

**ARTURO
MCDONALD**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 39
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Arturo A.	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 1:45 PM JAN 16 2018 RECEIVED Date Hand-delivered or Date Postmarked BY: <u><i>[Signature]</i></u> Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Art McDonald Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 76 Shoreline Dr. Brownsville, TX 78521		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 544-0855		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Arturo		
	NICKNAME LAST SUFFIX McDonald Sr.		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 39613 Palm Dr. Los Fresnos, TX 78544		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 533-2240		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2017 12 / 31 / 2017		
11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Judge County Court at Law No. 1	13 OFFICE SOUGHT (if known) Judge County Court at Law No. 1	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME McDonald, Arturo A. Jr. (Mr.) 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

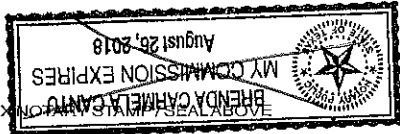
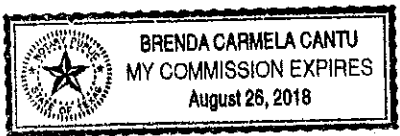
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,275.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,606.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,949.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 396.80

18 AFFIDAVIT



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

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Arturo A. McDonald, Jr., this the 16th day of January, 2018 to certify which, witness my hand and seal of office.

[Handwritten Signature] Brenda Cantu Notary for 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 <i>McDonald, Arturo A. Jr. (Mr.)</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ <i>33,275.00</i>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>711.83</i>
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>9,606.37</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>143.35</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 1 of 17
2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 7/14/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Square Law Group, PLLC	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 302 Lings Hwy, Ste. 103, Brownsville, TX 78521		
8 Contributor's principal occupation Attorneys at Law		9 Contributor's job title Partners
10 Contributor's employer/law firm Square Law Group, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Aguirre, Square Law Group, PLLC	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 811 E. Madison St., Brownsville, TX 78520		
Contributor's principal occupation Attorneys at Law		Contributor's job title Partners
Contributor's employer/law firm Aguirre, Square Law Group, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 7/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ruben Herrera	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 37 West Elizabeth, Brownsville, TX 78520		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 2 of 17
2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 8/11/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Romeo Esparza	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 4242 Old Port Kable Rd, Brownsville, TX 78520		
8 Contributor's principal occupation Farmer		9 Contributor's job title Owner
10 Contributor's employer/law firm Self-Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jesus L. Canales	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 845 E. Harrison St, Brownsville, TX 78520		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 8/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Royster, Rauzer, Victory & Williams, LLP	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 55 Cove Circle, Brownsville, TX 78521		
Contributor's principal occupation Attorneys at Law		Contributor's job title Partners
Contributor's employer/law firm Royster, Rauzer, Victory & Williams, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3 of 17
2 FILER NAME McDonald, ARNOLD A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 8/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Edmund L. Cyganiewicz 6 Contributor address; City; State; Zip Code 1000 E. Madison, Brownsville, TX 78520	7 Amount of contribution (\$) \$100.00
8 Contributor's principal occupation Attorney at Law		9 Contributor's job title Owner
10 Contributor's employer/law firm Self-employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jeffrey B. Matthews, P.C. Contributor address; City; State; Zip Code 1650 Parados Ln. Rd., Ste. 102, Brownsville, TX 78521	Amount of contribution (\$) \$50.00
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 8/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ The Law Office of J. Ledezma, PLLC Contributor address; City; State; Zip Code 847 E. Harrison St., Brownsville, TX 78520	Amount of contribution (\$) \$ 500.00
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 4 of 17
2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Helen D. Belgadillo	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 955 E. Tyler St. Brownsville, TX 78520		
8 Contributor's principal occupation Attorney at Law		9 Contributor's job title Owner
10 Contributor's employer/law firm Self Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 8/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Abel Belgadillo	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 955 East Tyler St., Brownsville, TX 78520		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 8/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Edna Dinsdale	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 48 Casa De Amigos, Brownsville, TX 78521		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 5 of 17
2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 8/11/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Gary Ortega	7 Amount of contribution (\$) \$ 25.00
6 Contributor address; City; State; Zip Code 424 E Jefferson St, Brownsville, TX 78520		
8 Contributor's principal occupation Attorney at Law		9 Contributor's job title Owner
10 Contributor's employer/law firm Self Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 8/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Noel S. Garza, Jr.	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 854 E. Van Buren St, Brownsville, TX 78520		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Fred Kavatski; dba Law Office of Fred Kavatski	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 902 E. Madison St, Brownsville, TX 78520		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 6 of 17
2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/17	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 114 W. Jefferson St, Ste A, Brownsville, TX 78520		
8 Contributor's principal occupation Attorneys at Law		9 Contributor's job title Partners
10 Contributor's employer/law firm Gault, Nye & Quintana, LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Phil Bellamy	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 815 Ridgewood, Brownsville, TX 78521		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Nemphill	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 815 Ridgewood, Brownsville, TX 78521		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 7 of 17
2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Barry L. Benton	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 284 Ebony Ave., Brownsville, TX 78520		
8 Contributor's principal occupation Attorney at Law		9 Contributor's job title Owner
10 Contributor's employer/law firm self employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ The Green Law Firm, P.C.	Amount of contribution (\$) \$5,000.00 Reimbursed \$2,500 - will report on next Finance Report
Contributor address; City; State; Zip Code 345 Corast, Brownsville, TX 78520		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child/law firm of parent(s) (if any)		

Date 8/16/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Gerry Linan	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1544 Harvard Ave., Brownsville, TX 78520		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 8 of 17
2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Ricardo M. Adabberti	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 134 East Price Rd., Brownsville, TX 78521		
8 Contributor's principal occupation Attorney at Law		9 Contributor's job title Owner
10 Contributor's employer/law firm Self Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joe B. Zayas, DDS	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 616 Escandon, Rancho Viejo, TX 78515		
Contributor's principal occupation Dentist		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Cesar De Leon	Amount of contribution (\$) \$800.00
Contributor address; City; State; Zip Code 122 E. St. Charles St., Brownsville, TX 78520		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

9 of 17

2 FILER NAME

McDonald, Arturo A. Jr. (Mr.)

3 Filer ID (Ethics Commission Filers)

4 Date

8/23/17

5 Full name of contributor

out-of-state PAC ID#: _____

Mr. Fadi Alfayoumi

7 Amount of contribution (\$)

\$2,000.00

6 Contributor address;

City State; Zip Code

713 Santa Ana Ave, Rancho Viejo, TX 78595

8 Contributor's principal occupation

Doctor

9 Contributor's job title

Owner

10 Contributor's employer/law firm

Self Employed

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

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

Date

8/22/17

Full name of contributor

out-of-state PAC ID#: _____

Ricardo Alonzo Barrera

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

P.O. Box 2817, Harlingen, TX 78551

Contributor's principal occupation

Attorney at Law

Contributor's job title

Owner

Contributor's employer/law firm

Self Employed

Law firm of contributor's spouse (if any)

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

Date

8/24/17

Full name of contributor

out-of-state PAC ID#: _____

Ernestina Rodriguez

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

P.O. Box 153, Lozano, TX 78568

Contributor's principal occupation

retired

Contributor's job title

Educator

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 10 of 17
2 FILER NAME McDonald, Arturo A., Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Gabriel Vega	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 2324 Shidler Dr., Brownsville, TX 78521	
8 Contributor's principal occupation retired		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 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Erin Elizabeth Gomez	Amount of contribution (\$) \$ 1,000.00
	Contributor address; City; State; Zip Code 127 Shoreline Dr., Brownsville, TX 78521	
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Chester L. Gonzalez, Attorney and Counselor at Law	Amount of contribution (\$) \$ 1,000.00
	Contributor address; City; State; Zip Code 117 E. Price Rd., Brownsville, TX 78521	
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 11 of 17
2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 8/29/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of John Williamson 6 Contributor address; City; State; Zip Code P.O. Box 5479, Brownsville, TX 78523	7 Amount of contribution (\$) \$1,000.00
8 Contributor's principal occupation Attorney at Law		9 Contributor's job title Owner
10 Contributor's employer/law firm Self Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Evangelina R. Lopez Contributor address; City; State; Zip Code 44 Creekbend Dr., Brownsville, TX 78521	Amount of contribution (\$) \$250.00
Contributor's principal occupation Owner		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 8/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Brownsville Firefighters Association Local 910 Contributor address; City; State; Zip Code P.O. Box 4171, Brownsville, TX 78523	Amount of contribution (\$) \$500.00
Contributor's principal occupation		Contributor's job title Union
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)		

