

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: **9**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Gerald

D

NICKNAME

LAST

SUFFIX

Arismendez

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 1124 Orange Grove, TX 78372

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

530-5139

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Renee

M

NICKNAME

LAST

SUFFIX

Arismendez

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

144 E. CR 303 Orange Grove, TX 78372

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

389-5375

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

07 / 01 / 2023

THROUGH

Month Day Year

12 / 31 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Constable, Pct. 5

13 OFFICE SOUGHT (if known)

14 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Gerald D. Arismendez 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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>375.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,529.55</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Gerald D. Arismendez, and my date of birth is 06-24-2023.

My address is P.O. BOX 1124/144 E. CR 308, Orange Grove, TX, 78372 Jim Wells
(street) (city) (state) (zip code) (country)

Executed in Jim Wells County, State of Texas, on the 19th day of Jan, 20 24.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Gerald D. Arismendez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 1,529.55
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 Gerald D. Arismendez	3 Filer ID (Ethics Commission Filers)
4 Date 11/11/23	5 Payee name Jim Wells County Republican Party	
6 Amount (\$) 375.02 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 3184 Alice, TX 78333	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other/Fees	(b) Description Filing Fee
	(c) <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 Gerald D. Arismendez	Office sought Constable, Pct 5
Date 11-20-23	Payee name Vista Print. Com	
Amount (\$) \$369.11 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Online Vendor	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description PostCards
	<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 Gerald D. Arismendez	Office held Constable, Pct 5
Date 11/21/23	Payee name Macareno Signs	
Amount (\$) \$487.13 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Alice, TX. 78332	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Yard Signs
	<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 Gerald D. Arismendez	Office held Constable, Pct. 5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 Gerald D. Arismendez	3 Filer ID (Ethics Commission Filers)
4 Date 11/29/23	5 Payee name USPS.Com	
6 Amount (\$) \$205.52 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Online Vendor	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expense	(b) Description Mailing Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Gerald D. Arismendez	Office sought / Office held Constable, Pct. 5
Date 12/31/23	Payee name Tractor Supply	
Amount (\$) \$85.35 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2917 IH69 Access Rd. Robstown, TX. 78380	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Hardware for signs
	<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 Gerald D. Arismendez	Office sought / Office held Constable, Pct. 5
Date 12/31/23	Payee name Harbor Freight	
Amount (\$) \$7.44 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4101 IH69 Access Rd, Ste. K Corpus Christi, TX. 78410	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Hardware for signs
	<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 Gerald D. Arismendez	Office sought / Office held Constable, Pct. 5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

[Back to history](#)

Order Details

gerald.arismendez@gmail.com

Order Date: November 20th 2023

Order #: VP_WXL991WF

Status: Completed

<p>Shipping Method</p> <p>Express Estimated Arrival Nov 27th</p>	<p>Shipping Address</p> <p>Renee Arismendez 500 E Main St Human Resources Dept. Alice, Texas 78332-4971 United States of America 3615305139</p>	<p>Billing Address</p> <p>Gerald Arismendez 144 E. CR 303 Orange Grove, Texas 78372 United States of America 3615305139</p>	<p>Payment Method</p> <p> Visa **** 5150 \$369.11</p>
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Items



Postcards
Shipped

Track: [1Z7R44E21205254897](#)
Expected Delivery: Nov 27th
Quantity: 1000



Selected Options



Item Total

\$290.99

Order Summary

Product Total	\$290.99
Shipping	\$49.99
Tax	\$28.13
Total paid	\$369.11



Gerald Arismendez <gerald.arismendez@gmail.com>

You sent \$487.13 to David Macareno

1 message

Cash App <cash@square.com>

Tue, Nov 21, 2023 at 3:16 PM

To: Gerald Arismendez <gerald.arismendez@gmail.com>



David Macareno

Payment to \$DavidMacareno2021

\$487.13



Completed

Amount	\$487.13
Source	First Community Bank
Identifier	#DJ6D3P0
To	David Macareno
From	Gerald Arismendez

Every Door Direct Mail Retail Order Confirmation

From: auto-reply@usps.com

To: trutxn67@yahoo.com

Date: Wednesday, November 29, 2023 at 01:14 PM CST



Order #: [8976581](#)

Hello Renee Arismendez,

Thank you for using USPS.com[®] to create and pay for your Every Door Direct Mail - Retail[®] (EDDM Retail[®]) order.

EDDM Retail Order Details

Name: Renee Arismendez

Order #: [8976581](#)

Placed on: November 29, 2023

Status: Order Placed

Bill to: Gerald D Arismendez
P.O. Box 1124
ORANGE GROVE TX 783729355 United States
Visa: ending in 5753

Item

Every Door Direct Mail - Retail[®]

ORANGE GROVE POST OFFICE, 78372

Price: \$205.52

Qty: 1

Total: \$205.52

HARBOR FREIGHT

QUALITY TOOLS LOWEST PRICES

CALALLEN TX #00680
4101 IH 69 ACCESS ROAD STE K
CORPUS CHRISTI, TX 78410
Telephone: (361) 242-2998



TractorSupply.com

2917 IH 69 ACCESS RD
ROBSTOWN, TX 78380
361-767-3575

Ticket: 73835
Date: 12/31/23 Time: 9:04 AM
Store: 333 Register: 2
Cashier: Mtc

SALE

Customer Name: Gerald Arismendez
Customer Number: 999022661317

62720 TIE 24IN BLACK HD 10PK \$2.29
62720 TIE 24IN BLACK HD 10PK \$2.29
62720 TIE 24IN BLACK HD 10PK \$2.29

Subtotal \$6.87
Sales Tax 8.250% \$0.57
Total \$7.44

Debit \$7.44

Card No. XXXXXXXXXXXX5753
Auth. No. 000750
US DEBIT
Chip Read
Verified By PIN
Mode: Issuer
AID: A0000000980840
TVR: 3080048000
IAD: 0601120360A000
TSI: 6300
ARC: 00

Please Retain for Your Records

Store: 00680 Reg: 04 Tran: 592826
Date: 12/31/2023 9:18:00 AM Assoc: XXXXXX
Ticket: 04592826

It(s) Sold: 3
Item(s) Returned: 0

Ashley served you today.
Thank you for shopping at
CALALLEN TX #00680

Proof of Purchase Required for Returns/
Exchanges Within 90 Days of Purchase.

GET EXCLUSIVE DEALS

Sign up today at HarborFreight.com/email
or Text TOOLS to 34648



Item	Price	Amount
TPOST 6.5" x 1.5" x 1.5" FN 3609120	5.99	85.35
	Subtotal	85.35
	Tax	0.00
	Total	85.35

Debit Card - SALE 85.35
*****5753 - EMV Chip
Authorization #: 253353
Bank Reference #: 50376714258
Terminal ID : 001790333000200
Cryptogram : 4603FB89251BA222
AID : A0000000980840
APP : US DEBIT
CVM : FIN Verified / 420000
TVR : 6000043000 / TSI : 6800

Change 0.00
I agree to pay the above amount according
to my card issuer agreement.

Tax Exempt Information

Name: GERALD ARISMENDEZ
Address: PO BOX 1124
City/St: ORANGE GROVE, TX
Zip Code: 78132
Phone: 361-520-5139

Tax Exempt Reason: Agricultural
Expiration Date:
Tax Exempt Holder:

This transaction consists of one or more
items identified as exempt from state
sales or use tax. By signing below, and
under penalties of perjury, signee
declares he/she legally has the right to
purchase the above items exempt from sales
and use tax and these items will be used
exclusively in a manner which qualifies