# ARTURO MCDONALD

SEMI-ANNUAL REPORT JANUARY 16, 2024

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 filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  MICKNAME	AHUVO Mchandi	A- SUFFIX	OFFICE USE ONLY  Date Received  CAMERON COUNTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1	SCOBERO ST.	ITY; STATE; ZIP CODE	DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  JAN 1 1 2024 1.00	
5 CANDIDATE/ OFFICEHOLDER PHONE	(954)	PHONE NUMBER 544- 0855	EXTENSION	Date Hand-delivered ov Date Poetmarked  By:  Receipt   Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M/S NICKNAME	FIRST MYSMIA LAST LAST	Pina SUFFIX	Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SL 25 Chands B)		STATE; ZIP CODE	
(Residence or Business)	Browns	116. TX 7852	D		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15  July 15	30th day before elec		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 07	Day Year   D 1   2023	Month THROUGH 12 /	Day Year  31	
11 ELECTION	ELECTION DAY	Year Primary	ELECTION TYPE  Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any)	, Judge ourt at Law No.	13 OFFICE SOUGHT (If known)  1 County Court C	H Law No.)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUFTHE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE TO DEPORT THE INFORMATION ON A SET THEY PROFIT THE PROFIT TH				
•	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA			
		GO TO F	PAGE 2		

	CANDIDATE / OFFICEHOLDER FINANCE REPORT	FORM JC/OH COVER SHEET PG 2
15 JC/OH NAME MC DONO	1d, Arturo A. Jr.	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 291.17
	4. TOTAL POLITICAL EXPENDITURES	\$ 2911.17
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 1,225.47
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	* - 0 -
	Signature of Cand	ldate/Officeholder
(1) Affidavit  NOTARY STAMP SEAL  Sworn to and subscribed	BRENDA CANTU  My Notary ID # 10452565 Expires January 3, 2027  before me by ANUVO A. Mc Sond Ic), Jr this the 1	Dyn down or January 11
ail	which owness my hand and seal of office.	day or solver of
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	ride of officer administering dath
(2) Unsworn Declaration	POST NOTE OF THE POST OF THE P	
My name is	, and my date of birth is	
		. ,
	(stract) (situ) (stat	e) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
		e/Officeholder (Declarant)

# SCHEDULE F1

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

" are requested anormalism to not applicable, be not include this page in the report.						
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing Ex Salaries/M	xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
		The Instruction Guide expl	ains how to c	complete this form.		
1 Total pages Schedule F1	2 FILER N	onald, Arturi	J. A.	r.	3 Filer ID (Ethics	Commission Filers)
8 20 23	5 Payee na	1 Mart				
6 Amount (\$) # 23.81	7 Payee as 2205 Brow	5 E. Ruben Tor	105, S1 852 1	City;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of the	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Offic	e overhead		office 5	upplies	
	(c)	Check if travel outside of Texas, Complete	e Schedule T,		n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee na	ame			A. M. A. M. A. M. A. M. A. M.	
8/28/23	Brenc	ta Cantu				
Amount (\$)	Payee ac	ه ند په	w =	City;	State;	Zip Code
\$ 40.00	Brow	onsville, TX 1	8521			
	Category	(See Categories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	labo	or / others		Campaign Ł	ooxkeepin	y-Figgre
		Check if travel outside of Texas, Complete	Schedule T,	Check if Austir	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ate / Officeholder name		Office sought	1	Office held
Date	Payee na	ame				
7/31/23	Plain	5 Capital R	anL			
Amount (\$)	Payee ad			City;	State;	Zip Code
A 1000	25 E		8521			
	Category	(See Categories listed at the top of this	schedule)	Description	<del></del>	
PURPOSE	<b>22</b> 4			Springe. Ch	avae	
OF EXPENDITURE	Fe	25		Manyhiy s	SUC FEE	
		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		ate / Officeholder name		Office sought		Office held

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

# SCHEDULE F1

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

Candidate/Officeholder/Politic Credit Card Payment	•	aries/Wages/Contract Labor	Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	Mc Sonald, Arturo	A. Jr.	3 Filer ID (Ethics Commission Filers)	
8/31/23	Payee name Mains Capital Ban	L		
6 Amount (\$)	7 Payee address: A	City;	State; Zip Code	
\$ 10.00	25 E. Price ld.	surer way of		
	Brownsville, tx 785			
8.	(a) Category (See Categories listed at the top of this schedule		aharan	
PURPOSE OF	FPES	Sorvice.	charge	
EXPENDITURE	1, 1, 6, 2	Monthly	SUC FEE	
	(c) Check if travel outside of Texas. Complete Schedule		iin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
9/30/23	Plains Capital Ba	NL		
Amount (\$)	Payee address; Price Rd.	City;	State; Zip Code	
# 10.00	Brownsville, 1, 185	521		
	Category (See Categories listed at the top of this schedule	-		
PURPOSE	*		MARAD	
OF	Fees	1/-0/16/	Charge 5 VC fee	
EXPENDITURE		MOTITION	5VC TEE	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
10/31/23	Plains CapHal Ban	L		
Amount (\$)	Payee address;	City;	State; Zip Code	
	25 E. Arice Rd.	8		
# 10.00	Charansvilla, Tx 7852	. /		
	Category (See Categories listed at the top of this schedule	) Description		
PURPOSE	i <u></u>	·   •	Thereo	
OF EXPENDITURE	FPOS	Service C	ringe to -	
EXTENDED ONE		Monthly	SVC ARES	
	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				
	ALL MOLING PROPERTY OF THE COLUMN	THO CONFIDENCE WO MEE	.レニン	

### 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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) 3044 4 Date 6 Amount (\$) State; Zip Code A 10.00 brownsville. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description prvice Charge PURPOSE OF EXPENDITURE WIN 510 ARE (c) Check if travel outside of Texas, Complete Schedule T. Check If Adstin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name City; State: Zip Code A) 10.00 Description Sorvice Charge PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austra, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State: Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

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### **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 (expense a category not listed above)

Candidate/Officeholder/Politica	cal Committee Legal Services Salaries/W	Vages/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:	Mc Lonald, Arturo	A.	3 Filer ID (Ethics Commission Filers)	
4 Date 12 /14 /23	5 Payee name Dlive Garden			
6 Amount (\$)	7 Payee address; State; Zip Code 3807 N. Expressions 19/83			
9 7 /	Brownsville, TX 18520			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food I beverage Expense	Staff lu	inch	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder ilving expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date /	Payee name			
12/19/23	Wal Mart			
Amount (\$)	Payee address; 2205 E. Ruben Torres Sr.	City; Blvd.	State; Zip Code	
\$121.95	Brownsville, Tx 78526	<u> </u>		
	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.		, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/18/23	Brenda Canti			
Amount (\$)	Payee address: USO3 Exobedo St.	City;	State; Zip Code	
#18.00	brownsville, Tx 78521			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Reimbursement	Christmy Cakes	15	
	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 S	POUEDIN E ASSIEU	n r	
	AT IACH ADDITIONAL COPIES OF THIS S	VCHEDOFE WO MEET	JED	