# 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	Mr. Hrturo	<i>H</i>	Date Received	
	Art Mc Sonale	SUFFIX	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	4503 Cscobedo	CITY; STATE; ZIP CODE	JAN 1 5 2019	
Change of Address	Brownsville, TX	78521	BY: HECEIVED Y	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (954) 544- 0855	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS/MRS/MR FIRST	ΜI	Receipt # Amount \$	
TREASURER NAME	MY HITUO	SUFFIX	Date Processed	
	McBonald	5r.	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/S  394/3 Palm L  LOS Fresnos, TX	SUITE #; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (954) 533-2240	EXTENSION		
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THRO	DUGH 12 81	Year	
11 ELECTION	ELECTION DATE Month Day Year Primary  03 / 04 / 2018 General	ELECTION TYPE  Runoff Other Description  Special		
12 OFFICE	Judge County Court at Law No. 1	13 OFFICE SOUGHT (If Known)  Judge Coul  97 Law 1	inty Court Vo. 1	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME		15 Fi	ler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO UNRES.	THE CANDIDATE'S OR OFFICEHOLDER'S
多数分类。2. 的复数次次电影 2. 人名英格兰 新闻 美国	COMMITTEE TYPE	COMMITTEE NAME	
State of the states	GENERAL .		
	SPECIFIC	COMMITTEE ADDRESS	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	'	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		:	· ·
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		s	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GÜARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 3,428.28
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 3,428.28 \$ 14,744.2D
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 394.80
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code.  BRENDA C. CANTU			
My No Expires	tary ID # 10452565 September 6, 2022	Signature of Candidate	or Officeholder
AFFIX NOTARY STAMP			
g .		y the said Arturo A. Moborald, Jr.	_, this the
day of January	, 20 <u></u>	certify which, witness my hand and seal of office.	
7		Brenda Captu Notain for	the State of Ix
Signature of officer ad	ministering oath	Printed name of officer administering oath Tit	tle of officer administering oath

## **SUBTOTALS-JC/OH**

# FORM JC/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	l.	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 0 -
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ -0
з.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ -O-
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$ was O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 3,428.28
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -O-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	3	\$ - D -
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED	\$ -0-

## 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) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC ID#:\_ City; State; Zip Code 8 Contributor's principal occupation 9 Contributor's job title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) \_\_ out-of-state PAC ID#;\_ Full name of contributor City; State; Zip Code Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor ut-of-state PAC ID#: Amount of contribution (\$) Contributor address; City; State: Zip Code Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Mc Sonald, AHUVD A.J	7. (Mr.) 3 Filer ID (Ethics Commission Filers	)
4 Date / 18	5 Payee name Brenda Cantu		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
# 100.00	y503 Csabertost.	\$	
	brownsville, TX 7852		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Other - Contract bloor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
EXPENDITURE	UTIEL COMMUNE USE	Collect it Austin, 1A, unicertainer living expense	
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
2/17/18	Arturo A. Mc Donald.	Jr.	
Amount (\$)	Payee address; City; State; Zip Code		
#18.90	34 shoreline Dr.		
** , / , , -	Brownsville, IX 1852	1	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Painter march and	Check if fravel outside of Texas. Complete Schedule T.	
EXPENDITURE	(Ceimbursement - Camp.	L Check if Austin, TX, officeholder living expense	
	Committee Mtag.		
Complete ONLY if direct	. Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF	1		
Date	Payee name		
1/11/18	Wal Mart		
Amount (\$)	Payee address; City; State; Zip Code	nid	
# 35.84	Brawnsville, TX 1862 D	-BNCI ·	
· <del>-</del> ··	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	office Overhead /office	Check if travel outside of Texas. Complete Schedule T.	i
EXPENDITURE	Supplies	L_I 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) Çity; State; Zip Code # 100 (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 expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Date City; State; Zip Code Amount (\$) Check if travel outside of Texas. Complete Schedule T. PURPOSE imbursement) Campaign meeting 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 Payee name brownsullly, TX 1832/ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Other-Bonation/Cancer Light 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
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

Candidate/Officeholder/Politics		Legal Services	mais Expense	Salaries/Wa	ges/Contract Labor	Other (enter a c	pistrict category not listed above)
Credit Card Payment  The Instruction Guide expiains how to complete this form.							
1 Total pages Schedule F1:	2 FILER N	AME	AHUYD	4.1	r. (Mr.)	3 Filer ID (i	Ethics Commission Filers)
4 Date 8 8 8 8 8	5 Payee no	ume UVO A.	Maker	na ld	Jr.		
6 Amount (\$)	7 Payee a	ddress; (	City; State; Z	ip Code		·	
# 82.27	Bro	Shore I'i	k**	185Z	. 1		
8	(a) Category	/ (See Categories list	ed at the top of this s	chedule)	(b) Description		
PURPOSE	1		*		Check if trave	loutside of Texas. Comp	olete Schedule T.
OF EXPENDITURE	Kein	burseme	M		Check if Aus	stin, TX, officeholder	living expense
EXPENDITORE		np. M	49.				
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholde	er name		Office sought		Office held
Date .	Payee na	me					•
8/8/18	Toxas	s Assa	ciation.	1 OF (	CLJud	ges	
Amount (\$)	Payee a	idress;	City; State; Z	ip Code			
#35-	AVIST	San H	180010	5¥.	, sx. 80		
	Category	(See Categories list	ed at the top of this s	chedule)	Description		
PURPOSE	17.1h	1 1/1	Inn. hin		Check if travel	outside of Texas, Comp	lete Schedule T.
OF EXPENDITURE	DAIN	1 - Mari	fi. i	1	Check if Aus	tin, TX, officeholder l	living expense
			15/8/31	118			
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholde	rname		Office sought		Office held
Date	Pavee n	ame.					, <u>, , , , , , , , , , , , , , , , , , </u>
8/20/18	Kol	ando	COVAZO	5			
Amount (\$)	Payee ac	idress;	City; State; Z	pcode			
de la company among the company and the company among the company	75	57 WI	City; State; Z	bace	) 		
D 50	Mo	DISVIII	O. IX	18.52	7		
	Category	(See Categories list	ed at the top of this s	chedule)	Description		
PURPOSE					Chack if travel	outside of Texas. Comp	lete Schedule T.
OF EXPENDITURE	l \ ~~	100-1	- unner		Check if Aus	tin, TX, officeholder i	iving expense
		<i>+</i> } <i>U</i> '	ungra) Expens	s@			
Complete ONLY if direct		ate / Officehold	er 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salariae/Manas/Contract Labor

Candidate/Officenolder/Politica Credit Card Payment	au Committee Legal Services Salaries  The Instruction Guide explains how to	o complete this form.	
1 Total pages Schedule F1: 4 Date 120 118 6 Amount (\$)	<u> </u>	3 Filer ID (Ethics Commission Filers)	
B PURPOSE OF EXPENDITURE	6000005VIIIQ TX 1852  (a) Category (See Categories listed at the top of this schedule)  1abor - Ago. of Reports	(b) Description  Check If travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
8 /24 /18	Payee name  Wal Mart	•	
Amount (\$)	Payee address; City; State; Zip Code 2205 E. Kuben Torre Branco Sville, TX 1252	s sr. Blvd	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Over hoor)   office Supplies	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/OF	. Candidate / Officeholder name H	Office sought Office held	
Date 8 /29 /18	Notary Public Underw	riters Agency or 1x	
Amount (\$) # 134.75		0104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Other - Application Fee Notary Rublic	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W  The Instruction Guide explains how to committee		r (enter a category not listed above)
1 Total manage Cabadula Tie			lor ID (Fibre Commission Fibre)
1 Total pages Schedule F1: 5 of 16	McDonald, Aruro A.	Jr. (Mr.)	ler ID (Ethics Commission Filers)
8 29 18	HHUYO A. McDonald	dr.	
# 86.00	7 Payee address; City; State; Zip Code 2 Shore line by.  Brownsyille, Th. 1852 J		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Reinbursement/		Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		•
9/13/18	Noe Gonzale Z		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 50.00	Brownsville, 1x		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  O + W - Son at 50 0  Lancwig		exas. Complete Schedule T. ficeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/15/18	AMURO A. Maborald,	Jr.	
Amount (\$)	Payee address; City; State; Zip Code  JU Shoreline Dr.  Krownsville, IX 7852		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Reimburæment Camp. Meeting		exas. Complete Schedule T. liceholder Ilving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## 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 Legal Services 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)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	,
1 Total pages Schedule F1:	McDonald, Arturo A.	Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 9 19 1/8	5 Payee name Wall Mart		
6 Amount (\$)	7 Payee address; City; State; Zip Code 3500 W. A. Hon G. box	1111	
H 10.64	Brownsy; 110, TX 1852 C	) No. 1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel or	outside of Texas, Complete Schedule T.
OF EXPENDITURE	office overhead office supplies	Li Check if Austri	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date <sub>#</sub>	Payee name		*
9/23/18	Was Wart		
Amount (\$)	Payee address; City; State; Zip Code	- 0111	
#47.81		Sr. Blud	v
471.01	Brownsville, TX 1852)		·
	Category (See Categories listed at the top of this schedule)	Description	<del>-</del>
PURPOSE Check if travel outside of Texas. Complete Schedule T.			·
OF EXPENDITURE	Office Overhood   office supplies	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held
Date _	Payee name		
9/25/18	Lingols of Columbus The	2 Great Ca	10cil 2785
Amount (\$)	Payee address; City; State; Zlp Code		
# 100.00	Harlingen, IX 78521		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	allas Ell Lin	I [	utside of Texas. Complete Schedule T.
EXPENDITURE	Other - Scholarship Golf Tournament	LI Check if Austin	n, 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/Bankling
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoria/s Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor

g Expense Travel In District
g Expense Travel Out Of District
es-Wages/Contract Labor Other (enter a category not listed above)

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME MC BOTOLD, AAUTO A.	Y. (Mr.) 3 Filer ID (Ethics Commission Filers)	
4 Date 10 1/8		00	
6 Amount (\$)	7 Payer address; City; State; Zip Oode		
HIDD.DD.	Basnoville, 12 1852		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	, A	Check if travel outside of Texas, Complete Schedule T.	
EXPENDITURE	Other-fundraises	Check if Austin, TX, officeholder IIving expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name	0	
10/14/18	Cameron County Dema	ratic farty	
Amount (\$)	Payee address; City; Stare; Zip Code		
#250.DD	Brownsville, JX 1852.	3	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Other - Sponsorship	L Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	. Candidate / Officeholder name -I	Office sought Office held	
Date	Payee name		
10/10/18	Wal Mart	•	
Amount (\$)	Payee address; City; State; Zip Code		
# 11.94	Brownsville, IX 1850	21	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	axxin a michonal	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	office overhead   office supplies	L Check if Austin, TX, officeholder living expense	
Complete CMM (C. II)	Candidate / Officeholder name	Office cought	
Complete ONLY if direct expenditure to benefit C/OF	· · · · · · · · · · · · · · · · · · ·	Office sought Office held	
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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Anther & Related Province)

Candidate/Officeholder/Politica Credit Card Payment	• • • • • • • • • • • • • • • • • • • •	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 MCDONALD, ARTURD 4	3 Filer ID (Ethics Commission Filers)	
4 Date 118	5 Payee pame Branda Cantu		
6 Amount (\$)	7 Payee address; City; State; Zip Code 4503 CSCO DPCTO St. Brownstille, Tx 1852		
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-labox Pigo.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held	
Date ,	Payee name		
10/20/18	Arturo A. Mabonala	).Jr.	
Amount (\$)	Payee address; City; State; Zip Code		
#127.43	Oxownsville, IX 1852		
PURPOSE OF EXPENDITURE	Reimbursement Juneh Constituents	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10/29/18	Arturo A. Mc Sonald.	Jr.	
Amount (\$) # 29.50	Payee address; City; State; Zip Code 14 Share line &. Brownsville, TX 1852	2/	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gimbur Sement June N  DIAN CASTITUEN	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/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 Consulting Expense Contributions/Donations Made By

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/W	ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME McDonald, AHURD A.	Jr. (Mr.)	3 Filer ID (Ethics Commission Fliers)
4 Date 10/29 /18	5 Payee name A. McDanald,	l	
434.37	7 Payee address; City; State; Zlp Code 2 Shore line & .  Downsville, TX 1852	1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel o	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Ceimbursement Juner	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	-	
10/29/18	Arturo A. Ma Donald	),Jr.	
Amount (\$)	Payee address; City; State; Zip Code		
# 24.44	Brownsyille, IX 852	1	·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Reimbursement Junch  Wilconstituents	[ -	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/1/18	Marica Lopez		
Amount (\$)	Payee address; City; State; Zip Code		
# 100 -	Brownsville, TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Auren	<del></del>	utside of Texas. Complete Schedule T.
EXPENDITURE	Other - Donation	L Check if Austin	ı, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saledee-Wares (Contract Labor

Candidate/Officeholder/Political Committee Legal Services Salarles/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment  The Instruction Guide explains how to complete this form.						
		mide exbiging from to col	mpiete uns ioini.			
1 Total pages Schedule F1:	2 FILER NAME MC SOROLO, I	AMTO A.	Jr. /Mr.)	3 Filer ID (Ethics Commission	n Filers)	
4 Date 11 15 18	5 Payee name 10X05 Asociotic	mor Gaint	Court at	Lawlings		
6 Amount (\$)		State; Zip Code	,	J		
#35.0D	1210 San Ante Austin IV	niost, sle	. 800	,		
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description	<u> </u>		
PURPOSE			· · · · · · · · · · · · · · · · · · ·	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	other - Member	shipdues 13,19		n, TX, officeholder living expense		
	111100	13/1//		· <u>.</u>		
9 Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder na	.me	Office sought	Office held		
Date	Payee name					
11/12/18	CVS Pharma	icy				
Amount (\$)	Payee address; City;	State; ¿Zip Code	·		· ·	
4 . 1 . 1	7395 Hadre 6	sland				
# 11.46	Acronillo -	TT NOWON		•		
	DOWNSTITE,	12 100CV				
Category (See Categories listed at the top of this schedule)  Description						
PURPOSE	PURPOSE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TV efficiencies this process.					
EXPENDITURE	Office over hea		LL Check if Austin,	, TX, officeholder living expense		
!	'Supplies					
		* 1				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder na	me	Office sought	Office held		
experience to sorious O/Ost						
Date	Payee name					
Date		11 .	gg.			
11/13/18		le Sonab),				
Amount (\$)	Payee address; City;	State; Zip Code		•		
H LDDD	24 shareline br.					
TO UVU	Knowell III	TY NKZ1				
	Category (See Categories listed at t	the top of this capacitule)	D	, <u>, , , , , , , , , , , , , , , , , , </u>		
DUDDOCE	A Carogory (Dee Carogorios ieros as s	THE COP OF THIS SCHEDULE!	Description	ente de la companya della companya d		
PURPOSE OF	Unimbuscomme	12/4		tside of Texas. Complete Schedule T.		
EXPENDITURE	Keimbursempn	H/ セン I	L Uheck if Austin,	, TX, officeholder living expense		
		Findraist	1			
Complete ONLY if direct	Candidate / Officeholder na	\$ See E. 18 See	Office pourth			
expenditure to benefit C/OH		ine	Office sought	Office held		
,						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
VI TYOU MADELLOUYE OOLIEG OL TUIG GOLIEDOFE VO MEEDED						

## 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 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME  OF DOOR OF AHURO A. Jr. Mr.) 3 Filer ID (Ethics Commission Filers)					
4 Date 11 /13 /18	5 Payee name HIYUD A. McDorald, Jr.					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
# 14.38	Boundille IX 8521					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense					
	lunch a/constituents					
<b>9</b> Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held				
Date	Payee name	•				
11/13/18	AMUTO A. Mc Bonald,	Jr.				
Amount (\$)	Payee address; City; State; Zip Code					
# 95.14	Groupsville IX 1852 /					
	Category (See Categories listed at the top of this schedule)  Description					
PURPOSE OF	Keimbursement	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
EXPENDITURE	Binner wi Constituents					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
11/13/18	Brenda Cantu	•				
Amount (\$)	Payee address; City; State; Zip Code					
# 100.00	brownsville. Ix 18521					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Min 1 - hart (app: 20	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Oym - Bookkeeping Financia   Report	L 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
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

Candidate/Officeholder/Politic		xpense Travei Out Of District Vages/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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
120414	NU DONOITO, MITHUYO H.	Jr. (Mr.)				
4 Date 11 /24 /18	5 Payèe name Carry U	·				
6 Amount (\$)	7 Payee address; City; State; Zip Code	···				
# 130.00	GEO3 CECOPPETO ST.	<b>)</b>				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	į į	Check if travel outside of Texas. Complete Schedule T.				
OF	1 MM - labor.	Check if Austin, TX, officeholder living expense				
EXPENDITURE	Bookkepping Reports					
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held				
Date	Payee name					
11/24/18	CVS Pharmacy					
Amount (\$)	Payee address; / City; State; Zip Code					
#12.45	1395 range 15 bna Brownsville TX 185	20				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	OFFice Overhead) Joffice Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
OF EXPENDITURE						
	who he					
Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name  H	Office sought Office held				
Date	Payee name					
12/4/18	Campron County Emplo	yee Christmas Party				
Amount (\$)	Payee address; City; State; Zip Code	5/e.218				
\$ 100.00	Brownsville, TX 852					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		Check if travel outside of Texas, Complete Schedule T.				
OF EXPENDITURE	OHM-POUDTION	Check if Austin, TX, officeholder fiving 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
Consulting Expense
Contributions/Donations Made By
Candldate/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 (Contract Lebor

Candidate/Officeholder/Politic		Legal Services	Salaries/Wage	nse es/Contract Labor	Other (enter a catego	
Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER N	Sonald, Ath	110 A.	J. (Mr.)	3 Filer ID (Ethics	s Commission Filers)
4 Date 12 10 18	5 Payee na	uro A. MCC	ona le	), Jr.		
6 Amount (\$) # 93.41	7 Payee ad	shareline broaslilly, tx	· 1852	<i>I</i>		
8	(a) Category	(See Categories listed at the top of this s	schedule) (I	b) Description		
PURPOSE				Check if travel out	side of Texas. Complete S	chedule T.
OF EXPENDITURE	1 8 4	parsement / Di	nne?	Check if Austin,	TX, officeholder living	ехрепѕе
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	me		_:: <u>_</u> ::		
12/10/18	Bre	nda Cantu				
Amount (\$)	Payee ad					
# 80.00	450 BOW	nsville, TX	54 . 7852			
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so  1 - labor Boo		Description Check If travel cuts Check If Austin,	ide of Texas. Complete Sc TX, officeholder living	i
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
Date	Payee na	me				
12/11/18	Pat	ricia Candel	d			,
Amount (\$)	Payee add	dress; City; State; Z	ip Code			
\$50.00	Book	posville, tx	1852			
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF	1111	· Amaria	Ì	Check if travel outs	ide of Texas. Complete Sc	hedule T.
EXPENDITURE	VYW.	1 - Canyajar)		Check if Austin,	TX, officeholder living a	expense
		holp		-		
Complete ONLY If direct expenditure to benefit C/OH		te / 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
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

Candidate/Officeholder/Politica		nting Expense Travel Out Of District laries/Wages/Contract Labor Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains ho				
1 Total names Cabadula Ef.	1	-			
1 Total pages Schedule F1:	Mc Spolla, HAUTO F	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name (N/A2775)				
6 Amount (\$)	7 Payee address; City; State; Zip City;	ode			
# 50.00	Charactilla IV 18	52 D			
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description			
	(A) Ontogory (ose Categories listed at the top of this society	Check if travel outside of Texas. Complete Schedule T.			
PURPOSE OF	Dille A Common	Check if Austin, TX, officeholder living expense			
EXPENDITURE	DYKU - Campaign				
	ho lo				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
12/11/18	Jose Roberto Trevi	IND			
Amount (\$)	Payee address; City; State; Zip Co	ode ,			
Lynn	21/24 HACK DOW	u Lane.			
# 50.00	Grounsville, TX	N52 /			
	Category (See Categories listed at the top of this schedu	ule) Description			
PURPOSE	-	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	aller Comins	Check if Austin, TX, officeholder living expense			
	Other - Campaign				
Complete ONLY if direct	. Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH					
Date	Payee name				
12/11/18	Brenda Cantu	·			
Amount (\$)	Payee address; City; State; Zip Co	ode			
	4503 CSCO BOOD SH	•			
# 50.DD	Gransville, tx 185	21			
	Category (See Categories listed at the top of this schedu	lle) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	17 YM - Camming	Check if Austin, TX, officeholder living expense			
	hold.				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH		Child			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## SCHEDULE F1

# EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimburseme Fees Office Overfinand/Rental Expen

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other Contract Parketon (1984)

Contributions/Donations Made E Candidate/Officeholder/Politic		Gift/Awards/Memor Legal Services	ials Expense	Printing Expe Salaries/Wag		Travel Out Of Other (enter a	
Credit Card Payment		The Instruction	ı Guide explain	s how to cor	nplete this form.		
1 Total pages Schedule F1: 15 o レレ	2 FILER N	AME YZOOLO	Artura	74.	V. (Mr.)	3 Filer ID	Ethics Commission Filers)
4 Date   2   1   1   3	5 Payee na	me Inus	Offer.	Calos	s & M	or e	
6 Amount (\$)	7 Payee ac	Idress C		ip Code			
#144.00	3254 BYDU	nsyille,	DICA B	Nd. 5	34. H ]		
8	(a) Category	(See Categories liste	d at the top of this s	chedule)	(b) Description		
PURPOSE OF	4 6					vel outside of Texas. Con Austin, TX, officeholder	
EXPENDITURE	Oth	M -			Instrument Officer II y	indutty 174 Ontobiologi	aving expense
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder	name		Office sought	t	Office held
Date	Payee na	me		-			
12/13/18	Lo.	lando	Cavaz	'D S			
Amount (\$)	Payee ad	dress; Cl	ty; State; Zi	p Code			
# 53.00	Bro	wnslil	Je, X	185	521		
	Category	(See Categories listed	d at the top of this s	chedule)	Description		111111111111111111111111111111111111111
PURPOSE OF EXPENDITURE	lunch	w Co	ant/for	'MS	- I	el outside of Texas. Comp ustln, TX, officeholder	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder	name	<u> </u>	Office sought		Office held
Date	Payee na	me		,			
12/17/18	W	al Ma	M				•
Amount (\$)	Payee ad	dress; Si	ty; State; Zi	p Code	1		
# 30.92	Broi	005Ville	IX T	1105 S 1852 L	r., Klud	•	
	Category	(See Categories listed	at the top of this so	chedule)	Description		
PURPOSE OF	m//		4			el outside of Texas. Comp	
EXPENDITURE	VHIC	over ha			Land Check of Au	ustin, TX, officeholder	Iving expense
<u> </u>			Suppli	15			
Complete ONLY If direct expenditure to benefit C/OH		te / Officeholder	пате		Office sought		Office held
	АТТ	ACH ADDITION	AL COPIES	OF THIS SC	HEDULE AS N	IEEDED	

## 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/Memoriais Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries M  The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above)			
1 Total pages Schedule F1:	McDonald, HOURD A	3 Filer ID (Ethics Commission Filers)			
12/30/18	Payee name  Mignel Sanchez				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
#300.00	Brownsville, TX				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	0	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Other - Sanation	Check if Austin, TX, officeholder living expense			
	Carcer That ment				
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
	Cotton				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.			
OF	Check if Austin, TX, officeholder living expense				
EXPENDITURE		Check if Austin, 1X, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH		Office sought Office held			
Date	Payee name				
	•				
		·			
Amount (\$)	Payee address; City; State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		r <del></del> , ·			
OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	ļ	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH		Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
		i			

#### **OUTSTANDING LOANS** SCHEDULE L 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) 2 FILER NAME INFORMATION Dr., Brownsville, TX 78521 **GUARANTOR** 6 Name of guarantor INFORMATION not applicable City; 7 Guarantor address; State; Zip Code Name of lender LENDER INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Zip Code Guarantor address; City; State; LENDER Name of lender INFORMATION City; Zip Code Lender address; **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; State; Zip Code Name of lender LENDER INFORMATION

**GUARANTOR** INFORMATION

not applicable

Lender address;

Name of guarantor

Guarantor address;

City;

State;

Zip Code

Zip Code