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
12 of 17

2 FILER NAME

McDonagh, Arturo A. Jr. (Mr.)

3 Filer ID (Ethics Commission Filers)

4 Date

8/24/17

5 Full name of contributor

out-of-state PAC ID#: _____

CRICK L. LUCIO / JUDITH P. LUCIO

6 Contributor address;

City; State; Zip Code

3 Cortez Ave., Rancho Viejo, TX 78575

7 Amount of contribution (\$)

\$ 500.00

8 Contributor's principal occupation

Attorneys at Law

9 Contributor's job title

Owners

10 Contributor's employer/law firm

Hamilton & Lucio, PC

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

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

Date

8/24/17

Full name of contributor

out-of-state PAC ID#: _____

Miguel B. Ortega Vega

Contributor address;

City; State; Zip Code

19 Summit Ct., Brownsville, TX 78521

Amount of contribution (\$)

\$ 50.00

Contributor's principal occupation

retired

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

8/24/17

Full name of contributor

out-of-state PAC ID#: _____

Romeo F. Montalvo, Jr.

Contributor address;

City; State; Zip Code

864 Central Blvd, Ste. 2209 Brownsville, TX 78520

Amount of contribution (\$)

\$ 250.00

Contributor's principal occupation

Pediatrician

Contributor's job title

Owner

Contributor's employer/law firm

Self Employed

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 13 of 17
2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mario E. Villarreal	7 Amount of contribution (\$) \$550.00
6 Contributor address; City; State; Zip Code 100 E. Levee, SE-201, Brownsville, TX 78521		
8 Contributor's principal occupation Business Man		9 Contributor's job title Self Employed
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 8/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ National Wrestling Alliance	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 801 E. Van Buren, Brownsville, TX 78520		
Contributor's principal occupation Base Trainer MMA		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 8/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Koerig, Oliveira & Fisher, LLP	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 855 West Price Rd, ^{Ste 9} Brownsville, TX 78520		
Contributor's principal occupation Attorneys at Law		Contributor's job title Partners
Contributor's employer/law firm Koerig, Oliveira & Fisher, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

14 of 17

2 FILER NAME

McDonald, Arturo A. Jr. (Mr.)

3 Filer ID (Ethics Commission Filers)

4 Date

9/6/17

5 Full name of contributor

out-of-state PAC ID#: _____

Raynaldo C. Garza Jr. P.C.

6 Contributor address; City; State; Zip Code

P.O. Box 2025, Brownsville, TX 78522

7 Amount of contribution (\$)

\$ 1,500.00

8 Contributor's principal occupation

Attorney at Law

9 Contributor's job title

Owner

10 Contributor's employer/law firm

Self Employed

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

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

Date

9/6/17

Full name of contributor

out-of-state PAC ID#: _____

David C. Garza, P.C.

