

# 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: |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR      FIRST      MI<br><b>Mr. Rudy</b>   | <b>OFFICE USE ONLY</b>   |                      |
|   | NICKNAME      LAST      SUFFIX<br><b>Gonzalez Jr.</b>   |  |                      |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE<br><b>144 Horizon Ln Laredo TX 78046</b>   |  |                      |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><b>(950) 334-8793</b>   |  |                      |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR      FIRST      MI<br><b>Mr. Ricky</b>  | Date Received<br><b>2018 JUL 16 PM 4:11</b><br>DATE RECEIVED<br><b>RECEIVED</b><br>Date Hand-delivered or Date Postmarked  |                      |
|   | NICKNAME      LAST      SUFFIX<br><b>Oliva</b>  |  |                      |
|   | RECEIPT #      Amount \$  |  |                      |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE<br><b>3902 Guadalupe Laredo TX 78046</b>  |  |                      |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><b>(950) 251-5510</b>   |  |                      |
| <b>9</b> 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)<br><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) |  |                      |
| <b>10</b> PERIOD COVERED  | Month    Day    Year      Month    Day    Year<br><b>01 / 01 / 18      THROUGH      06 / 30 / 18</b>  |  |                      |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br><b>11 / 6 / 18</b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                      |
| <b>12</b> OFFICE  | OFFICE HELD (if any)<br><b>City Council District 1</b>  | <b>13</b> OFFICE SOUGHT (if known)<br><b>SAME</b>  |                      |
| <b>GO TO PAGE 2</b>   |   |  |                      |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

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

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

\$

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

\$ 1,560.00

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,370.00

CONTRIBUTION  
BALANCE

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

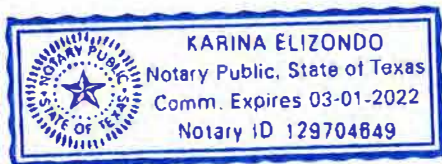
\$

OUTSTANDING  
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Rudy Gonzalez, JR, this the 16<sup>th</sup> day of July, 2019, 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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |  |  |
|--|--|--|
| 19 FILER NAME  |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  | SUBTOTAL<br>AMOUNT                     |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |  | \$ 1,500.00                            |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS     |  | \$ 400.00                              |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS               |  | \$ 270.00                              |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH         |  | \$                                     |
| 11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS |  | \$ 1700.00                             |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER  |  | \$                                     |

Monetary Political Contributions

FORM A1  
Page 1

6114118 Juan Jose Cruz.

\$ 500.00

1506 Nelson Ct. Laredo, TX 78045

6135118 Palafox Hospitality LTD. DBA  
La Posada Hotel Operating Acct

\$1,000.00

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |  |   |                               |               |
|---|--|--|---|-------------------------------|---------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)   |   |                               |               |
| <b>4</b> Date<br>6/2/18   | <b>5</b> Payee name<br>Dr. Ikes.   |  |   |                               |               |
| <b>6</b> Amount (\$)<br>\$400.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>Laredo, TX. 78046   |  |   |                               |               |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Political T-poles.  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought  | Office held   |                               |               |
| Date  | Payee name   |  |   |                               |               |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |   |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought  | Office held   |                               |               |
| Date  | Payee name   |  |   |                               |               |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |   |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought  | Office held   |                               |               |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

|                                  |                     |  |
|----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule G: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|---------------------|--|

|               |                                       |
|---------------|---------------------------------------|
| <b>4</b> Date | <b>5</b> Payee name<br>Roger Martinez |
|---------------|---------------------------------------|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$15000<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>3515 Aguariew Laredo, TX 78046 |
|---|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Plate Sale Donation | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|---|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |                                |
|------|--------------------------------|
| Date | Payee name<br>Mari Carmen Pena |
|------|--------------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$100.00<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>2816 Nispola W. Laredo, TX 78046 |
|---|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Funeral Exp. donation | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 | Payee name<br>Margarita Gonzalez |
|------|----------------------------------|

|   |   |
|---|---|
| Amount (\$)<br>\$120.00<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>320 Seyoua Dr. Laredo, TX 78046 |
|---|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>donation for church | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:          | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date<br>3/25/18                  | <b>5</b> Payee name<br>Josh Juarez  |   |
| <b>6</b> Amount (\$)<br>\$1,700.00        | <b>7</b> Payee address; City; State; Zip Code<br>2522 Jean St Laredo, TX. 78040 |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See instructions for examples of acceptable categories.)   | <b>(b)</b> Description (See instructions regarding type of information required.) |
|   |   |   |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)              | Description (See instructions regarding type of information required.)            |
|   |   |   |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)              | Description (See instructions regarding type of information required.)            |
|   |   |   |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)              | Description (See instructions regarding type of information required.)            |
|   |   |   |

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