# 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 NAME	MS/MRS/MR FIRST  MY. AYHUYO  NICKNAME LAST	MI	OFFICE USE ONLY  Date Received  CAMERON COUNTY  CAMERON OF ELECTIONS & DEPARTMENT OF ELECTIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #;  U503 CSCODEDOS  Brownsville, TX 72	CITY; STATE; ZIP CODE	JUL 1 5 2019  RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (954) 544-0855	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MY: APTUVO.  NICKNAME LAST	MIsuffix	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 39413 Palm b LOS Fresnos, TX	r.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (0154) 533-2240	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  01/01/2019  THRO	OUGH OV /30 /	Year / 2019
11 ELECTION	ELECTION DATE Month Day Year Primary  1 / 0 / 2018 General	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)  Judge County Cour  at Law No. 1	H Judge Cour Law No.	ty Court at
	GO TO	PAGE 2	

11:10 am

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	11 00.	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					
	T SPECIFIC	COMMITTEE ADDRESS				
[]		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
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 GUARANTEES OF LOANS)	\$ -0-			
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$				
	4. TOTAL	\$ 2,927.83				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' ORTING PERIOD	1			
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$ 396.80				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and instudes all information required to be reported by me under Title 15; Election Code  BRENDA C. CANTU  My Notary ID # 10452565  Expires September 6, 2022						
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP/SEALABOVE						
Q	dia and to a fine	by the said Arturo A. Mobonald, Jr	S M			
Sworn to and subscr day of (   U   U	1 /24	to certify which, witness my hand and seal of office.	, this the			
Jay or July						
1 January 1		Ibrenda C. Canti Nota	y For the State 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	FILER NAME 20 Filer ID (Ethics Com	mission Filers)
Λ	Acbonald, Alturo A. Jr. /Mr.)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	s ~ o ~
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,0121.83
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ~ ~ ~
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ~ ~ ~ ~
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	\$ -0-
<b>—</b>		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice	Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense al Committee 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 expla	ins how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME MCDONALD. Art	uvo A. Jr./Mr.)	3 Filer ID (Ethics Commission Filers)	
4 Date   0   10	Arturo A. Mel	onald, Jr.		
6 Amount (\$) #93.41	7 Payee address; City; State;  Brownsville, Page 1	Zip Code (. ( 1852		
8 PURPOSE OF EXPENDITURE	Ceimbursement	Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date     9   10	AV HUYD A. Mc So	nald. Jr.		
Amount (\$)	Payee address; City; State: 14 Shoreline b brownsville, TX	Zip Code 7 . 7852 /		
PURPOSE OF EXPENDITURE	Category (See Categorias listed at the top of this  Reimburse mentile	Check if travel out	tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 1 / 2 2 / 101	Payee name ACHUYD A. Mck	sonald, Jr.		
Amount (\$) £ 25.44	Payee address; City; State; 3  No Shoreline Brownsville, TX	Zip Code ) ( . 1852		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this  Reimbursement	Check if travel out	iside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Forms provided by Toyes Eth	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED	

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		je Expense lemorials Expense	Office Overhea Polling Expens Printing Expen		Solicitation/Fundrals Transportation Equip Travel in District Travel Out Of District Other (enter a categ	oment & Related Expense
order dynam	The Instru	ction Guide explains	s how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME	1. Arturo	A.J	(r. (Mr.)	3 Filer ID (Ethic	s Commission Filers)
4 Date / 22 / 10	5 Payee name	A. Mcb	enald	· Jr ·		
6 Amount (\$) ### 48 - 7	7 Payee address;		p Code NSZ	***************************************		
8	(a) Category (See Categorie	//V, し入				
PURPOSE OF EXPENDITURE	Reimburse		onference LE Din		tside of Texas. Complete S , TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeho	older name		Office sought		Office held
Date	Payee name					
1/22/101	Arturo	A. Nel	onalc	1, 1.		
Amount (\$) 掛 6 4、2 D	Payee address; 14 Shore Brownsv	line br	0 Code 1852	21		
PURPOSE OF EXPENDITURE	Category (See Categorie		unch 7/Const		side of Texas. Complete S	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeho	lder name		Office sought		Office held
Date	Payee name					
1/28/19	Arturo A	1. Mcho	mald	, 0 .		
Amount (\$) # U8.18	Payee address;  The Shore!!  Brownsyi!!		18521			
PURPOSE	Category (See Categories	s usted at the top of this sc	hedule)	Description	alas services and a	=
OF EXPENDITURE	Reimburse	ment/L	unch Const		side of Texas. Complete So	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeho	older name	<b>L</b>	Office sought		Office held
	ATTACH ADDI	TIONAL COPIES (	OF THIS SCI	HEDULE AS NFF	DED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  orms provided by Texas Ethics Commission was athics state by us						

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services	Office Overl Polling Exp Printing Exp		Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of District Other (enter a categ	oment & Related Expense
Credit Card Payment		The Instruction Guide expl	ains how to co	emplete this form.		
1 Total pages Schedule F1: 3 04/3	2 FILER N	anald An	uro A	. Sr. (Mr.)	3 Filer ID (Ethic	s Commission Filers)
4 Date   28   10	5 Payee na	ro A. Meb	onald	J.	· · · · · · · · · · · · · · · · · · ·	
6 Ambunt (\$) #51.13	7 Payee ad	dress; City; State; TORELINE S. MSVIIIQ, TX	Zip Code 1852			
8 PURPOSE OF EXPENDITURE	0	(See Categories listed at the top of the	his schedule)  Sinnw  W Cor		tside of Texas. Complete S , TX, officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
1/29/19	CV	5				
Amount (\$) \$\frac{4}{2}3.03	Payee ad 1395 Brown	hadre Island	Zip Code 1 7 852 D			
PURPOSE OF EXPENDITURE		(See Categories listed at the top of the	FICE		side of Texas. Complete S	
Complete ONLY if direct expenditure to benefit C/Ol		ite / Officeholder name	<u> </u>	Office sought		Office held
Date ,	Payee na	me				
2/12/19	Brow	nsville pos	+ Offic	C		
Amount (\$)	Payee add	E. Los Ebane	Zip Code 75 852 D			
PURPOSE OF EXPENDITURE	office		FICE		side of Texas. Complete Si	
Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Glift/Awards/Memorials Expense Printing Il Committee Legal Services Salaries	epayment/Reimbursement Dverhead/Rental Expense Expense Expense s/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:	2 FILER NAME McDonald, Arturo A	Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)
4 Date 2 12 19	5 Payee name HITUYO A. Mc Dono	ald, Jr.	
# 43.83	7 Payee address; City; State; Zip Code  1 Shore line by  Brownsville, IX 18	521	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Reimbursement/lunch		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/21/19	Brenda Cantu		
Amount (\$) 掛 JDD . DO		852]	
PURPOSE OF EXPENDITURE	Sonation / Cancer  Batient		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date,	Pavee name		
2/24/19	Wal Mart		
Amount (\$) \$ 35.84	Payee address; City; State; Zip Code 2205 Ruben Torres, Browns Ville, TX 7852	Sr. Blvd.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Divinguo  Office Supplies	Check if Austin	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Office Over Polling Exp ense Printing Ex Salaries/Wi	oense ages/Contract Labor	Transportation E Travel In Distric Travel Out Of D	
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1: 5 of 1 3	Mol	sonald, H	Yturo A	Jr. (Wr.	3 Filer ID (E	thics Commission Filers)
3/25/19	5 Payee na	vin Saer.	2-			
6 Amount (\$)	7 Payee ad	dress; City; S	tate; Zip Code			
\$250.00	Brow	ansville,	TX 7852			
8	(a) Category	(See Categories listed at the to	op of this schedule)	(b) Description		
PURPOSE				Check if travel	outside of Texas. Comp	iete Schedule T.
OF EXPENDITURE	Dona	tion		Check if Aus	tin, TX, officeholder l	iving expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	710	······································			
4/2/19	77	ando Ca	V9205			
Amount (\$) # 200.00	Payee ad 2551	dress; City; s Windson Sville, TX	ate: Zip Code Place- 1852 U	)		
PURPOSE OF EXPENDITURE		(See Categories listed at the to		<del></del>	outside of Texas. Complein, TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/OH		nte / Officeholder name		Office sought		Office held
Date :	Pavee na	mo				
4/2/19	Veter	/	eian Wa	vs Rest	2035	
Amount (\$)	Payee ad	dress; City; St	ate; Zip Code		·-·	
#200.00	1801 Brown	veterans &				
PURPOSE	Category	(See Categories listed at the to	p of this schedule)	Description  Check if travel of	outside of Texas. Comple	ete Schedule T.
OF EXPENDITURE	Don	ation			in, TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Office sought		Office held
	АТТ	ACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS NE	EDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services	Office Overhe Palling Expe Printing Expe		Travel In District Travel Out Of Distri	ipment & Related Expense
		The Instruction Guide expla	ins how to cor	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	ame 2001 d. Arturo	JA.Jr	. (Mr.)	3 Filer ID (Ethi	cs Commission Filers)
4 Date 4 7 10	5 Payee na	1 Mart				
6 Amount (\$) #35.10	7 Payee ad	5 E. Kubento	-	. Glud.		
400.10	1000	205VIIIO, Th	18521	1		
8	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE				Check if travel or	utside of Texas. Complete	Schedule T.
OF EXPENDITURE	Office	e Overhead of	ffice Ipplies	Check if Austir	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
4/11/19	Br	enda Can-	+4			
Amount (\$)	Payee ad	dress; City; State;	Zlp Code			
#10.00	650 Brow	msvilly. IX	54. 0857			
	Category	(See Categories listed at the top of this	schedule)	Description	·	
PURPOSE		, 1			tside of Texas. Complete	Schedule T.
OF EXPENDITURE	labor	lamp. Ro	0.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
Date s	Payee na	me				
4/18/19	Ces	ear Rendon				
Amounit (\$)  #50.00	Payee add	city; State;	Zip Code	ž.		
	IOrou	711511/11/4 TX	1852 l			
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF				Check if travel out	tside of Texas. Complete	Schedule T.
EXPENDITURE	lab	Or		Check if Austin,	, TX, officeholder living	j expense
Complete ONLY if direct	Candida	te / Officeholder name		Office sought		Office hald
expenditure to benefit C/OH						Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense al Committee 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 explain	s how to complete this form.	,	
1 Total pages Schedule F1:	Mc Sonald, Artur	D A. Jr./Mv.)	3 Filer ID (Ethics Commission Filers)	
4 Date 4 25 19	HITTO A. MCD	onald, Jr.		
# 10.12	Payee address; City; State; Z BY Shore line br. Brownsyille, IX	ip Code 0852		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Reimbursement/	*   []	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/25/19	Arturo A. Mebona	ald,dr.		
Amount (\$) # U8.28	Payee address; City; State; Z  Shoreline Dr.  Brownsville, X			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel out	tside of Toxas. Complete Schedule T. . TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date /	Payee name			
4/25/19	Arturo A. Mc Son	oald. Jr.		
Amount (\$) #32.32	Payee address; City: State; Zi 14 Shore line br. Browns Ville, 1x 08	52/		
PURPOSE OF EXPENDITURE		Check if travel out	tside of Texas. Complete Schedule T. 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				

		EXPENDITURE CATE	GORIES F	DH BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of DI	quipment & Related Expense :
1 Total pages Schedule F1: 8 0 F 1 3 4 Date 1 1 1 2 = 1 0	2 FILER A	sanald, Artur	OA.	r. (Mr.)	3 Filer ID (E	thics Commission Filers)
6 Amount (\$)	7 Payee a		Zip Code	, Or-		
# 57.06	Bro	shoreline br.	18521			
8 PURPOSE OF EXPENDITURE	0	V (See Categories listed at the top of this	Simul		outside of Texas. Complein, TX, officeholder li	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
1/29/19	Payee na	15				100000
Amount (\$)  # 4.21	Payee at 1484 Brou		Zip Code YY US S Y 7852	r. Blvd.		
PURPOSE OF EXPENDITURE		Coe Categories listed at the top of this  Workeach Loft	schedule)		utside of Texas. Comple n, TX, officeholder liv	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 5 /1 /19		wnsville Be	eer Fe	St		
Amount (\$)	Payee as 50 l Brow	dress; City; State; E. Kinggold St NSV: 110, TX 78	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this Hion / Bring C	schedule)  Le  Unclick		utside of Texas. Comple n, TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	EDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		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)	
Orban Cala / ayment	The Instruction Guide explain	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME MCDONA) d. Arturo	A. Nr. (Mr.)	3 Filer ID (Ethics Commission Filers)	
4 Date 5 1 10	5 Payee name Kocrique	1		
454.54	7 Payee address; City; State; Z 9 14 E. Harrison S Brownsville, TX	ip Code >} · 78521		
8	(a) Category (See Categories listed at the top of this s		Add of Taxon Orando Babada S	
PURPOSE OF EXPENDITURE	Foodexperse Jury		itside of Texas. Complete Schedule T. i, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
5/8/19	Arturo A. McDo	nald, Jr.		
Amount (\$)	Payee address; City; State; Z  A Shoreline Dr.  Brownsville, TX	78521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s  Reimbursement	Check if travel out	skle of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/1/19	C V5			
Amount (\$)	Payee address; City; State; Zi 190 Alton Gloor; Brownsville, IX	p Code B IVd · 1852		
PURPOSE OF EXPENDITURE	Office Overhead Supplie	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED	

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment	By al Committee	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Office Overi Polling Exp Printing Exp		Travel In District Travel Out Of Di	quipment & Related Expense	
Crodit Card Payment	•	The Instruction Guide exp	plains how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME 2000/10. Artu	INDA.J	r. (Mr.)	3 Filer ID (Et	hics Commission Filers)	
4 Date 5 13 19	5 Payee na	hael F. Sar	nchez				
6 Amount (\$)	7 Payee a	a final transfer for the first					
#100.00	Brow	14 Alta Musc 2015 Villy TX	NSZ				
8	(a) Category	/ (See Categories listed at the top of	this schedule)	(b) Description			
PURPOSE OF				Check if travel	outside of Texas. Comple	ete Schedule T.	
EXPENDITURE	Fundro	liser-Medico	onsp.	Check if Ausi	tin, TX, officeholder lit	ing expense	
9 Complete ONLY If direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ıme					
5/22/19	Syl	via Radrigu	29				
Amount (\$)	Payee at	E. Harrison		4400			
	OYOU	ons Ville, TX	1006	<u> </u>			
	Category	(See Categories listed at the top of	this schedule)	Description			
PURPOSE OF	Bacomore :	<i>f</i>			outside of Texas. Comple		
EXPENDITURE	hood e	expense / Jui	y Junet	Oneck ii Adsii	n, TX, officeholder liv	ng expense	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
5/22/19	54	via Radviav	10Z				
Amount (\$)	Payee ac	idress; / City; State;	Zip Code				
# 11.37	Brow	e. Hallison Insville. Tx	34. 352				
	Category	(See Categories listed at the top of	this schedule)	Description			
PURPOSE OF					utside of Texas. Complet	e Schedule T.	
EXPENDITURE	Facile	expense / June	s lunch	Check if Austi	n, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
Forms provided by Tevas Eth	os Commissi	- · · · · · · · · · · · · · · · · · · ·	41-1		· · · · · · · · · · · · · · · · · · ·		

#### 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 Gilft/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)

Great Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	Mc Borold, Arturo A. Jr.	(Mr.)	3 Filer ID (Ethics Commission Filers)				
4 Date 5 23 19	5 Payee name 51. Inomas Church						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$50.00	Brownsvillo, TX 18520						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF	é		outside of Texas. Complete Schedule T.				
EXPENDITURE	bonation	L Check if Austi	in, 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						
5/24/19	Lou Ninaiosa						
Amount (\$)	Payee address; City; State; Zip Code						
\$100.00							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF		1 —	eutside of Texas. Complete Schedule T.				
EXPENDITURE	Donation / Cancer	Check it Austir	in, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
5/27/19	CVS						
Amount (\$)	Payee address; City; State; Zip Code						
# 18.32	7395 Hadre Island Brownsville, 1x 7852D						
ļ	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF	Office Overhad		outside of Texas. Complete Schedule T.				
EXPENDITURE	Office suppli	Check if Austir	in, 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 Event Expense Food/Beverage Expense

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

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

Gift/Awards/Memorials Expense 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) 120113 4 Date 6 Amount (\$) City; 7 Payee address; 8 (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 Payee name ☐ Check if trave! outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense onation EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: State: Zip Code \$50.00 Category (See Categories listed at the top of this schedule) 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

#### **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 Consulting Expense Contributions/Donations Made By Polling Expense Travel In District 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) 7 Payee address: State; Zip Code 8 (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Ruben Torres Sr. BWd. \_\_\_ Check If travel outside of Texas. Complete Schedule T. PURPOSE OF office overhead 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 Payee name 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **OUTSTANDING LOANS**

#### SCHEDULE L

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule L:			
2 FILER NAME  Mc Long )	d. Arturo A. Jr. (Mr.)	3 Filer ID (Ethics Commission Filers)			
LENDER INFORMATION	4 Name of lender  ALYO A. McDonald, Jr.  5 Lender address; City; State; Zip Code  14 Shore like Dr., Browns 1/11, TX				
OLIABANTOD		78521			
GUARANTOR INFORMATION	6 Name of guarantor				
not applicable	<b>7</b> 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					