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: 22
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. HANO	SUFFIX	Date Received
	Act McDona	ild Jr.	CAMERON COUNTY DEPARTMENT OF ELECTIONS &
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	VOTER REGISTRATION
MAILING ADDRESS	4503 Cscobedos		10L 17 2018
Change of Address	Brownsville, TX 7	78521	A a well-served and
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION BY	Date Hand-delivered of Date Postmarked
PHONE	(95V) 544-0855		Receip # Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST ACHIVE	MI . ≯	Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
	Mesonal	d 51.	Sate imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY; STATE;	ZIP CODE
ADDRESS (Residence or Business)	39613 Valm Dr.		
	LOS FIRSTOS, TX	18546	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(954) 533-224	O	
	•		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before 6	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
40 DEDIOD		N. 11	V
10 PERIOD COVERED	Month Day Year 0	Month Day OUGH 04. /30 /	Year 2018
	, , , , , , , , , , , , , , , , , , , ,		
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other	
	03 / 04 / 20 18 General	Description	
12 OFFICE		13 OFFICE SOUGHT (if known)
12 OFFICE	Judge County Court Off Law No.)	- Judge Cour	
	at Law No. 7	- Judge Cours	». /
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME MC DONO!	ld, Artur	D 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			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE ABBITECT			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
	4. TOTAL POLITICAL EXPENDITURES \$ \(\varphi_1 \)72.94				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$17,917.02				
OUTSTANDING LOAN TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$17,917.02 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$394.80				
18 AFFIDAVIT	.,	I swear, or affirm, under papalty of per	iury, that the accompanying report is		
and the	DELIDA CARRELA CAN	true and correct and includes all inform			
	RENDA CARMELA CAN' COMMISSION EXPIF August 26, 2018				
		Signature of Candid	date or Officeholder		
AFFIX NOTARY STAM			1 1 144		
1 . 1	£ 46	by the said AAUVD A. Me Donald, Jr.	, this the		
day of JULY	, 20 <u> </u>	to certify which, witness my hand and seal of office.			
) Brendo Canti Motar	y for the State of tx		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS-JC/OH

FORM JC/OH COVER SHEET PG 3

19	Mc Dona Ic), Arturo A. Jr. (Mr.)	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ -0-
2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ ~ 0
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ -0-
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$ ~ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,772.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0 -
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 235.00

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services SalarlesA	Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME MC SONOIC. ALLEVO A.	3 Filer ID (Ethics Commission Filers)
4 Date 1 2 / 18	5 Payee name Green Law Firm,	D.C.
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.500	Brownsville, TX 1852	C,O
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	other-refund/return	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name न	Office sought Office held
Date 1/3/18	Payee name WOII MOIH	
Amount (\$)	Payee address; City; State; Zip Code	
#12.54	Brownsville, IX 18521	
	Category (See Categories listed at the top of this schedule)	Description
BUBBOCE		Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Office Overhead	Check if Austin, TX, officeholder living expense
EXPENDITURE	Kental Expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Dete	Payee name	
Date 4 18	Miguel Salinas	
Amount (\$)	Payee address; City; State; Zip Code	
#50.DD		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	bonation	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	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Polltical Committee
Credit Card Payment

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/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 o	omplete this form.	
1 Total pages Schedule F1	Mc Bonald, Arturo A.	r. (Mr.)	3 Filer ID (Ethics Commission Filers)
1 5 / 18	5 Payer name Cesar Rendon		
6 Amount (\$)	7 Payee address; Çity; State; Zip Code		
# IDD. DD	Brownsville, TX 78521		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	and the state of t	' ' 	
OF EXPENDITURE	0ther-labor		itside of Texas. Complete Schedule T. i, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1/1/18	Wal Mart		
Amount (\$)	Payee address; // City; State; Zip Code		
#42.12	brownskille, TX 1852	Sr. Blud	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		· ·	side of Texas. Complete Schedule T.
OF	Office Over head		TX, officeholder living expense
EXPENDITURE	Rental Expense	onesk ii Nadani,	AND OUR OWNER HAND STATES
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		Office field
Date	Payee name		
1/10/18	Jerry Netlale		
Amount (\$)	Payee address; City; State; Zip Code		
# 100.00	P.D. BOX 5705		
	Brownsville, Tx 78525		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Bapase	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			Onice rieid
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEL	DED

SCHEDULE F1

	EXI	PENDITURE CATE	GORIES FO	DR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Event Exp Fees Food/Bev dift/Award al Committee Legal Ser	ense erage Expense ds/Memorials Expense	Loan Repayr Office Overh Polling Expe Printing Expe Salaries/Wag	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor	Travel In District Travel Out Of Distr	pment & Related Expense
1 Total pages Schedule F1:		11. Alture	Alv	(Mr.)	3 Filer ID (Ethic	cs Commission Filers)
4 Date 1 12 18	5 Pagee name	lendon				
6 Amount (\$) ' 出 DV・DV	7 Payee address: 1453 Ya Brownsy i	le Aye.	p Code			
8	(a) Category (See Categ	ories listed at the top of this so	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other - 1	abor		<u> </u>	tside of Texas. Complete , TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Offic	eholder name		Office sought		Office held
Date 1 /18 /18	Payee name Brendo	Canti				
Amount (\$)	Payee address; 4503 Es Brownsvi	City: State; Zincobecto State;	Code 152)		_	
PURPOSE OF EXPENDITURE	Category (See Catego	ories listed at the top of this so	rhedule)		side of Texas, Complete S	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office	holder name		Office sought		Office held
Date	Payee name		-			
1/18/18	Wal U	art				
Amount (\$) \$ 17. 94	Payee address; 2205 E. Brownsyl	luben Join	1852	Blud.		
PURPOSE OF EXPENDITURE		ries listed at the top of this sol re (ROA) X QN S C	hedule)		ide of Texas. Complete S	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought		Office held

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 Politing 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	Me Sonald, AMUVO A.	Jr. (Mr.) 3 Filer ID	(Ethics Commission Filers)		
4 Date 10 18	5 Payee name QSOV (VIII)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
# 100.00	1953 Yale Hue. Drownsyllie, TX 7852	1			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF		Check if travel outside of Texas. Co			
EXPENDITURE	Other-labor	Check if Austin, TX, officehold	er living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
1/24/18	Wal Mart				
Amount (\$)	Payee address; City; State; Zip Code 2205 E. Ruben Torres	1.			
# 4.98	2200 E. Kubell Forres	sr. Glvd.			
	Brownsville, TX 7852	4			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Office Overhand	Check if travel outside of Texas. Cor			
EXPENDITURE	Various Over Mic)	Check if Austin, TX, officeholde	r living expense		
	Kental Expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	plete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held				
Date	Payee name				
1/25/18	Brenda Cantu				
Amount (\$)	Payee address; City; State; Zip Code				
# 175.00	BrownsvIIIe, TX 18521	}			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas, Con			
EXPENDITURE	0+hur - labor	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 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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Printing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date City; State; Zip Code 115.00 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 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 Payee name City; State; Zip Code 1453 Yale Ave # IDD. DO Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date City: State: Zip Code JUDEN TORRES SY. Blvd-16. TX 78524 Amount (\$) PURPOSE Check if travel outside of Texas. Complete Schedule T. Office Werhead) Rental Expunse Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 of 10 4 Date 5 Pavee name 6 Amount (\$) \$ 200.00 Bownsville (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 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 母 2 V D · D D 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** noitions Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Wal Ma Payee address; Amount (\$) Ruben Jarres Sr. Blvd. Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Donatio AlGittlard Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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 c	omplete this form.	·
1 Total pages Schedule F1	DEBOARD ACTURD A.J.	- (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 2 8 18	Brownsville Police Office	YS ASSOCIA	ation
6 Amount (\$)	7 Payee address; City; State; Zip Code		
# 150.00	Brownsville, TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	o thus.	1 1	utside of Texas. Complete Schedule T.
EXPENDITURE	Sponsor/Fundraisas	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/8/18	Rolando Cavazos		
Amount (\$)	Payee address; City; State; Zip Code		
#SD.00	Brownstille, tx		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Other		side of Texas. Complete Schedule T.
EXPENDITURE	Sponsor for BPDA	Check a Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date .	Payee name		
2/8/18	Wal Nort		
Amount (\$)	Payee address; City; State; Zip Code		, the state of the
\$ 6.94	Brownsville, TX 18521	ş	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	office Overhead! Rental Expense		side of Texas. Complete Schedule T. TX, officeholder living expense
	Kental Expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED

SCHEDULE F1

		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Oredit Card Payment	By cal Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repay Office Over Polling Exp Printing Exp	yment/Reimbursement rhead/Rental Expense bense	Transportation E Travel In Distric Travel Out Of D	
		The Instruction Guide explai	ns how to co	omplete this form.		,
1 Total pages Schedule F1.	2 FILER S	prald, NHU10	A. J.	(. (Mr.)	3 Filer ID (E	thics Commission Filers)
2/19/18	Je	My Mc Hale				
6 Amount (\$)	Payee a f.O. Brow	BOX 5205 POSVILLE TX 186	525			
8 PURPOSE OF EXPENDITURE	1	y (See Categories listed at the top of this s	schedule)		outside of Texas. Compl in, TX, officeholder li	
Complete ONLY if direct expenditure to benefit C/Oi		date / Officeholder name		Office sought		Office held
Date 2 /21 /18	Payee na	eminic Aprez				
Amount (\$)	Payee a	ddress; City; State; Z	ip Code		-	-
#200.00	Brow	onsville, tx ?	8521			
PURPOSE OF EXPENDITURE		V (See Categories listed at the top of this s $M - labor$	ichedule)		utside of Texas. Compte	
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na					
3/1/18	CRE	ar lendon				
Amount (\$)	Payee as 1463 Brown	, ,				
PURPOSE OF EXPENDITURE		V (See Categories listed at the top of this so $M = \frac{1}{2} abov Y$	chedule)		tside of Texas. Complet	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	 	Office sought		Office held
	АТ	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date #235.00 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Other - Fiscar year 2018-2010 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 Payee name Payee address; City; State; Zip Code, 3500 W. Allon Gloor BWd. #24.64 Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Amount (\$) 14 Shoreline Dr. Brownsville, Tx 18521 Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Reimbursement, -CLE Check if Austin, TX, officeholder fiving expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name 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/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Printing Expense Travel In District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 10 of 17 4 Date 3 Zip Code # 44.DD 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 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 City; State; Zip Code Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Keimbursement OF Check if Austin, TX, officeholder living expense EXPENDITURE Election Committee Neeting Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date turo A. Melanald, Jr. Amount (\$) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shour)

Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Il of 1 4 Date Payee address; City; State; Zip Code 250 Baca Chica Blud. (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE S Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **掛 100.00** Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Amount (\$) 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. Other - Jury Junch EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Frinting Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solloitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment		Nages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	•
1 Total pages Schedule F1:	MC Sandia, NHUYD Jr.	(Mr.)	3 Filer ID (Ethics Commission Filers)
4/19/18	S Payee name A. Mc Bondlo	Jr.	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
# 41.82	Drownsville, TX 1852	-125984	
8	(a) Category (See Categories listed at the top of this schedule)		
PURPOSE	l // .	(b) Description	
OF	Reimbursement.		utside of Texas, Complete Schedule T.
EXPENDITURE	Election Committee	Check it Austin	n, TX, officehalder living expense
	CIECTION COMMINICIPE		
9 Complete ONLY if direct	Candidate / Officeholder name	Office recent	
expenditure to benefit C/OF	1	Office sought	Office held
Date (Payro		
4/19/18	Branda Cuntu		
Amount (\$)	Payee address; City; State; Zip Code		
4	USD3 Escobedo St.		
#50.00	and the same of th		
DUDDOCE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	aller Labor		side of Texas. Complete Schedule T.
EXPENDITURE	oxhur - labor	L Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/OH	Candidate / Officeriolder name	Office sought	Office held
Date	Payee name		
5/1/18	Wal Mart		
Amount (\$)	Payee address; City; State; Zip Code 3500 W. Alton Gloor Blv	A.	
#31.94	Brownsville, IX 08521	V	
	Category (See Categories listed at the top of this schedule)		
PURPOSE		Description	
of	Overhead / Kental		side of Texas. Complete Schedule T.
EXPENDITURE	Puppaco	L Check if Austin,	TX, officeholder living expense
	CXPENOE		
Complete ONLY If direct	Candidate / Officeholder name	Office sought	
expenditure to benefit C/OH		Omice sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category and listed above)

Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Payee address; State; Zip Code #50.00 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OHM - labor 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 Payee address; City; State; USC3 Escoberto City; State; Zip Code # 50.00 Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check If Austin, TX, officeholder living expense Other - labor Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Lozano Payee address: City; State; Zip Code IDD. DD Description PURPOSE Check If travel outside of Texas. Complete Schedule T. OF EXPENDITURE Bonation 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 SCHEDULE AS NEEDED

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repay Fees Office Over Food/Beverage Expense Polling Exp Glift/Awards/Memorials Expense Printing Exp Ider/Political Committee Legal Services Salaries/We			/ment/Reimbursement head/Rental Expense ense sense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in Dietrict Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	Ta = = = = =	The Instruction Guide explain	18 HOW TO CO	mplete this form.	
4 Date	2 FILER N.	Condic, Hitur	OJr.	(Mr.)	3 Filer ID (Ethics Commission Filers)
5/17/18 6 Amount (\$)	7 Payee ad	1 of Sun Benit	10/10 Pip Code	og Wooddle	Cooker
#200.00	40) San	N. Sum Houston	1 6/V	1.	
8	(a) Category	(See Categories listed at the top of this s			
PURPOSE OF EXPENDITURE	1 ,	7 (Hissing - Spans			side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candida 1	ate / Officeholder name		Office sought	Office held
Date	Payee na	me			
5/23/8		via Ratique	7_		•
Amount (\$)	Payee ad	dress; City; State; Zi	io Code		
\$ 67.34	Brown	SVILLE TX 08	54 · 52 /		
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so	chedule)		de of Texas. Complete Schedule T. FX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida I	ate / Officeholder name		Office sought	Office held
Date	Payee nai	me			
5/23/18	54/11	ia Rodriguez	a		
Amount (\$)	Payee add	dress: City; State; Zip. Names St.	p Code		
Purpose Of Expenditure	Othe	(See Categories listed at the top of this so 1 - JNYY SNACY			de of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Guide explains how to c	Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1	D EN ED ALAAR . A	
150411	McDandld, HAYVOTUY.	3 Filer ID (Ethics Commission Filers)
4 Date 5 30 18	5 Payee name HYHAVO A Mahanald	
6 Amount (\$)	7 Payee address; City; State; Zip Code	, OV .
# 174.28	Brownsyille TX 18521	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Keimbursement -	Check if Austin, TX, officeholder living expense
	Campaian Linnas	and any and any and any any any
S Complete ONLY if direct		
expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
5/30/18	Wal Mart	,
Amount (\$)	Payee address; // City; State; Zlp Code	
#32.24	Braunsville, TX 78526	Blud.
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	affice Ever head	Check if Austin, TX, officeholder living expense
	Kansal Expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
4/5/18	Cosar Rendon	
Amount (\$)	Payee address; City; State; Zip Code	
#15.00	1453 Vale Ave. Brownsville TX 7857	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	, .	Check If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	other-labor	Check if Austin, TX, officeholder living expense
Complete ONLY if direct		
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	C Mindre & Chill & Control Manual Child	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDIII FAS NEEDED

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) of 19 4 Date 6 Amount (\$) Payee address; City; State; Zip Code # 100.00 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Other - labor Check if Austin, TX, officeholder living expense EXPENDITURE Camp. book Leepind 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OHM - Jury lunch EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Oxhur - Jury Junch Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name 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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Leber

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

Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER MAME 3 Filer ID (Ethics Commission Filers) 4 Date 109.10 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Reimbursement - CLE Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Pavee name Amount (\$) Payee address: City; State; Zip Code #24.50 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Other-ordy of new Camp. Charks OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel cutside of Texas. Complete Schedule T. OF EXPENDITURE Li Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

		1 Total pages Sched	lule K:	
The instruction Guide explains now to complete this form.				
2 FILER NAME MC DONALO, ANUND A. Jr. (Mr.) 3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
6/11/18	Cameron County			
	6 Address of person from whom amount is received; City; State;	Zip Code	\$235.DD	
	Brownsville, TX 18520			
	<i> </i>	political contribution		
	Climbursement of 2018-2019 Bups State Baroftx			
Date	Name of person from whom amount is received		Amount (\$)	
		,	:	
	Address of person from whom amount is received; City; State	; Zip Code		
	Purpose for which amount is received Check if	political contribution i	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Check if	political contribution i	returned to filer	
		•		
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State	; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
AT IMON MUDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

OUTSTANDING LOANS

SCHEDULE L

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:		
2 FILER NAME MC CONO	Id. Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)		
LENDER INFORMATION	10, Arturo A. Jr. (Mr.) 4 Name of lender Arturo A. McDonald, Jr.			
	5 Lender address; City; State; Zip Code			
	5 Lender address; City; State; Zip Code 14 Shoreline Dr., Brownsville, JX	18521		
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				