Contributor address; City; State; Zip Code

P.O. Box 2025, Brownsville, TX 78522

Amount of contribution (\$)

\$ 500.00

Contributor's principal occupation

Attorney at Law

Contributor's job title

Owner

Contributor's employer/law firm

Self Employed

Law firm of contributor's spouse (if any)

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

Date

9/12/17

Full name of contributor

out-of-state PAC ID#: _____

C. Frank Wood PC

Contributor address; City; State; Zip Code

3505 Boca Chica Blvd, Ste 100, Brownsville, TX 78521

Amount of contribution (\$)

\$ 500.00

Contributor's principal occupation

Attorney at Law

Contributor's job title

Owner

Contributor's employer/law firm

Self Employed

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 15 of 17
2 FILER NAME McDonald, Arturo A. Sr. (Mr.)		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Nae Alaniz, Jr. / Law Office of Nae Alaniz, Jr.	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 844 North Sam Houston Blvd, San Benito, TX 78584		
8 Contributor's principal occupation Attorney at Law		9 Contributor's job title Owner
10 Contributor's employer/law firm Self Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 9/11/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Quezada Law Firm	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 4315 Estes Ridgeln., Katy, TX 77493		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law office of Leonardo Rincones	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 854 E. Van Buren St; Brownsville, TX 78520		
Contributor's principal occupation Attorney at Law		Contributor's job title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>14 of 17</i>
2 FILER NAME <i>McDonald, Arturo A. Jr. (Mr.)</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/3/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Lamon Garcia Campa ign 10-08</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>222 W. University Dr. Edinburg, TX 78539</i>		
8 Contributor's principal occupation <i>Att. at Law</i>		9 Contributor's job title <i>Owner</i>
10 Contributor's employer/law firm <i>Self Employed</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/28/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Begum Law Group</i>	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor address; City; State; Zip Code <i>2401 Wild Flower Dr., Ste B, Brownsville, TX 78526</i>		
Contributor's principal occupation <i>Attorney at Law</i>		Contributor's job title <i>Owner</i>
Contributor's employer/law firm <i>Self Employed</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>12/21/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Gustavo C. Ruiz</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>1106 E. Tyler Ave., Nacogdoches, TX 78550</i>		
Contributor's principal occupation <i>Attorney at Law</i>		Contributor's job title <i>Owner</i>
Contributor's employer/law firm <i>Self Employed</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
17 of 17

2 FILER NAME
McDonald, Arturo A. Jr. (Mr.)

3 Filer ID (Ethics Commission Filers)

4 Date
12/21/17

5 Full name of contributor out-of-state PAC ID#: _____
Robert Davis, Jr.

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
1106 E. Tyler Ave; Harlingen, TX 78550

8 Contributor's principal occupation
Attorney at Law

9 Contributor's job title
Owner

10 Contributor's employer/law firm
Self Employed

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

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

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 8/27/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trey Mendez	8 Amount of Contribution \$ 711.83	9 In-kind contribution description Food/Beverage Camp Function
7 Contributor address; City; State; Zip Code 647 E. St. Charles St., Brownsville, TX 78520		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney at Law		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self-Employed	
12 Contributor's principal occupation (FOR JUDICIAL) Owner		13 Contributor's job title (FOR JUDICIAL) (See Instructions) Attorney at Law	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

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

POLITICAL EXPENDITURES MADE 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: 1 of 16		2 FILER NAME McDonald, Arturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)	
4 Date 7/30/17		5 Payee name Brenda Cantu			
6 Amount (\$) \$300.00		7 Payee address; City; State; Zip Code 6503 Escobedo St. Brownsville, TX 78521			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) other - 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	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/9/17		Payee name Wal Mart Family Mobile			
Amount (\$) \$24.88		Payee address; City; State; Zip Code 2921 Boca Chica Blvd. Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) office overhead / rental expense camp. phone		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/9/17		Payee name Sylvia Rodriguez			
Amount (\$) \$66.70		Payee address; City; State; Zip Code 914 E. Harrison St. Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) other - jury lunch		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 2 of 14	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 8/11/17	5 Payee name S. A. Sports	
6 Amount (\$) \$347.48	7 Payee address; City; State; Zip Code 4627 Central Circle Brownsville, TX 78521	
8 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/15/17	Payee name Fiesta Graphics	
Amount (\$) \$115.00	Payee address; City; State; Zip Code 205 Paredes Ln. Ed. Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense - Camp-Fundraiser Invites	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/16/17	Payee name The Brownsville Herald	
Amount (\$) \$604.00	Payee address; City; State; Zip Code 1135 E. Van Buren Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE 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: 3 of 14	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)		
4 Date 8/17/17	5 Payee name Tamale King			
6 Amount (\$) \$237.50	7 Payee address; City; State; Zip Code 520 Old Port Isabel Rd. Brownsville, TX 78521			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense - Camp. Fundraiser	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

Date 8/21/17	Payee name Sam's Club			
Amount (\$) \$102.94	Payee address; City; State; Zip Code 3570 W. Alton Gloor Blvd. Brownsville, TX 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense - Camp. Fundraiser			
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held		

Date 8/22/17	Payee name Dan Cavazos			
Amount (\$) \$100.00	Payee address; City; State; Zip Code Brownsville, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation			
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 4 of 14	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 8/28/17	5 Payee name Jesse J. Tejada	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code Brownsville, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Ad graphics	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 8/28/17	Payee name Brownsville Post office	
Amount (\$) \$98.00	Payee address; City; State; Zip Code 1535 E. Los Ebanos Blvd. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead - postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 8/28/17	Payee name Staples	
Amount (\$) \$384.26	Payee address; City; State; Zip Code 2436 Pablo Lisei Blvd. Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead /	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 5 of 14	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 8/5/17	5 Payee name Wal Mart Family Mobile	
6 Amount (\$) \$27.85	7 Payee address; City; State; Zip Code 2721 Boca Chica Blvd. Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Camp. 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/5/17	Payee name Wal Mart
Amount (\$) \$22.53	Payee address; City; State; Zip Code 2205 E. Ruben Torres Sr., Blvd. Brownsville, TX 78524
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Thank You Cards
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 9/5/17	Payee name Wal Mart Family Mobile
Amount (\$) \$27.80	Payee address; City; State; Zip Code 2721 Boca Chica Blvd. Brownsville, TX 78521
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Campaign Phone
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 4 of 14	2 FILER NAME McDonaki, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 9/11/17	5 Payee name Wal Mart	
6 Amount (\$) \$21.79	7 Payee address; City; State; Zip Code 2205 E. Ruben Torressr. Blvd. Brownsville, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead / Rental Expense Walmart cases	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/14/17	Payee name Taddle Inn Restaurant	
Amount (\$) \$141.72	Payee address; City; State; Zip Code 1740 Central Blvd. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other - campaign meeting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/21/17	Payee name Rolando Cavazos	
Amount (\$) \$130.00	Payee address; City; State; Zip Code Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other - labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE 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: 7 of 14	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/17	5 Payee name New Courthouse Coffee Shop / Sylvia Rodriguez	
6 Amount (\$) \$55.47	7 Payee address; City; State; Zip Code 904 E. Harrison Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Jury lunch	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/1/17	Payee name Wal Mart	
Amount (\$) \$17.88	Payee address; City; State; Zip Code 2205 E. Ruben Torres Sr. Blvd. Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead / rental expense water cases	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/8/17	Payee name H. E. B.	
Amount (\$) \$22.03	Payee address; City; State; Zip Code 2250 Boca Chica Blvd. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead / rental expense office supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM 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: 8 of 14	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 10/9/17	5 Payee name Knights of Columbus	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1701 E. Harrison Ave. Marlingen, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - fundraiser for Robert Ramirez	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/10/17	Payee name Robert Campes	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 1338 E. 8th St. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OXM - Fundraiser Brownsville Parks & Recreation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/13/17	Payee name Cesar Rendon	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1453 Yale Ave. Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OXM - labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE 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: 9 of 14	2 FILER NAME McDonald, Arturo A. Jr. (W)	3 Filer ID (Ethics Commission Filers)
4 Date 10/16/17	5 Payee name J. A. Sports	
6 Amount (\$) \$2,489.75	7 Payee address; City; State; Zip Code 4627 Central Circle Brownsville, TX 78521	
8 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/8/17	Payee name Brenda Cantù	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 4503 Escobedo St. Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/2/17	Payee name Jerry Mc Nale	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 5705 Brownsville, TX 78525	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE 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: 10 of 14	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
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4 Date 11/7/17	5 Payee name Walmart
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6 Amount (\$) \$19.98	7 Payee address; City; State; Zip Code 2205 E. Ruben Torross Blvd. Brownsville, TX 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead / Rental expense cases water	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/8/17	Payee name Walmart Family Mobile
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Amount (\$) \$27.80	Payee address; City; State; Zip Code 2721 Boca Chica Blvd. Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead / Rental expense Campaign Phone	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/9/17	Payee name Cameron County Democratic Party
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P.O. Box 4647 Brownsville, TX 78523
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Placement on Democratic Party General Primary Ballot	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM 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: 11 of 16	2 FILER NAME McDonald, Auro A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 11/10/17	5 Payee name Cameron County Democratic Party	
6 Amount (\$) \$300-	7 Payee address; City; State; Zip Code P.O. Box 4647 Brownsville, TX 78523	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Candidate + office holder	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/14/17	Payee name Cesar Rendon
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1453 Yale Ave. Brownsville, TX 78521

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/15/17	Payee name TNT Live Ent. Inc.
Amount (\$) \$200.00	Payee address; City; State; Zip Code Harlingen, TX

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE 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: 12 of 14	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/17	5 Payee name Maria De Leon	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code Advertising Expense El Valle Noticias	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense El Valle Noticias	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/20/17	Payee name Wal Mart	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 2721 Boca Chica Blvd. Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/30/17	Payee name Cesar Rendon	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1453 Vale Ave. Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Dinner - labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE 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: 13 of 14		2 FILER NAME McDonald, Arturo A., Jr. / Mr.)		3 Filer ID (Ethics Commission Filers)	
4 Date 12/7/17		5 Payee name Wal Mart			
6 Amount (\$) \$8.05		7 Payee address; City; State; Zip Code 2205 E. Ruben Torres Sr. Blvd. Brownsville, TX 78526			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead / Rental Expense (supplies)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/8/17		Payee name Cesar Rendon			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 1453 Vale Ave. Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other - labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/9/17		Payee name Wal Mart Family Mobile			
Amount (\$) \$33.40		Payee address; City; State; Zip Code 2721 Boca Chica Blvd. Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead / Rental Expense Campaign Phone Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE 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: 14 of 14	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
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4 Date 12/11/17	5 Payee name Brenda Cantu
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6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 6503 Escobedo St. Brownsville, TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - labor.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/13/17	Payee name Cameron County
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 1100 E. Monroe St., Nancy Bldg. Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Made By Candidate, office holder County Christmas Party	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/17	Payee name Todde Inn Restaurant
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Amount (\$) \$119.45	Payee address; City; State; Zip Code 1740 Central Blvd. Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - campaign meeting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM 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: 15 of 14	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 12/20/17	5 Payee name Brenda Cantu	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 6503 Escobedo St. Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 12/14/17	Payee name Jerry McHale	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 5705 Brownsville, TX 78525	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 12/20/17	Payee name Juany's Coffee, Cakes & More	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 3254 Boca Chica Blvd., Ste. H Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE 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: <i>14 of 14</i>	2 FILER NAME <i>McDonald, Arturo A. Jr. (Mr.)</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>12/29/17</i>	5 Payee name <i>Jason Moody</i>				
6 Amount (\$) <i>\$200.00</i>	7 Payee address; City; State; Zip Code <i>San Antonio, TX</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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 G: 1 of 1	2 FILER NAME McDonald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
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4 Date: 9/15/17	5 Payee name Russos NY Pizzeria Brownsville
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6 Amount (\$) \$143.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3340 Kable Lisel Blvd., Ste 206 Brownsville, TX 78524
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Campaign meeting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

1 of 1

2 FILER NAME

McDonald, Arturo A. Jr. (Mr.)

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Arturo A. McDonald, Jr.

5 Lender address; City; State; Zip Code

76 Shoreline Dr., Brownsville, TX 78521

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED