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 **Mr** FIRST **Arnaldo** MI NICKNAME LAST **Corpus** SUFFIX	**OFFICE USE ONLY**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address

ADDRESS / PO BOX: **1401 E. Griffin Pkwy** APT / SUITE #; CITY; STATE; ZIP CODE
Mission TX 78572

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE **(956)** PHONE NUMBER **330-5876** EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR **Mrs** FIRST **Anita** MI
NICKNAME LAST **Lugo** SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): **1401 E. Griffin Pkwy** APT / SUITE #: CITY: STATE: ZIP CODE
Mission TX 78572

8 CAMPAIGN TREASURER PHONE
AREA CODE **(956)** PHONE NUMBER **345-6699** EXTENSION

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 **9** Day **30** Year **16** THROUGH Month **10** Day **29** Year **16**

11 ELECTION
ELECTION DATE
Month Day Year / /

ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Justice of the Peace Pricint 3 Place 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 JC/OH NAME	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
☐ Additional Pages		
		COMMITTEE CAMPAIGN TREASURER ADDRESS

| 17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ N/A
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ N/A
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ N/A
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 684.99
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 348.84
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ N/A

18 AFFIDAVIT

JUAN C. VELAZQUEZ
Notary Public
STATE OF TEXAS
My Comm. Exp. 09-07-2017
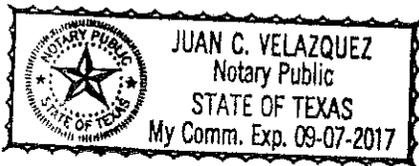
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ___Arnaldo Corpus___, this the __31__ day of __October__, 20 __16__, to certify which, witness my hand and seal of office.

_____	Juan C Velazquez	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - JC/OH

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	☐ SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	$ N/A
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ N/A
3.	☐ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	$ N/A
4.	☐ SCHEDULE E(J): LOANS (JUDICIAL)	$ N/A
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 684.99
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ N/A
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$ N/A
8.	☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 500.00
9.	☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ N/A
10.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ N/A
11.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ N/A

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:	**2** FILER NAME Arnaldo Corpus.	**3** Filer ID (Ethics Commission Filers)
4 Date 10-4-16	**5** Payee name Capital Bank	
6 Amount ($) $684.99	**7** Payee address; City; State; Zip Code 124 S. Shary Rd Mission TX 78572	

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Office overhead Expenses.	**(b)** Description ☐ 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	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

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:	2 FILER NAME Arnaldo Corpus.	3 Filer ID (Ethics Commission Filers)

4 Date 10-4-16	5 Payee name Capital One Bank

6 Amount ($)	7 Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended	P·O Box 60599 City of Industry CA. 91716-0599

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description ☐ 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

Amount ($)	Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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