

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:

26

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Rodolfo

Rudy Gonzalez

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

144 Horizon Lp. Laredo, TX, 78046

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 334-8793

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Ricardo

Ricky Oliva Jr.

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

3902 Guadalajara Laredo, TX 78046

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 251-5510

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

7 / 1 / 2018

THROUGH

Month

Day

Year

9 / 30 / 2018

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 6 / 2018

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

City Council District 1

13 OFFICE SOUGHT (if known)

City Council District 1

OFFICE USE ONLY

Date Received:

2018 OCT - 2 AM 11:15

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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)

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)

\$ 26,567.60

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 37,936.62

CONTRIBUTION
BALANCE

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

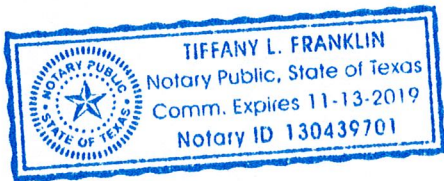
\$

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rodolfo Gonzalez Jr., this the 8 day of October, 20 18, to certify which, witness my hand and seal of office.

Jiffy R. Frankeli
Signature of officer administering oath

Tiffany L. Franklin
Printed name of officer administering oath

Deputy City Secretary IV
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|--|--|
| 19 FILER NAME Rudy Gonzalez Jr. | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 26,567.60 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 14,681.81 |
| 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 | \$ 30,000.00 36,168.42 |
| 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 | \$ 1,717.22 |
| 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: **4**

2 FILER NAME

Rudy Gonzalez Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9-22-18

5 Full name of contributor

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

Ele Truck Services, Inc.

6 Contributor address;

City; State; Zip Code

7900 Mines Rd. Laredo, TX. 78045

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

Owner.

9 Employer (See Instructions)

Self-Employed.

Date

9-23-18

Full name of contributor

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

Villa Ambulance Service, LLC

Contributor address;

City; State; Zip Code

1118 Commerce Dr. Laredo, TX. 78041

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Owner.

Employer (See Instructions)

Self-Employed.

Date

9-23-18

Full name of contributor

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

Double M. Hauling LLC

Contributor address;

City; State; Zip Code

8720 Puerto Vallarta Laredo, TX

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Owner.

Employer (See Instructions)

Self-Employed.

Date

8

9/19/18

Full name of contributor

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

Primerock Enterprises LLC

Contributor address;

City; State; Zip Code

511 Gandara Dr. Laredo, TX.

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Self-Employed.

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:

4

2 FILER NAME

Budy Gonzalez Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9-20-18

5 Full name of contributor

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

Danh Nguyen

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

107 Oak Palm Drive Laredo TX 78045

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/18

Full name of contributor

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

Cristy Perez

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/18

Full name of contributor

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

Premier Civil Engineering

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

1302 Calle Del Norte Ste. 2

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

Self-employed.

Date

10/6/18

Full name of contributor

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

Jose Becerra

Amount of contribution (\$)

\$1,500.00

Contributor address;

City; State; Zip Code

307 Regal Dr. Laredo, TX 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

owner attorney

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:

4

2 FILER NAME

Rudy Gonzalez Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/3/18

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

East Laredo Home Place LTD

6 Contributor address; City; State; Zip Code

P.O. Box 450050 Laredo, TX. 78045

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Self-employed

Date

7/5/18

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

Killam Development LTD

Contributor address; City; State; Zip Code

P.O. Box 499 Laredo, TX. 78042

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

self employed

Date

7/12/18

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

Hill Top Farm LTD

Contributor address; City; State; Zip Code

P.O. Box 2368 Laredo, TX. 78044

Amount of contribution (\$)

\$2,000.00

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

self employed

Date

8/8/18

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

Nelso Molina

Contributor address; City; State; Zip Code

203 Valladoid Laredo, TX. 78045

Amount of contribution (\$)

\$600.00

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: 4

2 FILER NAME

Rudy Gonzalez Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8-8-18

5 Full name of contributor

Daniel Alvarado

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

7 Amount of contribution (\$)

\$600.00

6 Contributor address; City; State; Zip Code

3103 Iris St. Laredo, TX. 78045

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-9-18

Full name of contributor

Arturo N. Benavides Jr.

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

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

1202 E Del Mar Blvd St. 3 Laredo, TX. 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-9-18

Full name of contributor

Arturo Tomas Benavides Trust

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

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

1202 East Del Mar. Laredo, TX. 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-8-18

Full name of contributor

John Galo

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

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

104 Brand Drive Laredo, TX. 78041

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

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>1</u> | |
| 2 FILER NAME <u>Rudy Gonzalez Jr.</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>14,681.81</u> | |
| 5 Date <u>7/1/18</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Laredo Fire PAC</u> | 8 Amount of Contribution \$ <u>\$14,681.81</u> | 9 In-kind contribution description <u>printing • labor • event • signs</u> |
| 7 Contributor address; City; State; Zip Code <u>5219 Tesoro Plaza Laredo TX</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 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 <u>9-24-18</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LPOA</u> | Amount of Contribution \$ <u>\$1,235.79</u> | In-kind contribution description <u>Bowling • signs • events</u> |
| Contributor address; City; State; Zip Code <u>6426 Polaris Dr. Laredo, TX. 78041</u> | | <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. | | | |

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: <u>14</u> | 2 FILER NAME <u>Rudy Gonzalez Sr.</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>8-13-18</u> | 5 Payee name <u>Claudia Medellin</u> | |
| 6 Amount (\$) <u>\$20.00</u> | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>donation made by candidate</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <u>Rudy Gonzalez Sr.</u> | Office sought <u>CCDI</u> |
| | | Office held <u>CCDI</u> |
| Date <u>8-24-18</u> | Payee name <u>Paul Britton</u> | |
| Amount (\$) <u>\$100.00</u> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> | 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 <u>Rudy Gonzalez Jr.</u> | Office sought <u>CCDI</u> |
| | | Office held <u>CCDI</u> |
| Date <u>8/20/18</u> | Payee name <u>Burlington</u> | |
| Amount (\$) <u>\$272.02</u> | Payee address; City; State; Zip Code <u>4500 San Bernando Lane TX 78041</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Event Expense</u> | 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 <u>Rudy Gonzalez Sr.</u> | Office sought <u>CCDI</u> |
| | | Office held <u>CCDI</u> |

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: 14 | 2 FILER NAME Rudy Gonzalez Jr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/7/18 | 5 Payee name Esteban Rangel | |
| 6 Amount (\$) \$2000.00 | 7 Payee address; City; State; Zip Code 2705 Pecan St, Laredo, TX 78046 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name Rudy Gonzalez Jr | Office sought CCD1 |
| | | Office held CCD1 |
| Date 8/16/18 | Payee name Patty's Signs | |
| Amount (\$) 941.78 | Payee address; City; State; Zip Code 3008 Trinity Plaza Laredo, TX 78043. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name Rudy Gonzalez Jr. | Office sought CCD1 |
| | | Office held CCD1 |
| Date 7/12/18 | Payee name Best Buy | |
| Amount (\$) 301.29 | Payee address; City; State; Zip Code 7905 San Dario Ave. Laredo, TX 78045 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertise expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name Rudy Gonzalez | Office sought CCD1 |
| | | Office held CCD1 |

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/Rentals 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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME Rudy Gonzalez Jr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name Roque Vela Campaign | |
| 6 Amount (\$) \$150.00 | 7 Payee address; City; State; Zip Code 5823 McPherson Rd. Laredo, TX 78041 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Jr. Office sought: CCD1 Office held: CCD1 | |
| Date 8/23/18 | Payee name USHS Football Team | |
| Amount (\$) \$210.00 | Payee address; City; State; Zip Code 4001 Los Presidentes Ave. Laredo, TX 78046 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Office sought: CCD1 Office held: CCD1 | |
| Date 8-22-18 | Payee name VistaPrint | |
| Amount (\$) \$309.74 | Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Jr. Office sought: CCD1 Office held: CCD1 | |

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: 14 | 2 FILER NAME Rudy Gonzalez Jr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8-10-18 | 5 Payee name La Posada Hotel/Suites. | |
| 6 Amount (\$) 558.60 | 7 Payee address; City; State; Zip Code 1000 Zaragoza St. Laredo, TX. 78040 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fundraising 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 |
| | 9 Complete ONLY if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name Rudy Gonzalez Jr. | Office sought CCD1 |
| | | Office held CCD1 |
| Date 8-17-18 | Payee name Stripes 2278 | |
| Amount (\$) \$17.10 | Payee address; City; State; Zip Code 3302 La Pita Mangana Rd. Laredo, TX. 78046 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food / Beverage | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete ONLY if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name Rudy Gonzalez | Office sought CCD1 |
| | | Office held CCD1 |
| Date 8-18-18 | Payee name Carraal Western wear | |
| Amount (\$) \$703.00 | Payee address; City; State; Zip Code 4205 Jaime Zapata Hwy Suite A2 Laredo, TX 78043 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete ONLY if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name Rudy Gonzalez Jr. | Office sought CCD1 |
| | | Office held CCD1 |

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 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.

| | | |
|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|-------------------|--------------------------|
| 4 Date 8-25-18 | 5 Payee name Circle K |
|-------------------|--------------------------|

| | |
|--------------------------|---|
| 6 Amount (\$) \$13.46 | 7 Payee address; City; State; Zip Code 102 Cielito Lindo Blvd. Laredo, TX. 78046 |
|--------------------------|---|

| | | |
|------------------------------------|--|---|
| 3 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food / Beverage. | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|---|

| | | | |
|---|--|-----------------------|---------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez Jr. | Office sought CCDI | Office held CCDI |
|---|--|-----------------------|---------------------|

| | |
|-----------------|------------------------------------|
| Date 8-25-18 | Payee name Eduardo's Restaurant |
|-----------------|------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$171.90 | Payee address; City; State; Zip Code 4100 S. Zapata Hwy. Laredo, TX. 78043. |
|-------------------------|--|

| | | |
|------------------------------------|---|---|
| 3 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food / Beverage | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|---|

| | | | |
|---|--|-----------------------|---------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez Jr. | Office sought CCDI | Office held CCDI |
|---|--|-----------------------|---------------------|

| | |
|-----------------|-------------------------------------|
| Date 8-25-18 | Payee name Danny's Restaurant 14 |
|-----------------|-------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$126.11 | Payee address; City; State; Zip Code 5120 TX-3591 Laredo, TX. 78043 |
|-------------------------|--|

| | | |
|------------------------------------|---|---|
| 3 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food / Beverage | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|---|

| | | | |
|---|--|-----------------------|---------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez Jr. | Office sought CCDI | Office held CCDI |
|---|--|-----------------------|---------------------|

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) |
| 14 | Rudy Gonzalez Jr. | |
| 4 Date | 5 Payee name | |
| 7/11/18 | Belinda Guerra "293" | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$10,000 | 6402 N. Bartlett Ave. Laredo, TX 78041 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | Event Expense | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | Rudy Gonzalez | CCD1 |
| | | Office held |
| | | CCD1 |
| Date | Payee name | |
| 8-11-18 | Belinda Guerra "293" | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$16,000.00 | 6402 N. Bartlett Ave. Laredo, TX 78041 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Event Expense | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | Rudy Gonzalez | CCD1 |
| | | Office held |
| | | CCD1 |
| Date | Payee name | |
| 7/14/18 | BB Toys | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$120.00 | 1119 Farragut, Laredo TX 78040 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Event Expense | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | Rudy Gonzalez | CCD1 |
| | | Office held |
| | | CCD1 |

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 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.

| | | |
|----------------------------------|-------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME Rudy Gonzalez | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------|-------------------------------|---------------------------------------|

| | |
|-------------------|--------------------------------------|
| 4 Date 8-31-18 | 5 Payee name Laredo Morning Times |
|-------------------|--------------------------------------|

| | |
|---------------------------|---|
| 6 Amount (\$) \$350.00 | 7 Payee address; City; State; Zip Code 111 Esperanza Dr. Laredo, TX. 78041 |
|---------------------------|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 |
|--------------------------|---|---|

| | | | |
|---|--|-----------------------|---------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez | Office sought CCD1 | Office held CCD1 |
|---|--|-----------------------|---------------------|

| | |
|-----------------|-----------------------------|
| Date 8-17-18 | Payee name Patty's Signs |
|-----------------|-----------------------------|

| | |
|-----------------------|---|
| Amount (\$) 162.38 | Payee address; City; State; Zip Code 3008 Trinity Plaza, Laredo, TX. 78043 |
|-----------------------|---|

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

| | | | |
|---|--|-----------------------|---------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez | Office sought CCD1 | Office held CCD1 |
|---|--|-----------------------|---------------------|

| | |
|-----------------|-----------------------------|
| Date 8-17-18 | Payee name Patty's Signs |
|-----------------|-----------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$779.28 | Payee address; City; State; Zip Code 3008 Trinity Plaza, Laredo, TX. 78043 |
|-------------------------|---|

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

| | | | |
|---|--|-----------------------|---------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez | Office sought CCD1 | Office held CCD1 |
|---|--|-----------------------|---------------------|

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: 14 | 2 FILER NAME Rudy Gonzalez | 3 Filer ID (Ethics Commission Filers) |
|---|--------------------------------------|---------------------------------------|

| | |
|--------------------------|--|
| 4 Date 8-20-18 | 5 Payee name Eduardos Restaurant |
|--------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$122.30 | 7 Payee address; City; State; Zip Code 6516 Arena Blvd. Laredo, TX. 78043. |
|----------------------------------|--|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 |
|------------------------------------|--|---|

| | | | |
|---|---|------------------------------|----------------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez | Office sought CCD1 | Office held CCD1 |
|---|---|------------------------------|----------------------------|

| | |
|-----------------------|--|
| Date 9/5/18 | Payee name Mbrenos Kwik Stop |
|-----------------------|--|

| | |
|--------------------------------|--|
| Amount (\$) \$109.01 | Payee address; City; State; Zip Code 3601 Jaime Zapata Laredo, TX. 78043 |
|--------------------------------|--|

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

| | | | |
|---|---|------------------------------|----------------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez | Office sought CCD1 | Office held CCD1 |
|---|---|------------------------------|----------------------------|

| | |
|-----------------------|------------------------------|
| Date 9/5/18 | Payee name Stripes |
|-----------------------|------------------------------|

| | |
|-------------------------------|--|
| Amount (\$) \$40.25 | Payee address; City; State; Zip Code 4320 State Hwy 359 Laredo, TX. 78043. |
|-------------------------------|--|

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

| | | | |
|---|---|------------------------------|----------------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez | Office sought CCD1 | Office held CCD1 |
|---|---|------------------------------|----------------------------|

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 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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME Rudy Gonzalez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/25/18 | 5 Payee name Dollar Tree Store Inc. | |
| 6 Amount (\$) \$36.69 | 7 Payee address; City; State; Zip Code 5203 Bob Bullock Loop Suite 110 Laredo, TX, 78041 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Office sought: CCD1 Office held: CCD1 | |
| Date 8-18-18 | Payee name Applebee's | |
| Amount (\$) \$45.94 | Payee address; City; State; Zip Code 10719 International Blvd. Laredo, TX, 78045 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Office sought: CCD1 Office held: CCD1 | |
| Date 9/5/18 | Payee name Walmart | |
| Amount (\$) \$188.14 | Payee address; City; State; Zip Code 2320 Bob Bullock Loop Laredo, TX, 78043 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Solicitation Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Office sought: CCD1 Office held: CCD1 | |

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 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.

| | | |
|----------------------------------|-------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME Rudy Gonzalez | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------|-------------------------------|---------------------------------------|

| | |
|-------------------|-----------------------------|
| 4 Date 8-29-18 | 5 Payee name Vista Print |
|-------------------|-----------------------------|

| | |
|---------------------------|---|
| 6 Amount (\$) \$420.97 | 7 Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451 |
|---------------------------|---|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 |
|------------------------------------|---|---|

| | | | |
|---|--|-----------------------|---------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez | Office sought CCDI | Office held CCDI |
|---|--|-----------------------|---------------------|

| | |
|-----------------|------------------------------|
| Date 9-25-18 | Payee name Domino's Pizza |
|-----------------|------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$122.00 | Payee address; City; State; Zip Code 3911 Loop 20 Ste 2 Laredo, TX. 78043 |
|-------------------------|--|

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

| | | | |
|---|--|-----------------------|---------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez | Office sought CCDI | Office held CCDI |
|---|--|-----------------------|---------------------|

| | |
|-----------------|-----------------------|
| Date 9/17/18 | Payee name Walmart |
|-----------------|-----------------------|

| | |
|-------------------------|---|
| Amount (\$) \$164.60 | Payee address; City; State; Zip Code 4401 Highway 83 South Laredo, TX. 78046 |
|-------------------------|---|

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

| | | | |
|---|--|-----------------------|---------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Rudy Gonzalez | Office sought CCDI | Office held CCDI |
|---|--|-----------------------|---------------------|

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: <u>14</u> | 2 FILER NAME <u>Rudy Gonzalez</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>9/19/18</u> | 5 Payee name <u>Dick's Sporting Goods.</u> | |
| 6 Amount (\$) <u>\$115.79</u> | 7 Payee address; City; State; Zip Code <u>South San Antonio, TX.</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Fundraising Event</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Rudy Gonzalez</u> Office sought: _____ Office held: _____ | |
| Date <u>9/11/18</u> | Payee name <u>Best Buy</u> | |
| Amount (\$) <u>\$1,731.98</u> | Payee address; City; State; Zip Code <u>2465 Monarch Dr. Laredo, TX. 78045</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Office Overhead.</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Rudy Gonzalez</u> Office sought: _____ Office held: _____ | |
| Date <u>9-25-18</u> | Payee name <u>H-E-B.</u> | |
| Amount (\$) <u>\$350.00</u> | Payee address; City; State; Zip Code <u>2314 South Zapata Hwy Laredo, TX. 78043</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Fuel Expense.</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>Rudy Gonzalez</u> Office sought: _____ 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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME Rudy Gonzalez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9-22-18 | 5 Payee name Ross | |
| 6 Amount (\$) \$234.71 | 7 Payee address; City; State; Zip Code Laredo, TX 78044 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fundraising 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Office sought: CCP1 Office held: CCP1 | |
| Date 9-22-18 | Payee name Academy Sports and outdoors | |
| Amount (\$) \$228.88 | Payee address; City; State; Zip Code Laredo, TX. 78043. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fundraising Expense. | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Office sought: CCP1 Office held: CCP1 | |
| Date 9-22-18 | Payee name Academy Sports and outdoors | |
| Amount (\$) \$74.99 | Payee address; City; State; Zip Code Laredo, TX 78043. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fundraising Expense. | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Office sought: CCP1 Office held: CCP1 | |

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 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.

| | | |
|---|--|--|
| 1 Total pages, Schedule F1: 14 | 2 FILER NAME Rudy Gonzalez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9-22-18 | 5 Payee name Hamilton Trophies | |
| 6 Amount (\$) \$95.29 | 7 Payee address; City; State; Zip Code 1320 Garden St Laredo, TX. 78040 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fundraising 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Office sought: _____ Office held: _____ | |
| Date 9-23-18 | Payee name Jett Bowl North | |
| Amount (\$) \$340.99 | Payee address; City; State; Zip Code PO Box 1845 Laredo TX 78044 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fundraising Event | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Office sought: _____ Office held: _____ | |
| Date 9/23/18 | Payee name Moreno's Kwiki Stop 3 | |
| Amount (\$) \$144.52 | Payee address; City; State; Zip Code 3601 Zapata Hwy Laredo, TX. 78043 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Rudy Gonzalez Office sought: _____ 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: <u>14</u> | 2 FILER NAME <u>Rudy Gonzalez</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>9/23/18</u> | 5 Payee name <u>Stripes</u> | |
| 6 Amount (\$) <u>\$23.79</u> | 7 Payee address; City; State; Zip Code <u>4320 State Hwy 359 Laredo, TX. 78043</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Food Expense.</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name <u>Rudy Gonzalez</u> | Office sought Office held |
| Date <u>9/24/18</u> | Payee name <u>Stripes.</u> | |
| Amount (\$) <u>\$60.00</u> | Payee address; City; State; Zip Code <u>4320 State Hwy 359 Laredo, TX. 78043</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Fuel Expense</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name <u>Rudy Gonzalez</u> | Office sought <u>CCD</u> |
| | | Office held <u>CCP</u> |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 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 |
| | 9 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|---|---|
| 1 Total pages Schedule I: 4 | 2 FILER NAME Rudy Gonzalez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/31/18 | 5 Payee name Casa Juarez Restaurant Supply | |
| 6 Amount (\$) \$187.25 | 7 Payee address; City; State; Zip Code 701 Market St. Laredo TX 78040 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) donation made by candidate | (b) Description (See instructions regarding type of information required.) for Plate Sale |
| Date 8/30/18 | Payee name Flowers Baking Company of San Antonio | |
| Amount (\$) \$51.60 | Payee address; City; State; Zip Code San Antonio Bakery Laredo, TX. | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) donation | Description (See instructions regarding type of information required.) Bread for Plate Sale |
| Date 9/1/18 | Payee name Lady Panther Volleyball | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 4001 Los Presidentes Ave. Laredo, TX. 78046 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) donation | Description (See instructions regarding type of information required.) Banner Advertisement |
| Date 9/1/18 | Payee name Laredo All-American All-Stars | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 9652 McPherson Rd. #300 Laredo, TX. 78045 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) donation | Description (See instructions regarding type of information required.) Sponsor Team T-Shirt |

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: 4 | | 2 FILER NAME Class Ring Shop Rudy Gonzalez | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9/20/18 | | 5 Payee name Class Ring Shop | | | |
| 6 Amount (\$) \$234.95 | | 7 Payee address; City; State; Zip Code 1140 S. Railroad Ave. Staten Island, NY 10306 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See instructions for examples of acceptable categories.) donation made by candidate. | | (b) Description (See instructions regarding type of information required.) donation | |
| Date 9/13/18 | | Payee name Wildcat Boyft Football Team | | | |
| Amount (\$) \$240.00 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See instructions for examples of acceptable categories.) donation made by candidate. | | Description (See instructions regarding type of information required.) Flags for Football Team | |
| Date 9/12/18 | | Payee name \$\$\$ Cheerleading Company | | | |
| Amount (\$) 223.42 | | Payee address; City; State; Zip Code 11350 Hillquard Rd. Dallas, TX 75243 | | | |
| PURPOSE OF EXPENDITURE | | Category (See instructions for examples of acceptable categories.) donation made by candidate. | | Description (See instructions regarding type of information required.) USIS Cheer Pom Poms | |
| Date 9-11-18 | | Payee name USIS. | | | |
| Amount (\$) \$48.00 | | Payee address; City; State; Zip Code 3707 Los Presidentes Laredo, TX 78043 | | | |
| PURPOSE OF EXPENDITURE | | Category (See instructions for examples of acceptable categories.) donation made by candidate. | | Description (See instructions regarding type of information required.) USIS cheer shirt purchase. | |

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: 4 | 2 FILER NAME Rudy Gonzalez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9-15-18 | 5 Payee name Crissy Campaign. | | |
| 6 Amount (\$) \$120.00 | 7 Payee address; City; State; Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) donation made by candidate. | (b) Description (See instructions regarding type of information required.) Plate Sale. | |
| Date 9-19-18 | Payee name USHS | | |
| Amount (\$) \$42.00 | Payee address; City; State; Zip Code 4001 Los Presidentes Ave. Laredo, TX 78046 | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) donation made by candidate. | Description (See instructions regarding type of information required.) Plate sale | |
| Date 9-3-18 | Payee name Emergency Assistance Team | | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 6999 McPherson Suite 109 Laredo, TX 78041 | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Donation made by candidate | Description (See instructions regarding type of information required.) Bowling Tournament | |
| Date 9-25-18 | Payee name Pins & Paws. | | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) donation made by candidate. | Description (See instructions regarding type of information required.) Bowling Tournament | |

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: 4 | 2 FILER NAME Rudy Gonzalez | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|--------------------------------------|--|

| | |
|--------------------------|---|
| 4 Date 9-23-18 | 5 Payee name St. Frances Cabrini Church |
|--------------------------|---|

| | |
|-------------------------------|---|
| 6 Amount (\$) 20.00 | 7 Payee address; City; State; Zip Code |
|-------------------------------|---|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) donation made from candidate. | (b) Description (See instructions regarding type of information required.) Raffle |
|---|--|---|

| | |
|-----------------|--------------------------------|
| Date 9-26-18 | Payee name Alfredo Agredano |
|-----------------|--------------------------------|

| | |
|-----------------------|--------------------------------------|
| Amount (\$) 100.00 | Payee address; City; State; Zip Code |
|-----------------------|--------------------------------------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) donation made from candidate. | Description (See instructions regarding type of information required.) Cancer garage sale donation |
|-------------------------------|---|---|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | 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 |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED