

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: 4 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: <i>Mr.</i> FIRST: <i>Armando</i> MI: NICKNAME: <i>Marroquin</i> LAST: SUFFIX: | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>300 E. Pecan Blvd. McAllen TX 78501</i> | Date Received REC'D JAN 15 2021 <i>12:37pm W.C.</i> | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(956) 287-7400</i> | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: <i>Ms.</i> FIRST: <i>Rose</i> MI: NICKNAME: <i>Marquez</i> LAST: SUFFIX: | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>116 W. Yucca Ave. McAllen TX 78504</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(920) 373-2102</i> | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>07/01/2020 THROUGH 12/31/2020</i> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>/ /</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description: <i>N/A</i> <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <i>Judge, County Court at Law #10</i> | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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. | | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME | COMMITTEE CAMPAIGN TREASURER ADDRESS |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

| | | |
|---|---|--|
| 15 JC/OH NAME <i>Armando Marroquin</i> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,000 ⁻ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 20,472. ²⁸ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 50,000 ⁻ |

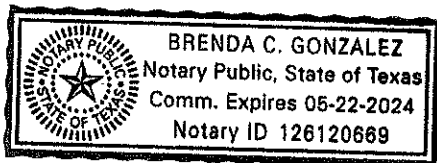
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Armando Marroquin this the 15th day of January, 2021, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Brenda Gonzalez
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

Armando Marroquin

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-----------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,000 ⁻ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: <i>1</i> |
| 2 FILER NAME <i>Armando Marroquin</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>8/26/20</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Christopher Ray Sanchez</i> | 7 Amount of contribution (\$) <i>\$500-</i> |
| 6 Contributor address; City; State; Zip Code <i>1912 S. 40th St. McAllen TX 78503</i> | | |
| 8 Contributor's principal occupation <i>Attorney at law</i> | | 9 Contributor's job title <i>Attorney</i> |
| 10 Contributor's employer/law firm <i>- self -</i> | | 11 Law firm of contributor's spouse (if any) <i>N/A</i> |
| 12 If contributor is a child, law firm of parent(s) (if any) <i>-</i> | | |

| | | |
|---|---|---|
| Date <i>10/21/20</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Walsh, McGurk, Cordova & Nixon PLLC</i> | Amount of contribution (\$) <i>\$1,500-</i> |
| Contributor address; City; State; Zip Code <i>1506 S. Lone Star Way, Ste. 10 Edinburg TX 78539</i> | | |
| Contributor's principal occupation | | Contributor's job title |
| Contributor's employer/law firm <i>law firm as listed</i> | | Law firm of contributor's spouse (if any) <i>N/A</i> |
| If contributor is a child, law firm of parent(s) (if any) <i>-</i> | | |

| | | |
|--|--|---|
| Date <i>10/21/20</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Roberto Jackson Law Office</i> | Amount of contribution (\$) <i>\$1000-</i> |
| Contributor address; City; State; Zip Code <i>412 Palmview Commercial Dr. Palmview TX 78574</i> | | |
| Contributor's principal occupation | | Contributor's job title |
| Contributor's employer/law firm <i>law firm as listed</i> | | Law firm of contributor's spouse (if any) <i>N/A</i> |
| If contributor is a child, law firm of parent(s) (if any) <i>-</i> | | |

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