

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed:		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI			
		NICKNAME LAST SUFFIX		Date Received	
		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
<b>4</b> ORIGINAL REPORT TYPE				Receipt #    Amount \$	
<b>5</b> ORIGINAL PERIOD COVERED		Month Day Year    THROUGH    Month Day Year		Date Processed	
		04 / 09 / 2018    THROUGH    06 / 30 / 2018		Date Imaged	

**6** EXPLANATION OF CORRECTION: Addition of specific address

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Juan Jr Ramirez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Juan Jr Ramirez, this the 23 day of July, 2018, to certify which, witness my hand and seal of office.

Sharon Amoros    Sharon E. Amoros    Notary Public  
Signature of officer administering oath    Printed name of officer administering oath    Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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.

<b>1</b> Total pages Schedule F1: <b>1 (One)</b>	<b>2</b> FILER NAME <b>Juan Ramirez Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/03/2018</b>	<b>5</b> Payee name <b>Elizabeth Guerra</b>	
<b>6</b> Amount (\$) <b>1,700.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>Laredo, Texas 78041 7550 County Club Dr.</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name <b>Juan Ramirez Jr.</b>		Office sought <b>Yes</b>
Office held		
Date <b>06/29/2018</b>	Payee name <b>Myra Casares</b>	
Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>Laredo, Texas 78041 7607 King Arthur Court</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		Office sought
Office held		
Date <b>06/29/2018</b> <b>06/25/2018</b>	Payee name <b>David Barrera</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>Laredo, Texas 78041 1000 Ranch Way Dr. 1406</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name <b>Juan Ramirez Jr.</b>		Office sought <b>Yes</b>
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Juan Ramirez Jr.**

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

\$ 0

CONTRIBUTION  
BALANCE

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

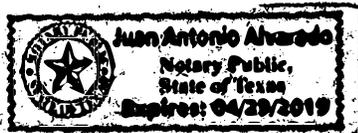
\$ 2,005.00

OUTSTANDING  
LOAN TOTALS

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

\$ 1,000.00

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.

*Juan Ramirez Jr.*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Juan Ramirez Jr., this the 16 day of July, 20 18, to certify which, witness my hand and seal of office.

*Juan A. Alvarado*  
Signature of officer administering oath

Juan A. Alvarado  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
Juan Ramirez Jr.		
<b>21</b>	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 2,005.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,558.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,637.71
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: <b>5</b>
2 FILER NAME <b>Juan Ramirez Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/20/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Westwind Development</b> 6 Contributor address; City; State; Zip Code <b>5320 Lost Hills Trail Laredo, Texas 78041</b>	7 Amount of contribution (\$) <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions) <b>House Builder</b>		9 Employer (See Instructions)
Date <b>4/26/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Luis A Garza</b> Contributor address; City; State; Zip Code <b>207 Riverbank Laredo, Texas 78045</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/26/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A &amp; M Cedimexa Group LLC</b> Contributor address; City; State; Zip Code <b>208 Flecha Lane Laredo, Texas 78045</b>	Amount of contribution (\$) <b>\$375.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/27/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nancy Martinez</b> Contributor address; City; State; Zip Code <b>213 Sun Ray Lp. Laredo, Texas 78041</b>	Amount of contribution (\$) <b>\$ 100.00</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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Juan Ramirez Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/27/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cindy Liendo Campaign</b> 6 Contributor address; City; State; Zip Code <b>1318 Sanchez Laredo, Texas 78041</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/27/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rodolfo G. Morezles</b> Contributor address; City; State; Zip Code <b>Laredo, Texas 78041</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/27/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MG Multiservicios Milwaukee, LLC</b> Contributor address; City; State; Zip Code <b>4100 San Bernardo Ave. Ste. E4 Laredo, Texas 78041</b>	Amount of contribution (\$) <b>\$75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/27/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Transportes H &amp; H Inc.</b> Contributor address; City; State; Zip Code <b>406 Northstar Drive Laredo, Texas 78045</b>	Amount of contribution (\$) <b>\$750.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Juan Ramirez Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/27/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesus Flores III</b> 6 Contributor address; City; State; Zip Code <b>12901 San Agustin Ave. Laredo, Texas 78041</b>	7 Amount of contribution (\$) <b>\$75.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/27/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AC. Jr. Logistics, LLC</b> Contributor address; City; State; Zip Code <b>13515 Mercury Dr. Laredo, Texas 78045</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/27/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pedro Bustamante III &amp; Maria Otilia Bustamante</b> Contributor address; City; State; Zip Code <b>P. O. Box 450913 Laredo, Texas 78045</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/27/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Urbano Builders LC</b> Contributor address; City; State; Zip Code <b>6019 McPherson Rd. Ste. 11 Laredo, Texas 78041</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Juan Ramirez Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/27/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office Of Eduardo A. Castillo PLLC</b> 6 Contributor address; City; State; Zip Code <b>402 E. Hillside Rd. Ste 6 Laredo, Texas 78041</b>	7 Amount of contribution (\$) <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions) <b>House Builder</b>		9 Employer (See Instructions)
Date <b>4/27/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brandon Wetsel &amp; Lilia Bruni Wetsel</b> Contributor address; City; State; Zip Code <b>116 Regal Dr. Laredo, Texas 78041</b>	Amount of contribution (\$) <b>\$75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/03/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ernest M Bruni Jr.</b> Contributor address; City; State; Zip Code <b>301 Regal Dr. Laredo, Texas 78041</b>	Amount of contribution (\$) <b>\$3,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/18/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Porras Engineering Company</b> Contributor address; City; State; Zip Code <b>P. O. Box 1670 Laredo, Texas 78044</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Juan Ramirez Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/28/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MG Contractors, LTD.</b>	7 Amount of contribution (\$) <b>\$400.00</b>
6 Contributor address; City; State; Zip Code <b>1302 E. San Pedro St. Laredo, Texas 78041</b>		
8 Principal occupation / Job title (See Instructions) <b>House Builder</b>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>1 (One)</b>	
2 FILER NAME <b>Juan Ramirez Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <b>\$2,005.00</b>	
5 Date <b>6/30/2018</b>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address; City; State; Zip Code <b>Laredo, Texas 78041</b>	8 Amount of Pledge \$ <b>2,005.00</b>	9 In-kind contribution description <b>Food Plate Sale</b>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>One (1)</b>
2 FILER NAME <b>Juan Ramirez Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <b>One (1)</b>		<b>\$ 1,000.00</b>
5 Date of loan <b>6/12/2018</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Juan Ramirez Jr.</b>	9 Loan Amount (\$) <b>\$1,000.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	8 Lender address; City; State; Zip Code <b>10512 Savitee Laredo, Texas 78041</b>	10 Interest rate <b>None</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>Self-employed</b>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <b>N/A</b>	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
is lender a financial Institution?  Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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# 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.

<b>1</b> Total pages Schedule F1: <b>1 (One)</b>	<b>2</b> FILER NAME <b>Juan Ramirez Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/03/2018</b>	<b>5</b> Payee name <b>Elizabeth Guerra</b>	
<b>6</b> Amount (\$) <b>1,700.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>Laredo, Texas 78041</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b> Office held
Date <b>06/29/2018</b>	Payee name <b>Myra Casares</b>	
Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>Laredo, Texas 78041</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>06/25/2018</b>	Payee name <b>David Barrera</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>Laredo, Texas 78041</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b> Office held

**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.

<b>1</b> Total pages Schedule F1: <b>2 (Two)</b>		<b>2</b> FILER NAME <b>Juan Ramirez Jr.</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>05/03/2018</b>		<b>5</b> Payee name <b>Palenque Grill</b>			
<b>6</b> Amount (\$) <b>\$1,690.27</b>		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Juan Ramirez Jr.</b>		Office sought <b>Yes</b>	
Date <b>05/31/2018</b>		Payee name <b>Cash</b>			
Amount (\$) <b>290.00</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Event Expense</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Juan Ramirez Jr.</b>		Office sought <b>Yes</b>	
Date <b>06/12/2018</b>		Payee name <b>Democrat Convention</b>			
Amount (\$) <b>300.00</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Juan Ramirez Jr.</b>		Office sought <b>Yes</b>	

**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.

<b>1</b> Total pages Schedule F1: <b>3 (Three)</b>	<b>2</b> FILER NAME <b>Juan Ramirez Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/12/2018</b>	<b>5</b> Payee name <b>Elysian Social Club</b>	
<b>6</b> Amount (\$) <b>\$220.00</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Other</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b> Office held
Date <b>06/31/2018</b>	Payee name	
Amount (\$) <b>450.00</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Event Expense</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b> Office held
Date <b>06/31/2018</b>	Payee name	
Amount (\$) <b>76.79</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Other</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b> Office held

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# 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 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>4 (Four)</b>	<b>2</b> FILER NAME <b>Juan Ramirez Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/30/2018</b>	<b>5</b> Payee name <b>Texas Community Bank</b>	
<b>6</b> Amount (\$) <b>31.89</b>	<b>7</b> Payee address; City; State; Zip Code <b>6721 McPherson Rd. Laredo, Texas 78041</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Banking Service Charge</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>Juan Ramirez Jr.</b> Office sought: <b>Yes</b> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>3 (Three)</b>	<b>2</b> FILER NAME <b>Juan Ramirez Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ 795.35</b>
<b>5</b> Date <b>06/05/2018</b>	<b>6</b> Payee name <b>Dr. Ikes Home Center</b>	
<b>7</b> Amount (\$) <b>\$568.98</b>	<b>8</b> Payee address; City; State; Zip Code <b>4200 IH 35 North Laredo, Texas 78041</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Other</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b>
		Office held
Date <b>06/15/2018</b>	Payee name <b>Cash</b>	
Amount (\$) <b>226.37</b>	Payee address; City; State; Zip Code <b>Laredo, Texas 78041</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Food /Beverage Expense</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b>
		Office held

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME <b>Juan Ramirez Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ 549.20</b>
<b>5</b> Date <b>04/19/2018</b>	<b>6</b> Payee name <b>The Sports Center Silk Screen &amp; Embroidery</b>	
<b>7</b> Amount (\$) <b>\$407.75</b>	<b>8</b> Payee address; City; State; Zip Code <b>4520 San Bernardo Ave. Ste. 114 Laredo, Texas 78041</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense - Promotion Items</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b>
Office held		
Date <b>5/25/2018</b>	Payee name <b>The Sports Center Silk Screen &amp; Embroidery</b>	
Amount (\$) <b>\$141.45</b>	Payee address; City; State; Zip Code <b>4520 San Bernardo Ave. Ste. 114 Laredo, Texas 78041</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense - Promotion Items</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b>
Office held		

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F4:	<b>2</b> FILER NAME <b>Juan Ramirez Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ 293.16</b>
<b>5</b> Date <b>06/05/2018</b>	<b>6</b> Payee name <b>Print X Press</b>	
<b>7</b> Amount (\$) <b>\$194.85</b>	<b>8</b> Payee address; City; State; Zip Code <b>4820 McPherson Rd. Ste 1 Laredo, Texas 78041</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Office Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b>
		Office held
Date <b>06/05/2018</b>	Payee name <b>The Home Depot</b>	
Amount (\$) <b>\$98.31</b>	Payee address; City; State; Zip Code <b>5710 San Bernardo Laredo, Texas 78041</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan Ramirez Jr.</b>	Office sought <b>Yes</b>
		Office held

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