

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: <i>5 pages</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>MR.</i> FIRST: <i>B</i> MI: <i>Javier</i> NICKNAME: <i>Curk</i> LAST: <i>Mendoza</i> SUFFIX:	OFFICE USE ONLY Date Received: <i>2018 JUL 16 AM 10:09</i> Date Hand-delivered or Date Postmarked:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE <i>1512 Palmer Drive Laredo TX 78045</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(956)</i> PHONE NUMBER: <i>206 7637</i> EXTENSION:	Receipt #: Amount \$: Date Processed: Date Imaged:	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>MRS</i> FIRST: <i>Jessica</i> MI: NICKNAME: LAST: <i>Mendoza</i> SUFFIX:	Date Hand-delivered or Date Postmarked:	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>1512 Palmer Drive Laredo TX 78045</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(956)</i> PHONE NUMBER: <i>754 8307</i> EXTENSION:		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>01 / 01 / 2018</i> <i>6 / 30 / 2018</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 06 / 18</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Laredo City Council - District 6</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Javier Cuate Mendoza

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 1,525.⁰⁰/₁₀₀

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

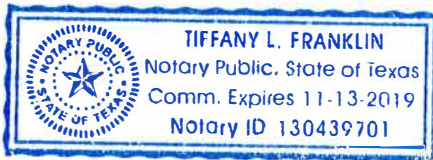
\$ - 0 -

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 10,000.⁰⁰/₁₀₀

18 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.

Javier B. Mendoza

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Javier B. Mendoza, this the 16th day of July, 2018, to certify which, witness my hand and seal of office.

Tiffany L. Franklin
Signature of officer administering oath

Tiffany L. Franklin
Printed name of officer administering oath

Deputy City Secretary
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Javier Cuate Mendoza</i>		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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000
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	\$ 1,525. ⁰⁰ / ₁₀₀
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 -

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Javier Mendoza "Cuato"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

6/15/2018

7 Name of lender

Javier Mendoza

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

10,000.00

6 Is lender a financial institution?

Y N

8 Lender address;

1512 Palmer

City; State; Zip Code

LAREDO TX 78041

10 Interest rate

11 Maturity date

6/15/2020

12 Principal occupation / Job title (See Instructions)

President

13 Employer (See Instructions)

Mendoza Maintenance Group Inc.

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address;

City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address;

City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 1	2 FILER NAME Javier Mendez 'Cuato'	3 Filer ID (Ethics Commission Filers)
---------------------------------------	--	--

4 Date 6/24/2018	5 Payee name Lifestyles
----------------------------	-----------------------------------

6 Amount (\$) 400. ⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 451726 Laredo TEXAS 78045
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign ads/trifolds	(b) Description <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	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 6/29	Payee name Show it Signs
--------------	-----------------------------

Amount (\$) 1,000. ⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 104 Calton Laredo TEXAS 78041
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Signs	(b) Description <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	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 6/30	Payee name Facebook
--------------	------------------------

Amount (\$) 125. ⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Melo Park California Internet
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	(b) Description <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	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED