

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: <u>Mr.</u> FIRST: <u>Rudy</u> MI: _____ NICKNAME: _____ LAST: <u>Gonzalez</u> SUFFIX: <u>Jr.</u>	OFFICE USE ONLY Date Received: <u>2018 JAN 16 AM 9:02</u> CITY SECRETARY'S OFFICE RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>144 Horizon Loop Laredo, TX 78046</u>	Date Hand-delivered or Date Postmarked: _____	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(950)</u> PHONE NUMBER: <u>334-8793</u> EXTENSION: _____	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Ricardo</u> MI: _____ NICKNAME: _____ LAST: <u>Oliva</u> SUFFIX: <u>Jr.</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3902 Guadalupe Laredo, TX 78046</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(950)</u> PHONE NUMBER: <u>851-5510</u> 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 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 <u>07 / 01 / 17</u> THROUGH <u>12 / 31 / 17</u>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any) <u>City Council District 7</u>	13 OFFICE SOUGHT (if known)		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

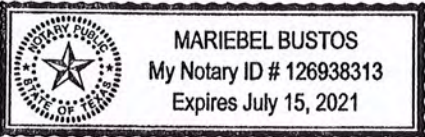
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

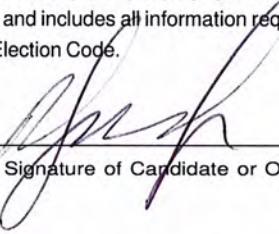
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,950
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,606.93
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	\$ 343.07

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 Rodolfo "Rudy" Gonzalez Jr., this the 12th day of January, 2018, to certify which, witness my hand and seal of office.

Mariebel Bustos
Signature of officer administering oath

Mariebel Bustos
Printed name of officer administering oath

Notary
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 NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,950
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	\$4,600.93
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 (\$)

7/6/17

Jesus Ruiz

\$500.00

6 Contributor address; City; State; Zip Code

8902 Cornell Laredo, TX 78045

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Bowling Tournament

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

7/6/17

East Laredo Home Place

\$450.00

Contributor address; City; State; Zip Code

P.O. Box 450050 Laredo, TX.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Bowling Tournament

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

7/6/17

Premier Civil Engineering

\$150.00

Contributor address; City; State; Zip Code

1302 Calle Del Norte Laredo, TX.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Bowling Tournament

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

7/6/17

Jorge Dominguez

\$150.00

Contributor address; City; State; Zip Code

151 North Ave. Laredo, TX. 78046

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

⑤ Alfonso Ornelas \$150.00
7/11/17 1508 Palmer Dr.
Laredo, TX. 78045

Bowling Tournament

⑥ Dan Leyendecker \$150.00
7/5/17 15222 Cane Harbor Blvd.
Corpus Christi, TX. 78418

Bowling Tournament

⑦ Eduardo Parra \$150.00
7/11/17 7323 Eagle Ledge
San Antonio, 78249

Bowling Tournament

⑧ Laredo Police Officer Association \$300.00
6/26/17 6426 Polaris
Laredo, TX. 78046

Bowling Tournament

⑨ Corral Western Wear LLC \$150.00
7/11/17 4205 Jaime Zapata Suite B2
Laredo, TX. 78043

⑩ Rosaura Wawi Tijerina \$150.00
6/21/17 1601 Lane St.
Laredo, 78043

Bowling Tournament

(11) John C. Gato
7/7/17 104 Brand Drive
Laredo, TX. 78041
Bowling Tournament. \$150.00

(12) LC 1313 Inc.
7/11/17 801 Clark Blvd.
Laredo, TX. 78040
Bowling Tournament \$150.00

(13) Ramo Contractors
2710 Zacatecas
7/11/17 Laredo, TX. 78046
Bowling Tournament. \$150.00

(14) Southern Distributing
P.O. Box 333
7/10/17 Laredo, TX. 78046
Bowling Tournament \$150.00

(15) Westwind Development.
7/10/17 PO Box 2039
Laredo, TX. 78044
Bowling Tournament \$300.00

(16) Hachar Investment
7/10/17 3302 Cuatro Vientos
Laredo, TX. 78046
Bowling Tournament \$500.00

(17) Radcliffe Killam III
2608 Vineyard Loop
Laredo, TX. 78045 \$150.00
7/11/17
Bowling Tournament

(18) Laredo Fire Fighters Ass.
5219 Tesoro Plaza
Laredo, TX. 78041 \$300.00
7/10/17
Bowling Tournament.

(19) LPOA
6426 Polaris Dr.
Laredo, TX. 78041 \$300.00
10/10/17
Turkey Giveaway

(20) 10/31/17 WFT Financial LLC
PO. Box 450050
Laredo, TX. 78045 \$200.00
Turkey Giveaway

(21) East Laredo Home Place LTD.
PO Box 450050
Laredo, TX. 78045 \$300.00
10/31/17
Turkey Giveaway.

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 | 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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 11/17/17	5 Payee name Walmart
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6 Amount (\$) 349.51	7 Payee address; City; State; Zip Code 4401 Hwy. 83 South Laredo TX. 78046.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Expense for Turkey Giveaway	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/17	Payee name Chili's Grill + Bar
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Amount (\$) 150.00	Payee address; City; State; Zip Code 10601 McPherson Laredo TX. 78045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Expense for Bowling Tour.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/10/17	Payee name TARGET
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Amount (\$) 257.61	Payee address; City; State; Zip Code 1910 Bob Bullack Laredo TX. 78045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 7/7/17	5 Payee name Hamilton Trophies
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6 Amount (\$) 113.66	7 Payee address; City; State; Zip Code 1320 Gardent St. Laredo, TX. 78040
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EXPENSE Bowling Tournament	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/17	Payee name Jett Bowl North
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Amount (\$) 1,607.51	Payee address; City; State; Zip Code 5823 McPherson Laredo, TX 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bowling Tournament	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/10/17	Payee name Chili's Grill + Bar
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Amount (\$) 124.53	Payee address; City; State; Zip Code 5702 San Barenardo Laredo, TX. 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meal Meeting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7/9/17	5 Payee name LEA		
6 Amount (\$) 198.21	7 Payee address; City; State; Zip Code 6510 Arena Rd. Laredo, TX. 78041		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Meeting.	(b) Description (See instructions regarding type of information required.)	
Date 11/2/17	Payee name Casa Juarez		
Amount (\$) 94.35	Payee address; City; State; Zip Code 701 Market St. Laredo TX. 78040		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) donation	Description (See instructions regarding type of information required.)	
Date 10/11/17	Payee name Rudy Gaona		
Amount (\$) 150.00	Payee address; City; State; Zip Code 1904 Freemant St. Laredo, TX. 78043		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.)	
Date 7/14/17	Payee name Nixon Tailgate Reunion Bowling		
Amount (\$) 200.00	Payee address; City; State; Zip Code 5293 McPherson, Laredo TX 78041		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) donation	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 11-14-17	5 Payee name Sophia Cruz
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 3802 Nogal Laredo, TX. 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-2-17	Payee name Linda Salinas
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Amount (\$) 500.00 200.00	Payee address; City; State; Zip Code 3911 Bandera Laredo, TX 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-23-17	Payee name Maribel Ozornica
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Amount (\$) 500.00	Payee address; City; State; Zip Code 238 Loma Vista Laredo TX 78046
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED