 FILER NAME LENDER INFORMATION **GUARANTOR** 6 Name of guarantor INFORMATION not applicable 7 Guarantor address; City; State; Zip Code Name of lender LENDER INFORMATION Lender address; City; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Zip Code City; State; Guarantor address; LENDER Name of lender INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Zip Code Guarantor address; City; Name of lender LENDER INFORMATION Lender address; City; State; Zip Code Name of guarantor GUARANTOR INFORMATION not applicable Zip Code Guarantor address; City; State;

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Name of person from whom amount is received	8 Amount (\$)			
6 Address of person from whom amount is received; City;	State; Zip Code			
7 Purpose for which amount is received	Check if political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
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	Amount (\$)			
Address of person from whom amount is received; City;	State; Zíp Code			
Purpose for which amount is received	Check if political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
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			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				