

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Juan

M

NICKNAME

LAST

SUFFIX

Arredondo

OFFICE USE ONLY

Date Received

City Clerk

OCT 09 2018

City of San Marcos

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

112 Azolar Street San Marcos, TX 78666

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

393-9954

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Kimberly

A

NICKNAME

LAST

SUFFIX

Porterfield

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1010 Stagecoach Trail San Marcos, TX 78666

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

757-0601

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year
07 / 11 / 18

THROUGH

Month Day Year
09 / 27 / 18

11 ELECTION

ELECTION DATE

Month Day Year
11 / 06 / 2018

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

San Marcos CISD Board of Trustees, District One

13 OFFICE SOUGHT (if known)

San Marcos City Council Place 6

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Juan Miguel Arredondo

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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 40.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6,099.99

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 91.00

4. TOTAL POLITICAL EXPENDITURES \$ \$4,732.45

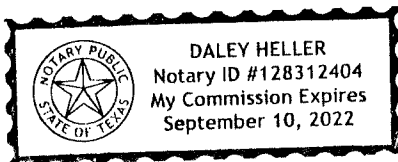
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ \$1,708.54

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JUAN MIGUEL ARREDONDO, this the 9th day of OCTOBER, 2018, to certify which, witness my hand and seal of office.

[Handwritten Signature]

DALEY HELLER

PASSPORT ADMINISTRATOR

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Juan Miguel Arredondo

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,750.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 359.99
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,800.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,591.45
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

Juan Miguel Arredondo

3 Filer ID (Ethics Commission Filers)

4 Date
07.29.2018

5 Full name of contributor out-of-state PAC (ID#: _____)
Scott Gregson

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

120 W. Hopkins San Marcos, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08.20.2018

Full name of contributor out-of-state PAC (ID#: _____)
James R. Spencer, Jr. and Lisa H. Spencer

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

100 E. Mimosa Circle San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08.29.2018

Full name of contributor out-of-state PAC (ID#: _____)
John and Allison Hardy

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

705 N. Bishop St. San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/29/2018

Full name of contributor out-of-state PAC (ID#: _____)
Carol Cape Overall

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

113 Camaro Way, San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**5****2** FILER NAME**Juan Miguel Arredondo****3** Filer ID (Ethics Commission Filers)**4** Date
08.29.18**5** Full name of contributor out-of-state PAC (ID#: _____)**Virgilio J. Altamirano****7** Amount of contribution (\$)**\$300.00****6** Contributor address; City; State; Zip Code**4304 Aqua Verde Dr., Austin TX 78746-1045****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
08.29.18Full name of contributor out-of-state PAC (ID#: _____)**Floyd William Holder III & Svetlana Holder**

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

114 Norcrest Dr., San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08.31.18Full name of contributor out-of-state PAC (ID#: _____)**Reagan T. Dickerson**

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

5225 S. Interstate 35, San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09.05.18Full name of contributor out-of-state PAC (ID#: _____)**Will P. Conley**

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

701 Mountain Crest Dr., Wimberley, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

09.06.18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Cory Glisson-Munier & George Glisson-Munier

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

305 Wild Plum, San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9.20.18

Full name of contributor

out-of-state PAC (ID#: _____)

Robert McDonald

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

9811 South, I-35 Building 3 - Suite 100, Austin, TX 78744

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09.06.18

Full name of contributor

out-of-state PAC (ID#: _____)

Lon A. Shell & Jennifer Shell

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1008 W. McCarty Ln. San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09.06.18

Full name of contributor

out-of-state PAC (ID#: _____)

Winton & Kimberly B Porterfield

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1010 Stagecoach Trail, San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

Juan Miguel Arredondo

3 Filer ID (Ethics Commission Filers)

4 Date
09.07.18

5 Full name of contributor out-of-state PAC (ID#: _____)
John David Carson

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
711 Patterson Ave., Austin TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09.11.18

Full name of contributor out-of-state PAC (ID#: _____)
Fraye B. Stokes

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
P.O Box 629, San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09.13.18

Full name of contributor out-of-state PAC (ID#: _____)
W.C. Carson

Amount of contribution (\$)
\$1,300.00

Contributor address; City; State; Zip Code
407 S Stagecoach Trail #203, San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09.24.18

Full name of contributor out-of-state PAC (ID#: _____)
Brian C. Olson

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
421 West San Antonio St., San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Juan Miguel Arredondo**

3 Filer ID (Ethics Commission Filers)

4 Date
09.26.18

5 Full name of contributor out-of-state PAC (ID#: _____)
Amy Stanfield

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2268 Summit Ridge San Marcos, TX 78666

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1
2 FILER NAME Juan Miguel Arredondo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.0
5 Date 09.10.18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Gregson 7 Contributor address; City; State; Zip Code 120 W. Hopkins St. San Marcos TX 78666	8 Amount of Contribution \$ \$299.99 9 In-kind contribution description Advertising video <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09.26.18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forest and Adam Higdon Contributor address; City; State; Zip Code 312 West Hopkins, San Marcos, TX 78666	Amount of Contribution \$ \$60.00 In-kind contribution description food for campaign event <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

5

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Juan Miguel Arredondo	3 Filer ID (Ethics Commission Filers)
4 Date 07.29.2018	5 Payee name Iconic Village Relief Benefit	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 141 E. Hopkins St, San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event fees/food and beverage expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 08.06.18	Payee name ArtSpace Dinner Fundraiser	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 150. S. LBJ Drive, San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event fees/food and beverage expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 08.11.18	Payee name Juan Miguel Arredondo	
Amount (\$) \$1,550.00	Payee address; City; State; Zip Code 112 Azolar Street San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) reimbursement	Description <input type="checkbox"/> Sign Arts San Marcos-campaign signage <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Juan Miguel Arredondo	3 Filer ID (Ethics Commission Filers)
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4 Date 08.15.18	5 Payee name McCoys Building Supply
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6 Amount (\$) \$345.18 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1010 Wonderworld Drive, San Marcos, TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description sign supplies <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09.05.18	Payee name Sign Arts San Marcos
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Amount (\$) \$305.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 205 Cheatham St., San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign signage <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09.27.18	Payee name FedEx Office Print & Ship Center
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Amount (\$) \$114.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 303 N. Edward Gary St. Suite C, San Marcos TX 78666
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description advertising signage <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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 G: 3	2 FILER NAME Juan Miguel Arredondo	3 Filer ID (Ethics Commission Filers)
4 Date 09.06.18	5 Payee name Mochas and Javas	
6 Amount (\$) \$850.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 700 North LBJ Drive, San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description food event expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 09.24.18	Payee name Next Day Fliers	
Amount (\$) \$342.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 435 N. Midland Ave. Saddle Brook, NJ 07663	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description campaign fliers <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 09.26.18	Payee name Next Day Fliers	
Amount (\$) \$140.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 435 N. Midland Ave. Saddle Brook, NJ 07663	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description campaign fliers <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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 G: 3	2 FILER NAME Juan Miguel Arredondo	3 Filer ID (Ethics Commission Filers)
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4 Date 09.25.18	5 Payee name Sign Arts San Marcos
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6 Amount (\$) \$744.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 205 Cheatham St., San Marcos, TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign signage <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check 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
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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