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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Juan	M

NICKNAME   LAST   SUFFIX

ARREDONDO

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

200 Patricia Dr.

San Marcos Tx 78666

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(512) 393 9954

6 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST   MI

Mr   Juan   M

NICKNAME   LAST   SUFFIX

ARREDONDO

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

200 Patricia Dr.

San Marcos TX 78666

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(512) 393 9954

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 Modified Reporting Limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

7 / 16 / 2020   THROUGH   9 / 24 / 2020

11 ELECTION

ELECTION DATE

Month Day Year

11 / 3 / 2020

ELECTION TYPE

☐ Primary
☐ Runoff
☐ Other Description
☒ General
☐ Special

12 OFFICE

OFFICE HELD (if any)

SMCISD School Board

13 OFFICE SOUGHT (if known)

San Marcos Mayor

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/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 UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 790.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,640.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 55.20
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,530.65
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 109.35
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

DALEY HELLER
Notary ID #128312404
My Commission Expires
September 10, 2022
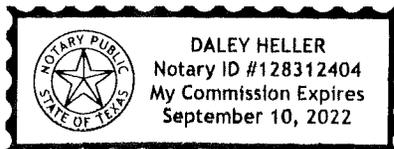
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ___JUAN M. ARREDONDO___ , this the ___5th___

day of ___October___ , 20 ___20___ , to certify which, witness my hand and seal of office.

_____	DALEY HELLER	PASSPORT ADMIN.
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,640.00
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	$ 1,530.65
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	$ 0
9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12. ☐ 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:
2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
8/25/2020	ALBERTO RODRIGUEZ	100.00
	6 Contributor address; City; State; Zip Code	
	314 WHITE WILLOW SM, TX 78666	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
ENGINEER	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/20/2020	RAMONA MENDEZ	100.00
	Contributor address; City; State; Zip Code	
	314 WHITE WILLOW SM TX 78666	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ACCOUNT ACCOUNTANT	McCoys

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/28/2020	KIM PORTERFIELD	100.00
	Contributor address; City; State; Zip Code	
	1010 STAGECOACH TRL. SM TX 78666	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CONSULTANT	SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/31/2020	LAURA DUPONT	200.00
	Contributor address; City; State; Zip Code	
	1024 W. SAN ANTONIO ST. SM TX 78666	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
VICE PRESIDENT	CORRIDOR CORRIDOR TITLE

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
9/1/2020	CHRISTOPHER JONES	500.00
	6 Contributor address; City; State; Zip Code	
	310 PAT GARRISON ST SM TX 78666	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
REALTOR	SELF

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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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:	2 FILER NAME Juan Arredondo	3 Filer ID (Ethics Commission Filers)

4 Date 9/23/2020	5 Payee name Print This LLC.	

6 Amount ($) 571.56	7 Payee address; 13330 N State Hwy 123	City; SM	State; TX	Zip Code 78666

8
PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs / campaign lit.
(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 Facebook	

Amount ($) 903.89	Payee address; 1601 Willow Rd. Menlo Park	City;	State; CA	Zip Code 94025

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Advertising	Description Social media ads
☐ 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