

# 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: **13**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed	Date Imaged	
9 REPORT TYPE	<input checked="" 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
11 ELECTION	ELECTION DATE			ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any)			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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

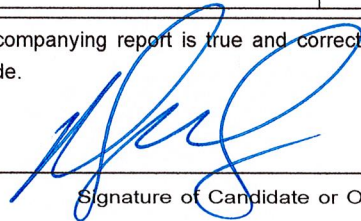
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,750.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,500.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,298.94
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 951.06.
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

**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 Rudolph Gonzalez and my date of birth is 12/11/81  
 My address is 144 Horizon Loop Laredo TX 78046 USA  
(street) (city) (state) (zip code) (country)  
 Executed in WEBB County, State of TEXAS, on the 18th day of January, 2022  
(month) (year)

Signature of Candidate/Officeholder (Declarant)



# 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	\$ 2,750
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,500
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,298.94
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 2</b>
2 FILER NAME <b>Rudy Gonzalez Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/4/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hill Top Farms LTD.</b> 6 Contributor address; City; State; Zip Code <b>PO Box 2368 Laredo TX. 78046</b>	7 Amount of contribution (\$) <b>\$1,000</b>
8 Principal occupation / Job title (See Instructions) <b>owner.</b>		9 Employer (See Instructions)
Date <b>10/21/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>East Laredo Home Place</b> Contributor address; City; State; Zip Code <b>PO Box 450050 Laredo TX. 78045</b>	Amount of contribution (\$) <b>\$750.00</b>
Principal occupation / Job title (See Instructions) <b>owner</b>		Employer (See Instructions)
Date <b>10/21/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WFT Financial LLC</b> Contributor address; City; State; Zip Code <b>PO Box 450050 Laredo TX. 78045</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions) <b>owner.</b>		Employer (See Instructions)
Date <b>10/26/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Premier Civil Engineering</b> Contributor address; City; State; Zip Code <b>1302 Calle Del Norte Ste. 2 Laredo TX. 78041</b>	Amount of contribution (\$) <b>\$250.00</b>
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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 2</b>
2 FILER NAME <b>Rudy Gonzalez Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Palarfox Hospitality</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>Laredo TX 78046</b>		
8 Principal occupation / Job title (See Instructions) <b>owner.</b>		9 Employer (See Instructions)
Date	* Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	* Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	* Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>10 of 1</b>	
2 FILER NAME <b>Rudy Gonzalez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>10/13/21</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laredo Police Officer Association</b>	8 Amount of Contribution \$ <b>\$1,000</b>	9 In-kind contribution description <b>candy, turkeys, Xmas gifts</b>
7 Contributor address; City; State; Zip Code <b>PO Box 2776 Laredo TX 78046</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Police Officer Association</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>11/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laredo Fire PAC</b>	Amount of Contribution \$ <b>\$1,500</b>	In-kind contribution description <b>Christmas event, turkeys</b>
Contributor address; City; State; Zip Code <b>5219 Tesoro Plaza Laredo TX 78046</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 10/16.	2 FILER NAME Rudy Gonzalez Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 9/9/21	5 Payee name Erica Castro			
6 Amount (\$) \$50.00	7 Payee address;	City Laredo,	State TX.	Zip Code 78046
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <del>Plate sale</del> donation	(b) Description (See instructions regarding type of information required.) Plate sale.		
Date 10/2/21	Payee name Justin Sanchez			
Amount (\$) \$50.00	Payee address;	City Laredo,	State TX	Zip Code 78043.
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) donation	Description (See instructions regarding type of information required.) Plate sale.		
Date 10/8/21	Payee name JL Print House			
Amount (\$) \$105.00	Payee address;	City McAllen	State TX.	Zip Code 78501
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event expense	Description (See instructions regarding type of information required.) Halloween drive-thru.		
Date 10/20/21	Payee name Spirit Halloween			
Amount (\$) 432.97	Payee address;	City Laredo	State TX.	Zip Code 78043
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event expense.	Description (See instructions regarding type of information required.) Halloween drive-thru		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 2 of 6	2 FILER NAME Rudy Gonzalez Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 10/21/21	5 Payee name Party City			
6 Amount (\$) 87.21	7 Payee address; #2A City State Zip Code 5500 San Bernardo Laredo TX 78046			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) event expense		(b) Description (See instructions regarding type of information required.) Halloween drive thru	
Date 11/4/21	Payee name Academy Sports + outdoors			
Amount (\$) \$331.32	Payee address; City State Zip Code 10820 International Blvd. Laredo TX 78046			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event expense		Description (See instructions regarding type of information required.)	
Date 11/22/21	Payee name Walmart			
Amount (\$) \$199.62	Payee address; City State Zip Code 2320 Bob Bullock Loop Laredo TX 78046			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event expense		Description (See instructions regarding type of information required.) Thanksgiving giveaway	
Date 11/7/21	Payee name Darcie Doreen			
Amount (\$) \$50.00	Payee address; City State Zip Code Laredo TX 78046			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) donation		Description (See instructions regarding type of information required.) GoFundMe	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 3 of 6.	2 FILER NAME Rudy Gonzalez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/7/21	5 Payee name Jessica Aguilar			
6 Amount (\$) \$50.00	7 Payee address;	City Laredo,	State TX.	Zip Code 78046
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) donation	(b) Description (See instructions regarding type of information required.) Go Fund me.		
Date 11/15/21	Payee name Wal-Mart			
Amount (\$) \$525.72	Payee address;	City Laredo,	State TX.	Zip Code 78046
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event event	Description (See instructions regarding type of information required.) Thanksgiving		
Date 12/1/21	Payee name Wal-Mart			
Amount (\$) \$125.21	Payee address;	City Laredo,	State TX.	Zip Code 78046
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event expense.	Description (See instructions regarding type of information required.) X-mas event		
Date 12/2/21	Payee name Target			
Amount (\$) 286.34	Payee address;	City Laredo	State TX.	Zip Code 78046
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event expense	Description (See instructions regarding type of information required.) X-mas event		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 4 of 6	<b>2</b> FILER NAME Rudy Gonzalez Jr.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/20/21	<b>5</b> Payee name Hamilton Trophies			
<b>6</b> Amount (\$) \$132.58	<b>7</b> Payee address; 1320 Garden St.	City Laredo	State TX	Zip Code 78043
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories.) donation	<b>(b)</b> Description (See instructions regarding type of information required.) Basketball tournament		
Date 12/14/21	Payee name Sylvia Espino			
Amount (\$) \$3500	Payee address; 217 Pin Oaks.	City Laredo,	State TX	Zip Code 78046
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) donation	Description (See instructions regarding type of information required.) plate sale.		
Date 12/15/21	Payee name Dollar Tree			
Amount (\$) \$89.62	Payee address; 3702 US-83	City Laredo,	State TX	Zip Code 78043.
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event expense	Description (See instructions regarding type of information required.) X-mas event		
Date 12/16/21	Payee name Family Dollar			
Amount (\$) 55.76	Payee address; 3913 TX-20 Loop	City Laredo,	State TX	Zip Code 78046
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event expense	Description (See instructions regarding type of information required.) event		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 5 of 6	<b>2</b> FILER NAME Rudy Gonzalez Jr.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/16/21	<b>5</b> Payee name Dollar General			
<b>6</b> Amount (\$) 126.45	<b>7</b> Payee address;	City	State	Zip Code
	3730 Jaime Zapata Memorial	Laredo TX.	TX.	78046
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories.) event expense	<b>(b)</b> Description (See instructions regarding type of information required.) X-mas event		
Date 12/17/21	Payee name Wal-Mart			
Amount (\$) 752.81	Payee address;	City	State	Zip Code
	2320 Bob Bullock Loop	Laredo,	TX.	78046
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event expense	Description (See instructions regarding type of information required.) X-mas event		
Date 12/21/21	Payee name Family Dollar			
Amount (\$) 362.21	Payee address;	City	State	Zip Code
	3913 TX-20 Loop	Laredo,	TX.	78046
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) event expense	Description (See instructions regarding type of information required.) X-mas event		
Date 12/21/21	Payee name Target			
Amount (\$) 451.12	Payee address;	City	State	Zip Code
	1910 Bob Bullock Loop	Laredo	TX.	78046
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) donation	Description (See instructions regarding type of information required.) X-mas gifts.		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 60076	<b>2</b> FILER NAME Rudy Gonzalez Jr.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/15/21	<b>5</b> Payee name Sam's Club			
<b>6</b> Amount (\$) 454.72	<b>7</b> Payee address;	City	State	Zip Code
	4810 San Bernardo Ave. Laredo		TX	78046
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) event expense		<b>(b)</b> Description (See instructions regarding type of information required.) X-mas gifts.	
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.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Rudy Gonzalez Jr.

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder