# ARTURO MCDONALD

July 15, 2022

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

			***************************************		
The JC/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed: 8
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR	Arturo	A .		USE ONLY
NAME	NICKNAME	McDona	Jr.		OF ELECTIONS &  NOTATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1	Escobedos		JUL 1	5 2022 <b>A</b>
Change of Address	-	rille, TX 1			<u> </u>
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 544-0855	EXTENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR M/S	Ursula	Piña	Receipt #	Amount \$
INAIVIE	NICKNAME	LAST	SUFFIX	Date Imaged	
		Mc Donal	d	Date Inlagos	
7 CAMPAIGN TREASURER	1	(NO PO BOX PLEASE); APT / SU		STATE;	ZIP CODE
ADDRESS	1401	*			
(Residence or Business)	Browns		8520		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER  372-2302	EXTENSION		
9 REPORT TYPE	January 15	30th day before el	election Runoff	15th day afte treasurer ap (Officeholder	
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	Di,	01/2022	THROUGH DV	/30 / 20	22
11 ELECTION	ELECTION DA	Deimanu	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	11/04/	22 General	Special		
12 OFFICE	OFFICE HELD (If any)	Judge Hatlaw No. 1	13 OFFICE SOUGHT (IF KNOWN COUNTY COUNTY	n) Hatlaw	Xlo. 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF I	MADE BY POLITICAL COM DIDATE'S OR OFFICEHOLD	MITTEES TO SUPPORT DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
***************************************	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO I	PAGE 2		



# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 2

	ų.				
15 JC/OH NAME	11t, AAUG A. Jr.	(Mr.)	<b>16</b> Filer II	) (Ethics Cor	nmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAL CONTRIBUTIONS MADE ELE		AN	\$ _	. 0 -
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	I <b>IBUTIONS</b> ANS, OR GUARANTEES OF LOAN	S)	\$	O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.		\$	0-
	4. TOTAL POLITICAL EXPEN	DITURES	Marrie Communication of the Co	\$ 1, 1	40.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ITIONS MAINTAINED AS OF THE L	AST DAY	\$ 3,2	49,40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT ( LAST DAY OF THE REPORT)	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE	\$	0
	wear, or affirm, under penalty of perjury, uired to be reported by me under Title 15,		ue and corre	ct and includ	les all information
			A STATE OF THE PARTY OF THE PAR		MAP OF CONTRACTOR OF CONTRACTO
,				- III-TANAMAN AND AND AND AND AND AND AND AND AND A	
		Signature of	Candidate/Of	ficeholder	
	Please com	plete either option belo	w:		
(1) Affidavit	BRENDA C. CANTU My Notary ID # 10452565 Expires September 6, 2022	_	/		
NOTARY STAMP/SEA	L				
Sworn to and euberrihed	before me by Arturo A. N.	blanded de min in	, 15 <sup>th</sup>	doy of	. 4
3 7		CONTRACT SOLUTION OF THE OTHER OF	e	uay or	<u>, , , , , , , , , , , , , , , , , , , </u>
, to certify	which, witness my hand and seal of office.	Carrie No.	errer ( -d	V60 SI	14 - SE
Signature of officer administe	ring oath Printed name of of	ficer administering oath	JY +OF	itle of officer:	AIV UT U administering oath
	· · · · · · · · · · · · · · · · · · ·	OR	•	ind of omice,	sammotoring odd
(2) Unsworn Declaration	on	OK .			
My name is		and my date of birth	is		
				-	·
	(street)	(city)	(state) (zi	p code)	(country)
Executed in	County, State of		, , ,		• • • • • • • • • • • • • • • • • • • •
		Pignoture of Con	didata IOffica-b	older (De-l-	

## **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

19 FILER NAME  Mc Bonald, Arturo (Art) Jr,  20 Filer ID (Ethic	cs Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ ~ O~
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. SCHEDULE E: LOANS	\$ -0-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,140.36
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/O	он \$ <i>-D</i> -
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

### **POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 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:	MCDONALD ACTURO A.	10/2 \	3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name	11. [IVIT.]				
1/12/22	Cesar Rendon					
6 Amount (\$)	7 Payee address; / Ave.	City;	State;	Zip Code		
# 50	Brownsville, TX 18520	>				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE		0	1	<i></i>		
OF EXPENDITURE	other	Campaig	n Idibov	<b>/</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
1/13/22	Brenda Cantú					
Amount (\$)	Payee address;	City;	State;	Zip Code		
J 50°	y Journal of the second of the	9				
7, -	Brownsville, to 18521					
	Category (See Categories listed at the top of this schedule)	Description	A***			
PURPOSE OF	lata el tallaget	Greparation	n of Cam	paign		
EXPENDITURE	labor byther	Keports / Dookkerping				
	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		
Date	Payee name	<del>                                      </del>				
2/4/22	Wal Mart					
Amount (\$)	Payee address;	City;	State;	Zip Code		
# 25.30	2205 E. Kuben Torressr					
	Brownsville, TX 18524					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Office Overhead	office s	supplies			
	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 CODIES OF THIS	SCHEDIII E AS MEE	DED.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

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 of 5	2 FILER NAME McDonald Arturo (Art)	I Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date 2/24/22	5 Payee name Cantu	,				
6 Amount (\$)	7 Payee address; USO3 Escobato St.	City;	State; Zip Code			
<b>サ</b> 5レ	Brownshille, Tx 1852					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	t.			
PURPOSE OF EXPENDITURE	labor-other	Preparing of campaign report				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
3/8/22	Juany's Cakeshop  Payee address; 3254 Baca Chica Blvd., Sle					
Amount (\$)	Payee address; 32,54 Baca Chica Blvd-, Se	City;	State; Zip Code			
#31	Brownsyllle, TX 18521					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE						
OF EXPENDITURE	Office overhead	Staff				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
3/15/22	Brenda Cantu					
Amount (\$)	Payee address;	City;	State; Zip Code			
#40-	Brownshille, TX 1852)					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF		Preparation	n of Campaign			
EXPENDITURE	labor - thus	Lreport - b	bolkeeping			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### **POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatio

**Event Expense** Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica		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)			
3045	McDonald Arturo (A)	4) Jr.			
4 Date 4/3/22	5 Payee name  Out Mart				
6 Amount (\$)	7 Payee address; Ruben Toxes	City; State; Zip Code			
# 28.14	BOURSVILLE, TX 18526	or. Diva-			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE					
OF EXPENDITURE	Office over head	Office Supplies			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
4/14/22	Vanessa Ann Boyd				
Amount (\$)	Payee address; Baram	City; State; Zip Code			
\$200.00		584			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Location			
OF EXPENDITURE	LANCA	BOINTION .			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	ck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
4/20/22	Merced Burnias				
Amount (\$)	Payee address;	City; State; Zip Code			
di i energia	145 W. Ocean Blud.				
\$ 100	LOS FIRSTOS, TX 18344				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	will fix	1 handland			
OF EXPENDITURE	CYNER	Donation			
	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH	1				
MACHANIAN MANAGEMENT (***)	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

### POLITICAL EXPENDITURES MADE FROM **POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memor		Polling Exp	ense	Travel In District Travel Out Of Distric	
Candidate/Onceroden/Pontics	ar Committee	Legal Services  The Instruction	. Guida avalain		eges/Contract Labor  mplete this form.	Other (enter a categ	ory not listed above)
<b>4 7</b> -4-1 0-1-1-1- <b>7</b> 4-	0 = = = = = = = = = = = = = = = = = = =		Guide expiain	IS HOW TO CO	militare mis rotin.	<b>3</b> E3 - 15 (E4)	
1 Total pages Schedule F1: $4 \text{ of } 5$	MAD	onald, A	Auro (	44)	)r.	3 Filer ID (Ethic	s Commission Filers)
5/11/2Z	5 Payee na	/	lola				
6 Amount (\$)	7 Payee a	ddress;	11		City;	State;	Zip Code
# 100	14 E	leanor	TX 78	7 K 7 I			
8	(a) Categor	y (See Categories liste		****	(b) Description		
	(a) Catogo.	y (ood outogottes liet	sa at the top of the	ooneddio,	· /\	palan	
PURPOSE OF EXPENDITURE	OY.	hev			labor		
	(c) [	Check if travel outside o	f Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder living	g expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder	name	****	Office sought		Office held
Date	Payee na	ame					
5/18/22	HAA	m Saic	lana				
Amount (\$)	Payee ac				City;	State;	Zip Code
# 100-	1474 Brown	Los Ebai	105				
		(See Categories lister	t at the ton of this s	chedule)	Description		A-994M-000M-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
PURPOSE		(			·	,	
OF EXPENDITURE	0	HM			Campaign	labor	
		Check if travel outside o	Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	] expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder	name		Office sought		Office held
Date	Payee na	ame	····		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
5/23/22	Brei	nda Cal	HU				
Amount (\$)	Payee ac		hada -	r. l	City;	State;	Zip Code
14 1ma -	V20	3 850	DUENCE	)T.			
7 100	Brow	$ns(i) _{Q_i}$	$T_{\lambda}$ $\eta$	8521			
	Category	(See Categories listed	at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	la	bor oth	W		Preparing o	of Campai, Oina	gn report
		Check if travel outside of	Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candida	ate / Officeholder	name		Office sought		Office held
expenditure to benefit C/OH						***************************************	***************************************
	AT	FACH ADDITION	IAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Gifl/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 (expenses a category pet listed above)

Contributions/Donations Made Br Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor (	ravel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			Filer ID (Ethics Commission Filers)
4 Date /2 /22	5 Payee name West Browns IIII	(1) / 41.	
6 Amount (\$) # 200	7 Payee address; 5 Boxa Chica Blyd, 5te. 15	City;	State; Zip Code
	Brownsville, TX 78520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation	Allstait	Team
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	<u>,,,,,,,, -</u>	ddddddddddd dafara farifel yn far y far y farf y y fel far y fel far y far y y y y y y y y y y y y y y y y y y
4/1/22	Doña Chela's Lestaurar	He	
Amount (\$)	Payee address;	City;	State; Zip Code
# 45.9D	Brownsville, to 18520		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Expense	Jury Bre	akfast
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Chack if travel outside of Tayon Complete Sales 1-13-T	Charlest Average	V officeholder living ever
Complete CNBV (5. 17	Check if travel outside of Texas. Complete Schedule T.		X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	ED .