# 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:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	NICKNAME , (LAST , SUFFIX	Date Received
	Art Mebonald Jr.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP GODE  14 Share l'ine b.	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION
Change of Address	Bownstille, TX 18521	1.458 JAN 1 6 2018
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA GODE PHONE NUMBER EXTENSION (954) 544-0655	Date Hand-delivered or Ulate Plastharked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI	Receipt # Amount \$
NAME	NICKNAME LAST SUFFIX	Date Imaged
	We bonald Sr.	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  39613 Palm Dr.	ZIP CODE
	Los Fresnos, TX 18546	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (954) 533-2240	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day ON /01 /2017 THROUGH 12 /31 /	Year ( 2011)
11 ELECTION	ELECTION TYPE  Month Day Year Primary Runoff Other  Description  General Special	
12 OFFICE	Judge County Court Judge Courd at Law 10.	inty Court
	at Law No. 1 at Law )	VO. 1
GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 2

		Control of the contro	
MC COOA)	d. AAUR	0 A. Jr. (MI.) 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	:
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,205.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,606.37
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' ORTING PERIOD	\$ 9,606.37 \$ 24,949.41
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 394.8D
18 AFFIDAVIT		I swear, or affirm, under penalty of perj	un, that the accompanying report is
M CAN	BRENDA CARMELA CAL Y COMMISSION EXP	NTU true and correct and includes all inform	
No. of the last of	August 26, 2018	JW M	
olnz's	S rauguA		
ON EXDIBES	WY COMMISSI	Signature of Candid	ate or Onicenoider
<b>6</b>	ibed before me, b	by the said Atturo A. We bonald, Jr.	, this the
day of CMUCITI		to certify which, witness my hand and seal of office.	
A all		Brenda Canti Note	ary for the St. of Ix
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

## **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

19	Mc Lonald, Arturo A. Jr. (Mr.) 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 33,21500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 111.83
з.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	4
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$9,006.37
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$143.35
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:	
McDonald, AHUVO A.	Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor Daut	of-state PAC ID#	7 Amount of contribution (\$)	
1/14/17 Square Law Grove Contributor address; 302 Lings Nwy, Ste. 103	10, PLLC	# 250.00	
8 Contributor's principal occupation	9 Contributor's job title		
Attorneys at Law	Partners		
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 Full name of contributor out-	of-state PAC ID#:)	Amount of contribution (\$)	
1/4/11 Aguirre & Square Lau Contributor address; Ci 811 E. Madisonst, Bro		#250.DU	
Contributor's principal occupation	Contributor's job title		
Attamous at Law	<i>Partners</i>		
Contributor's employer/law firm  AMINE SAVARE LAW GRUP, PL.  If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor	's spouse (if any)	
JI contributor is a child, law limit of parent(s) (Fairy)			
Date Full name of contributor out-	of-state PAC ID#;)	Amount of contribution (\$)	
1/25/17 Kuben Nerrera Contributor address; Cit	·	#1,000.00	
37 West Clizal Whi, Brownsville, 18520  Contributor's principal occupation  Contributor's job title			
Contributor's principal occupation  AHONDII AH LAW	Dione V		
Contributor's employer/law firm	11 17 2 1 2 W 1 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V		
ZH Employeu			
If contributor is a child, law firm of⊷parent(s) (if any)			
	1.1.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A(J)1

	<u>'</u>
The Instruction Guide explains how to complete this fo	orm.  1 Total pages Schedule A(J)1:  2 04 1
Mc Danald, Arturo A. Jr. (N	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor 001-of-state PAC	D#:) 7 Amount of contribution (\$)
8   11   17   Romeo Espanzos 6 Contributor address; City; State;	#500.00
8 Contributor's principal occupation	9 Contributor's job title
Farmer	$\Omega r n o \Lambda$
10 Contributor's employer/Jaw 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 II	#:
Jesus L. Canales	
8 W Contributor address; City; State;	Zip Code #1,000.00
	, ,
845 E. Harrison St. Brunsviii Contributor's principal occupation	Contributor's job title
14-120-11-	Papor
Contributor's employed/law firm	U CO I I E .
Self-Emplayed	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 (\$)
ala La Kouston, Rouzer Dickery Et	Dilliams, LLP
8/18/17 Roystan, Kayzor, Vickory Che Contributor address; City; State:	Zin Code # 500.00
55 Care Cricle, Bracostille,	1852
DE CUELLIE DECEMBING	Contribution in the
Contributor's principal occupation	Contributor's job title
AHOLOUS AT LAW  Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Constitution of Company of the Constitution of	Law in the continuator's apoulse (it ally)
Wastan, Raya, Willey Williams, LLT   Worthibutor is within the firm of parent(s) (if any)	
ii contributor is a crima, taw irin ocupaterita) (ii ariy)	

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## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
McDonald, AMUND A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#:	) 7 Amount of contribution (\$)
9/21/11 Law office of Edmund L. Cyganic 6 Contributor address; City; State; Zip Code 1000 E. Madison, Brownshill, TX.	18520 #100.00
8 Contributor's principal occupation 9 Contribu	utor's job title
Attorney at Law	liono V
	n of contributor's spouse (if any)
12 If contributor is a child, law film of parent(s) (If any)	
Date Full name of contributor	Amount of contribution (\$)
abilin Settrey 6. Marhows, P.C	#50.00
Contributer address; City; State; Zip Code	
1650 Pandos Co. Ed. Ste. 102, Browns	Ville to 1852
Contributor's principal occupation Contribu	tor's job title
MHOLNEY AY LAW	/WY10/1
Self-employed	of contributor's spouse (if any)
lf contributor is a child, law firth of parent(s) (if any)	
Date Full name of contributorout-of-state PAC ID#:	) Amount of contribution (\$)
8/23/17 The Law Diffice of J. Led Zma, Contributor address; City; State: Zip Code	PLC # 500.00
847 E. Harrisonst, Braunsville, TX 1	8520
Contributor's principal occupation Contribut	tor's job title
HHOINOU AT LAW Contributor's employer/law firm Law firm	of contributor's spouse (if any)
501f-employed	or contributor's spouse (ii any)
If contributor is a child, law firm of parent(s) (if any)	
	,

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## SCHEDULE A(J)1

,		
The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
McDonald, Alturo A. Sr. (	Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor  out-of-state PAC all	O#:)	7 Amount of contribution (\$)
8/23 /17 Lawoffice of Nolon D. City; State;	& ladillo	#250.00
955 E. Tylor St., Brownshi)		. 100
8 Contributor's principal occupation	9 Contributor's job title	
Attorney at Law	VWNV!	
10 Contributor's employer/law firm	11 Law firm of contributor's	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 II	od:110	Amount of contribution (\$)
Contributor address; City; State;	Zip Code	#250.00
955 East Tulorst bacos	12-77	
Contributor's principal occupation	Contributor's job title	
Attomou at Law	anor	
Contributor's employe/law firm	Law firm of contributor's	s spouse (if any)
Solf Employed		
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor Paul of clate DAC III		A
Date Full name of contributor Out-of-state PAC ID	)	Amount of contribution (\$)
Almin Cana Dissour		# 5to.00
Contributor address; City; State:		, , , , , , , , , , , , , , , , , , , ,
48 Casa De Amigos, Bras	ons///lotolox/	521
Contributor's principal occupation	Contributor's job title	
Attornou at Law	Vwnor	
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
Self Employed		
If contributor is a child, law firm of parent(s) (if any)		

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## SCHEDULE A(J)1

		-
The Instruction Guide explains how to	o complete this form.	1 Total pages Schedule A(d)1: 5 04 17
2 FILER NAME McDanald, Athro A.	Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	gut-of-state PAC ID#:)	7 Amount of contribution (\$)
8 11 10 Law DHice of 1 6 Contributor, address;	Cary Ortogol city: State; Zip Code 1. Browns Villo, TX 1852	# 25.DO
8 Contributor's principal occupation	9 Contributor's job title	
Attempt at Law	Dwne	1
10 Contributor's employe/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 Full name of contributor	out-of-state, PAC (D#:)	Amount of contribution (\$)
8/21/17 Caw Diffice of Contributor address; 854E. Van havon S	NOC S. CONZA, Sr.  City: State; Zip Code  1 Depart 116. TX 18520	# 500.00
Contributor's principal occupation	Contributor's job title	
ATTOMOU AT LOW	UWNER	
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 (\$)
, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,
8/24/11 Harast Con Law	, DHICE of Ived lactals !	\$ 500.00
8/24/11 Fallowals Kidon Law Contributor address; 902 E. Madison St.	City; State: Zip Code	<b>→</b> 500.00
1902 E. Maaisaist	, brownsville, tx 18520	
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor	s spouse (if any)
SOLY Employed.		o apodob (ii Miy)
If contributor is a child, law firm of parent(s) (if any)		
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## SCHEDULE A(J)1

	·
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Mc Lonald, Arture A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor qut-of-state PAC ID#:	7 Amount of contribution (\$)  #500.00
8 Contributor's principal occupation  AHOLOGUS AF LOW  Part	19520 1909 S
10 Contributor's employer/law firm  11 Law firm of contributor  12 If contributor is a child, law firm of parent(s) (if any)	's spouse (if any)
Pate  8/24/, 1  Contributor address; City; State; Zip Code  8/5 Lican Dood Bransville D 1852	Amount of contribution (\$)
Contributor's principal occupation  Contributor's principal occupa	s spouse (if any)
Date Full name of contributor out-of-state PAC ID#:  8/24/17 Contributor address; City; State: Zip Code  8/5 Kidge ward, Brown SVIII. 18 1852	Amount of contribution (\$) #250.00
Contributor's principal occupation  Contributor's principal occupation  Contributor's employer/law firm  Contributor's employer/law firm  Law firm of contributor's	s spouse (if any)
If contributor is a child, law film of parent(s) (if any)	

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# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) # 100.00 11 Law firm of contributor's spouse (if any) Date Amount of contribution (\$) out-of-state PAC ID#: Law firm of contributor's spouse (if any) If contributor is a child law firm of parent(s) (if any) out-of-state PAC ID#: Amount of contribution (\$)

Date	Full name of contributor	П
	1100	$\overline{\wedge}$

\$250.00

Law firm of contributor's spouse (if any)

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## SCHEDULE A(J)1

		·
The Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: 8 of 17
Nobarald, AHURD A. Jr. (A	dr.)	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC   S/23/17   6 Contributor address; City; State;	Adoblarti	7 Amount of contribution (\$)
134 East Price ld., Browns	110, IX 18521	
8 Contributor's principal occupation AHOMOU OF LOW	9 Contributor's job title	
10 Contributor's employe/law firm SOIT CMO OUDD	11 Law firm of contributor's	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 I	D#:)	Amount of contribution (\$)
8/24/11 JOED Zayos, B.DS. Contributor address; City; State;	Zip Code	#250.0D
le 14 Escandon, Pancho Viero	,,	
Contributors principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	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   I	D#:)	Amount of contribution (\$)
8/24/10 COSAN DE LOON.  Contributor address; City; State:  622 E.St. Charlos St. Brown		#800.00
Contributor's principal occupation  Hand at Law	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)		
Million		

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## SCHEDULE A(J)1

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME Mc Danald, AANO A. Jr. (Mr.	, )	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$) #2,000.00
713 Santa Ana Avo, Kanche	Vicio, 1X 98595	# 4,000.0
8 Contributor's principal occupation	9 Contributor's job title  Owner	
10 Contributor's employer/law firm Self conployed	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	D#:	Amount of contribution (\$)
8/22/17 Contributor address; City: State;	Zip Code 1855 /	#250.00
Contributor's principal occupation  AHOTOGU AT LAW	Contributor's job title	
SOIF Employed	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 B	D#:)	Amount of contribution (\$)
Contributor address; City; State: P.D. Box 153, Lozano, TX	Zip Code 18568	# 50.0D
Contributor's principal occupation  (C. LIYCO	Contributor's job title	tor
Contributor's employer/iaw firm	Law firm of contributor's	spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
		ŕ

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## SCHEDULE A(J)1

The Instruction Guide explains how to complete this fo	orm.	Total pages Schedule A(J)1:   D OF I   O
Malandid, Arturo A. Jr.	(Mr.) 3	Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC II 8 24 / 17 6 Contributor address; City; State; 2324 Shickey Dr. Browns		Amount of contribution (\$)
8 Contributor's principal occupation	9 Contributor's job title	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC_IE	!	Amount of contribution (\$)
8/24/17 Crin Elizabeth Game.  Contributor address; City; State;  127 Shoreline Dr. Brawns	Zip Code	#1,000.0D
Contributor's principal occupation AHONNOU A+ Law	Contributor's job title	
Self Cmplage	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date  Full name of contributor  Chostov C. Contail Cz. Christate  Contributor address;  City; State:	npy and elerich Law. d	Amount of contribution (\$)
Contributor's principal occupation,	Contributor's job title	<del></del>
Attornou at Law	Dwner	
Contributor's employer/lab firm	Law firm of contributor's sp	oouse (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.

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:		
2 FILER NAME Mc Danald, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor Out-of-state PAC ID#:	7 Amount of contribution (\$)		
6 Contributor address; City; State; Zip Code	# 1,000.00		
P.D. Box 5479, Bounsville, TX 725			
8 Contributor's principal occupation  9 Contributor's principal occupation	ributor's job title		
	irm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC_ID#;	Amount of contribution (\$)		
8/24/17 Evangelina L. Lopez  Contributor address; City; State; Zip Code #250.00			
44 Creek bend Dr., Brownsville	TX 78521		
Contributor's principal occupation Contri	ibutor's job title Vanu		
Contributor's employer/law firm  Law file  Law	irm 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 (\$)		
8/18/17 Brownsville Firetighters HSSOCIA	Chion the #500.00		
Contributor address; City; State: Zip Code P.D. BOX 4171, Broposti IIp, TX 7	8523		
	butor's job title		
Contributor's employer/law firm Law fit	irm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			
	<u> </u>		

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## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
McDonald, Alturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Coo	the second of th
	tributor's job title
	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 (\$)
8/24/17 Miguel 6 / Digas Vegas Contributor address; City; State; Zip Cod	#50.00
Contributor's principal occupation Contributor's principal occupation Contributor	1)( 18521)
10 1 ( O C)	ributor's job title
Contributor's employer/law firm Law t	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 (\$)
8 24 M Contributor address; City; State: Zip Code	
864 Contral Blur, Ste. 2209 Bowns	1.110,1x 7820
Contributor's Principal occupation Contributor's Principal occupation	ibutor's job title
	firm of contributor's spouse (if any)
If contributor is a child, law firm at parent(s) (if any)	
	,

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## SCHEDULE A(J)1

The Instruction Guide explains how to complete this	form.  1 Total pages Schedule A(J)1:
2 FILERNAME McDonald, AHUVO A. Jr. (L	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC  8 14 10 6 Contributor address; City: State  100 E. Level, Ste. 201, Brown	e: Zip Code #550.00
8 Contributor's principal occupation  10 Contributor's employer/law firm	9 Contributor's job title  SOLF CONDOUR  11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Full name of contributor out-of-state PAC  National Wrest ing Al  Contributor address; City; State  8DIE. Van Buren, Brownst	Hiance #1,000.00
Contributor's principal occupation  Sule Inauce ANA	Contributor's job title
Contributor's employer/law firm  Se I Employe Of  If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor out-of-state PAC  R/31 / 11  Collig, DINEIRA Fisher  Contributor address; City; State:  855 West Price ld, Browns	(, LLP)  Zip Code #1,000.00
Contributor's principal occupation  HHONOUS AT LAW	Contributor's job title
Contributor's employed aw firm  O(10,0)/0/0 F-M, LLP  If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
in consumption is a child, law little of parent(s) (if any)	

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## SCHEDULE A(J)1

	•
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Masonald, AHUVO A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Dut-of-state PAC ID#:	7 Amount of contribution (\$)
9/4/11 Leunaldo G. Garza Jr. P.C.  6 Contributor address; City; State; Zip Code P.D. Box 2025, Brownship, Jx 1852 Z	# 1,500.00
8 Contributor's principal occupation 9 Contributor's job	title
Attornou at Law Done	$\overline{A}$
10 Contributor's employer/law firm  5014 CM010U00  11 Law firm of contri	ibutor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date	Amount of contribution (\$)
Full name of contributorout-of-state PAC ID#:	Amount of contribution (\$)
aluli Savia C. Carza, P.C.  Contributor address; City; State; Zip Code	# 500.00
P.D. Box 2025 Brownshille. IX 18522	2_
Contributor's principal occupation Contributor's job	title
Attorney of Law Dwne	1
Contributor's employer aw firm Law firm of contrib	butor's spouse (if any)
Self cmologics	
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 (\$)
	40
9/12/7 C Frank Wood PC Contributor address; City; State: Zip Code	\$500.00
Contributor address; City; State: Zip Code	
3505 Boca Chica Blwd; SIC 100, Braunslille, Contributor's principal occupation Contributor's job t	IN/85Z1
Contributor's principal occupation  Attributor's principal occupation  Output  Output	itle 1 /1
Contributor's employer/law firm . Law firm of contrib	butor's spouse (if any)
Seff Emological	
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A(J)1

	1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
McDonald, Arturo A. Sr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 5, Full name of contributor, out-of-state PAC ID#:  NOR A GN 12 Jr. / Law DXF 100 OY NOR A GN 12 Jr.  6 Contributor address; City; State; Zip Code  844 NOAN SAM NOUSONBNO, SAN BONNO X 78	7 Amount of contribution (\$)  # 500.00
8 Contributor's principal occupation 9 Contributor's job title  HONOU OF LOW  DONOV	70 9
10 Contributor's employer/Jaw firm  11 Law firm of contributor  11 Law firm of contributor	r's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorout-of-state PAC_ID#:	Amount of contribution (\$)
all M. Quezada Law Firm  Contributor address; City; State; Zip Code  4315 Estes Ridarda Katil IX 1493	\$ 500.00
Contributor's principal occupation  Contributor's job title  Contributor's job title	Λ
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  D#;	Amount of contribution (\$)
10/11/11 Law Office of Leonardo Kincones.  Contributor address; City; State: Zip Code  854 E. Van Buren St; Brownsville, TX 7852	# 1,000.00
Contributor's principal occupation Contributor's job title	
AHONG A LOW DWNV  Contributor's employerNew firm . Law firm of contributor	's snouse (if anv)
Self Employed	o apodet (i. s.i.y)
If contributor is a child, law firm of parent(s) (if any)	
	<del> </del>

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## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
McDonald, Altho A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
1 Date 5 Full name of contributor   out-of-state PAC ID#:   OR   CAMPA IGN ID - D8   Contributor address; City; State; Zip Code   222 W. University Dr. Edinburg, 1x 18534	7 Amount of contribution (\$) あらひひ・ロロ
8 Contributor's principal occupation  A Hy at Law  Own  Own	1
10 Contributor's employer/law firm  11 Law firm of contributor's Contrib	's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
2401 WILD Flower Dr. St.B. Brownstille. IX 185	Amount of contribution (\$)
Contributor's principal occupation  Attornough Law  Contributor's job title  Owner	
Contributor's employer/law firm  SOLF CMO/OGRO  Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Dout-of-state PAC ID#:	Amount of contribution (\$) #2,500.00
Contributor's principal occupation  Contributor's job title  Contributor's job title	
Contributor's employer/law firm  Contributor's CONTRIBUTED Law firm of contributor's CONTRIBUTED Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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## SCHEDULE A(J)1

			·	
	The Instruction Guide explains how to complete this f	1 Total pages Schedule A(J)1;		
2 FILERNAME	uld, Arturo A. Jr. (Mr.	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor  ut-of-state PAC	J ID#:)	7 Amount of contribution (\$)	
i f	Lohot Davis JC.			
12/21/11	6 Cartiforn address Star Star		あらしししし	
12/01/1	6 Contributor address; City; State;			
	MDGE. Tylpr Ave. Marlingon	X 18550		
8 Contributor's	principal occupation	9 Contributor's job title		
Ath	rnou at Law	DIMILA		
10 Contributor's	employer/law firm	11 Law firm of contributor	's spouse (if any)	
12 If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAG	D#+	Amount of contribution (\$)	
	This regime of continuous.	D#•	• • • • • • • • • • • • • • • • • • • •	
	Contributor address; City; State;	Zip Code		
Contributor's p	orincipal occupation	Contributor's job title		
		•		
Contributor's e	employer/law firm	Law firm of contributors	(a chouled /if any)	
		Law him of computations	a spouse (ii airy)	
if contributor is	a child, law firm of parent(s) (if any)			
ii donanbator it	a crima, leavising or parcriately (in arry)			
Data		T		
Date	Full name of contributor	O#:)	Amount of contribution (\$)	
		}		
	Contributor address; City; State:	Zip Code		
	Contributor address, Oity, Ctato.	Zip Gode		
Contributor's p	rincipal occupation	Contributor's job title		
Contributor's employer/law firm Law firm of contributor		Law firm of contributor's	s spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)				

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

T	he Instruction Guide explains how to complete this form	1,	1 Total pages Schedule A2:
2 FILERNAM	rald. Acturo A. Jr. (Mr.)		3 Filer ID (Ethics Commission Filers)
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor	/	8 Amount of . 9 In-kind contribution Contribution \$ . description
8/21/11	7 Contributor address; City; State; Zip Code 147 E. St. Charles St. Brownskill	e	111.83 Food   Deverage
	1478. St. Charles St. Brownshil	10. IX 785	Check if travel outside of Texas. Complete Schedule T.
O Principal occ	HHOINEU AT LAW	ff Employer	r (FOR NON-JUDICIAL) (See Instructions)  PIF - Employe  tor's job title (FOR JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JUDICIAL) (See Instructions)  OV NO U ON LA W
14 Contributor's	employer/law firm (FOR JUDICIAL)		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		Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State; Zip Cod	le	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	i Employer	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (If any) (FOR JUDICIAL)
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			,
	ATTACH ADDITIONAL COPIES OF TH		LE AS NEEDED
lf	contributor is out-of-state PAC, please see instruction		

#### 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 Gitf/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solloitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Politic		g Expense Travel Out Of District s/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F1	Mc Sonald, AMUVOA.	Jr. (Mr.) 3 Filer ID (Ethics Commission Filers)
4 Date 7/30 /11	5 Payee name Cantu	
6 Amount (\$)	7 Payee address; City; State; Zip Code	1
#300.00	Brownsville, tx 1850	2
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	other - labor	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	O THE IGO	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held
Daţe	Payee name	
8/9/17	Wal Mart Family L	lebile
Amount (\$)	Payee address; City; State; Zip Code	
#24.88	2721 Baca Chica Blue Brownsville IX 7852	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  OHICE OVER HEAT MONEY  CXPONSIE CAMP - Pho	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
8/9/17	Sylvia Radriguez	
Amount (\$)	Payee address; City; State; Zip Code	
#44.99	914 E. Harrison St. Brownsville, TX 18520	>
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Other - Jury lunch	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

Advertising Expense

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travei In District Travel Out Of District

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Printing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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: 3 Filer ID (Ethics Commission Filers) 20014 4 Date/ (b) Description \_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 掛けらっつひ Category (See Categories listed at the top of this schedule) Check If travel outside of Texas. Complete Schedule T. PURPOSE □ Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Office sought Office held Date Payee name Amount (\$) \$604.00 Description Check if travel outside of Texas. Complete Schedule T. PHRPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date #230.50 (b) Description \_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF \_ Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; # 100.00 Sownsville, To Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Accounting/Banking Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) \$200.00 Brownsville, TX (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advotising Exponse Check If Austin, TX, officeholder living expense EXPENDITURE Ad araphics Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Amount (\$) #98.00 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Queinec Li Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholde Office sought Office held Payee name Amount (\$) \$384. ZL Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Office Overhead OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Gitt/Awards/Memorials Expense 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)

Candidate/Officeholder/Politic Credit Card Payment	ical Committee Legal Services Sale  The Instruction Guide explains ho		enter a category not listed above)
1 Total pages Schedule Fi	1: 2 FILER NAME : 1 A		r ID (Ethics Commission Filers)
4 Date   6   17	5 Payee name Wart Famil	ly Mobile	
6 Ambunt (\$) #21.85	7 Payee address; City; State; Zip Co 2021 Boca Chica Blud - Browns Ville, TV 1852	*	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Of Fice Over Nead   Ru Na Case OSE	0 170 170	·
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  OH	Office sought	Office held
9 /5 /17	Payee name Wal MaH		
Amount (\$)	Payee address; City; State; Zip Cor		
#22.53	Brownsville TX 1852	24	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule  Office Overhear   Langa  Category (See Categories listed at the top of this schedule  Category (See Categories listed at the top of this schedule  Office Overhear   Langa  Category (See Categories listed at the top of this schedule  Office Overhear   Langa  Category (See Categories listed at the top of this schedule  Office Overhear   Langa  Category (See Categories listed at the top of this schedule  Office Overhear   Langa  Category (See Categories listed at the top of this schedule  Office Overhear   Langa  Category (See Categories listed at the top of this schedule  Office Overhear   Langa  Category (See Categories listed at the top of this schedule  Category (See Categories listed at the to		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
9 /5 /m	Payee name Wal Mart Family N	lobile	
Amount (\$)	Payee address; City; State; Ip Coo 2721 Baca Chica Blud Browns Ville, Tx 7852]	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule  OFFICE Over head / Renned    Campaign Phone	Check if travel outside of Texas. Check If Austlin, TX, offloeh	older living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate l Office Nolder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) **Gredit Card Payment** The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) City; State; Zip Code Ruben Torross. Blud. #21.19 Check if travel oulside of Texas. Complete Schedule T. **PURPOSE** \_\_\_ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH #141.72 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OHW - Campaign EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Payee address; City; State; Zip Code Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 FJLER NAME 3 Filer ID (Ethics Commission Filers) 4 Date (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Jury Junch OF Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH #17.88 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee address; City: State; Zip Code 2250 BOCA Chica Blvd. Amount (\$) \$22.03 Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Light Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) **Gredit Card Payment** The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 出 100.00 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check If Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH # 60.00 Check if travel outside of Texas. Complete Schedule T. PURPOSE BOWNSVIILE Parks & Recreations OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date 4 100.00 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** PHUI - labor OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		EVENT EXPENSE Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayr Office Overh Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement lead/Rental Expense inse ense ges/Contract Labor	Travel in District Travel Out Of Dis	uipment & Related Expense
1 Total pages Schedule F1:	: 2 FILER N	Bonald, Adu	NO A	, Jr. (U)	3 Filer ID (Eth	ics Commission Filers)
4 Date 10/11/17	5 Payee na	4. Sports		,		
6 Amount (\$) \$12,489.75	7 Payee ac		ip Code C/Q 762 1			
/ V F p	Drow	MSVIIIP, IX 70	561	# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
PURPOSE OF EXPENDITURE		HISING EXPONS		[ <del>]</del>	side of Texas. Complete TX, officeholder livi	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
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10/8/11	Bre	nda Cantu				
Amount (\$) 掛 50.00	Payee ad USC Brou	dress; City; State; Zi 3 Escopado 205 VIII TX	54. 785Z	· ·		
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\$ 100.00	Brown	OSVIILE, IX 18	52 <b>5</b>			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sol	hedule)		le of Texas. Complete & X, officeholder living	
	11.001					
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 10 of 14 4 Date Çity; State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Liberal Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH #27.80 \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T, **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Gledit Gald Fayment	The Instruction Guide explains	s how to complete this form.		
1 Total pages Schedule F1	1: 2 FILER, NAME MODERALD, ALU	YOA. Sr. (Mr.)	3 Filer ID (Ethics Commission Filers)	
4 Date 110 10	Campron County	Democratic Pi	arty	
#300-	7 Pavee address; City; State; Zity P.O. BOX 4441  Brownsville, TX 785	2 3		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel out	tside of Texas. Complete Schedule T. . TX, officeholder living expense	
	by Candidate I fice holds			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name Cosar Rondon	7		
Amount (\$)	Payee address City; State; Zip 1453 Yale Hve. Brownsville, Tx 78	Code 3521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder IIving expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date ,	Payee name			
11/15/17	TATLIVE ENT.	Inc.	İ	
Amount (\$)	Payee address; City; State; Zip	Code		
\$200.00	Harlingen Tx		, 	
PURPOSE OF EXPENDITURE	Category (Sectategories listed at the top of this sche  Advertising Expens	Check if travel outsid	de of Texas. Complete Schedule T. 'X, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor	Solicitation/Fundralsing & Transportation Equipmer Travel In District Travel Out Of District Other (enter a category n	it & Related Expense
1 Total pages Schedule F1 12 04 14 4 Date	2 FILER N	sordid, HIT-Ura	A.J.	(. (Mr.)	3 Filer ID (Ethics Co	mmission Filers)
11/20/11	M	aria De Le	on			
#250.00	7 Payee at	diress; City; State; Hising Expe Valle Notic	Zip Code USC FaS			
8 PURPOSE OF EXPENDITURE	Ad ve	(See Categories listed at the top of this  (tising Expendent)  (alle Noticia	nse		ulside of Texas. Complete Schedi n, TX, officeholder living expe	
Complete ONLY if direct expenditure to benefit C/O	Candid	ate / Officeholder name		Office sought	Offi	ce held
Date   11   20   11	Payee na	11 Mart				
Amount (\$) #25-00	Payee ad 2121 Brown	Baca Chica B	Zip Code 0   V d 152			
PURPOSE OF EXPENDITURE	Contri	(See Categories listed at the top of this DUHIONS/DONAL  By Cand intake fort	schedule) ICNS ICHULU		side of Texas. Complete Schedui TX, officeholder living expen	
Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder name		Office sought	Offic	e heid
Date   1   30   11	Payee na	scir Rondo	n			
Amount (\$) # 100.00	Payee add 1463 Brouc		1p Code			
PURPOSE OF EXPENDITURE		(See Galegories listed at the top of this s $\mathcal{M} - Idbo_{\mathcal{V}}$			ilde of Texas. Complete Schedule TX, officeholder living expens	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought	Offic	ce held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Food/Beverage 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) 7 Payee address; City; State; Zip Code KubenTorressr. blvd. (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Office therman / Kenton OF \_\_ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Amount (\$) # 100.0D Description \_\_\_ Check if travel outside of Texas, Complete Schedule T. **PURPOSE** ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Mart Family Mobile Amount (\$) Description \_\_\_ Check If travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Office Overh Polling Expe pense Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guid	e explains how to co	mplete this form.	
1 Total pages Schedule F1	2 FILER NAME MCDONALD ACTU	uro A. Sr.	(Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 12 11 11	5 Payee name Can	tú		
6 Amount (\$)	Provonsyilly	State; Zip Code 7 St ( 1852 )		
8	(a) Category (See Categories listed at the	lop of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other - lab	DOY.		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date ,	Payee name			
12/13/17	Cameron Ca	10tu		
Amount (\$)	Payee address; City; S	tate; ¥€p Code	. 0.1.	
\$ 200.00	Brownsville, T	st., Dang (18520	•	
	Category (See Categories listed at the to	op of this schedule)	Description	
PURPOSE	Donation Made	By		sida of Texas. Complete Schedule T.
OF EXPENDITURE	County Christma	holdus sparty	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held
Date ,	Payee name			
12/18/10	Toddle Inn Res	taurant		
Amount (\$) \$119.45	Payee address; City; Pst 1740 Central Bl Brownsville, To	ate; Zip Code W 7 X 78520	)	
PURPOSE OF	Category (See Categories listed at the to	p of this schedule)	<u> </u>	ide of Texas. Complete Schedule T.
EXPENDITURE	Other - Campaid	an L	CONTRACTOR OF AUSTIN,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense 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 FILER NAME 3 Filer ID (Ethics Commission Filers) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Othur - labor OF Licheck if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 90.00 te Check if travel outside of Texas. Complete Schedule T. **PURPOSE** \_\_ Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Pavee name \$ 15.00 Description \_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food /Beverage &pense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Travel In District Contributions/Donations Made By 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 Filer ID (Ethics Commission Filers) 11 OF 14 4 Date 7 Payee address; \$200.00 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Consulting Exponse OF ☐ Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) ☐ Check if travel outside of Texas. Complete Schedule T. PURPOSE Gheck if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Layrient	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule G:	2 FILERANAME AND A.Jr. (Mr.) 3 FILER ID (Ethics Commission Filers)			
4 Date   15 /17	Russos NY Dizzeria Brownsville			
6 Amount (\$) \$143.35	7 Payee address City; State; Zip Code 3340 Public Lise i Blvd., Ste 206			
Reimbursement from political contributions intended	Brownstille, TX 78521			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  OHW - Campaign meeting		of Texas. Complete Schedule T. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended		1		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder !iving expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name )H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

OUTSTA	NDING LOANS	SCHEDULE <b>L</b>
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME  Mc bond	Id, Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender A. Mc Bonald, Jr.	
	5 Lender address; City; State; Zip O  No Shore I'm. D. Browns VI 116	· .
GUARANTOR INFORMATION	6 Name of guarantor	1, 12 10 001
not applicable	7 Guarantor address; City; State; Zip C	
LENDER INFORMATION	Name of lender	117 3 3 11
	Lender address; City; State; Zip C	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip C	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip C	,
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Co	code
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Co	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Co	ode
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED