

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Arnoldo Mireles 16 ACCOUNT # (Ethics Commission Filers)

17 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2785.65</u> 2622.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



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.

Arnoldo Mireles

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arnoldo Mireles, this the 15th day of February, 20 10, to certify which, witness my hand and seal of office.

Christina Gonzales notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Arnoldo Mireles

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/25/10

5 Payee name

Macarena Signs

6 Payee address; City; State; Zip Code

Alice TX 78332

7 Amount (\$)

\$ 647.01

8 Purpose of payment (See instructions regarding type of information required.)

Signs & postcards
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

01/22/10

Payee name

Lucy's Embroidery

Payee address; City; State; Zip Code

Falfurrias TX 78355

Amount (\$)

\$ 67.25

Purpose of payment (See instructions regarding type of information required.)

embroidery
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

01/26/10

Payee name

Embroidme

Payee address; City; State; Zip Code

Corpus Christi TX 78415

Amount (\$)

\$ 243.56

Purpose of payment (See instructions regarding type of information required.)

T-shirts
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

01/28/10

Payee name

Falfurrias Facts

Payee address; City; State; Zip Code

Falfurrias TX 78355

Amount (\$)

\$ 63.75

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Arnoldo Mireles		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/29/10	5 Payee name United States Postal 6 Payee address; City; State; Zip Code Falfurrias TX 78355	7 Amount (\$) \$ 374.00
8 Purpose of payment (See instructions regarding type of information required.) Stamps for postcards (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/15/09	Payee name Brooks County Democratic Party Payee address; City; State; Zip Code Falfurrias TX 78355	Amount (\$) \$ 750.00
Purpose of payment (See instructions regarding type of information required.) Fee (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/19/09	Payee name Lowes Payee address; City; State; Zip Code Kingsville TX 78363	Amount (\$) \$ 305.08
Purpose of payment (See instructions regarding type of information required.) Boards & posts (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/29/10	Payee name KPSO Payee address; City; State; Zip Code Falfurrias TX 78355	Amount (\$) \$ 335.00
Purpose of payment (See instructions regarding type of information required.) Radio ads (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2**

2 FILER NAME **Arnoldo Mireles**

3 ACCOUNT # (Ethics Commission filers)

4 Date 01/25/10	5 Payee name Macareno Signs	8 Amount (\$) \$647.01
	6 Payee address; City; State; Zip Code Alice TX 78332	
7 Purpose of expenditure (See instructions regarding type of information required.) Signs, postcards <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

Date 01/22/10	Payee name Lucy's Embroidery	Amount (\$) \$67.25
	Payee address; City; State; Zip Code Falfurrias TX 78355	
Purpose of expenditure (See instructions regarding type of information required.) embroidery <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

Date 01/26/10	Payee name Embroidme	Amount (\$) \$243.56
	Payee address; City; State; Zip Code Corpus Christi TX 78415	
Purpose of expenditure (See instructions regarding type of information required.) T-shirts <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

Date 01/29/10	Payee name KPSO	Amount (\$) \$335.00
	Payee address; City; State; Zip Code Falfurrias TX 78355	
Purpose of expenditure (See instructions regarding type of information required.) Radio ads <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

Date 01/18/10	Payee name Falfurrias Facts	Amount (\$) \$63.75
	Payee address; City; State; Zip Code Falfurrias TX 78355	
Purpose of expenditure (See instructions regarding type of information required.) paper ad <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME Arnoldo Mireles		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/29/10	5 Payee name United States Postal 6 Payee address; City; State; Zip Code Falfurrias TX 78355	8 Amount (\$) \$374.00 <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) Stamps for postcards (If travel outside of Texas, complete Schedule T)		
Date 12/15/09	Payee name Brooks County Democratic Party Payee address; City; State; Zip Code Falfurrias TX 78355	Amount (\$) \$750.00 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Fee (If travel outside of Texas, complete Schedule T)		
Date 12/19/09	Payee name Lowe's Payee address; City; State; Zip Code Kingsville TX 78363	Amount (\$) \$305.08 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Boards & posts (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		