CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	Janer MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Cuate Mendorg		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO 1512 Pa/Mer Down LANERD TX T		
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	(95%) 206 7637	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MRS JESSICA	MI	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
,	Mendorg		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	\sim	ZIP CODE
ADDRESS	1512 Palmer Dr 10	re	
(Residence or Business)	LAREDO TX 780	045	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (95%) 754 8307	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 01 / 2018	THROUGH 10	Day Year
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year ☐ Primary ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
,		Laredo City District	Cornal
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Javier (uafr Mundoza	15 Filer ID (Ethics Commission Filers)
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	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN SED \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u> </u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,887,20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 7,4/2.		
18 AFFIDAVIT			
No or the contract of the cont	TIFFANY L. FRANK otary Public, State C omm. Expires 11-1 Notary ID 13043	true and correct and includes all inf under Title 15, Election Code 3-2019 9701	perjury, that the accompanying report is ormation required to be reported by me
AFFIX NOTARY STAME	P/SEALABOVE		
Sworn to and subscr	- 10	o certify which, witness my hand and seal of office.	, this the
Signature of officer ad	dministering oath	Tiffany L. Franklin T. Printed name of officer administering oath	Poutu City Secretary TV Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	120 THE TO LETHOS OUT		
	Javier Cuerk mendores		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	UTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,650. 9	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,237, 20	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	S OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ions \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/ Office Overhead// Polling Expense Printing Expense Salaries/Wages/O	Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	now to comple	ete tins form.	
1 Total pages Schedule F4:	2 FILER NAME Janes Cuafe	mend	org	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED T	OACREDI	TCARD	\$
5 Date 8 16/2018	6 Payee name LAMAD ADVEL 8 Payee address; City; State; Z	fising		
7 Amount (\$)	8 Payee address; City; State; Z	ip Code		
2,500. =	5543 state thuy 3 (AMENO TX 18043	59		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description	on.
		,		
PURPOSE OF	Billboard Ads		Check if	travel outside of Texas. Complete Schedule T.
EXPENDITURE	15111 Decre A Nels		Check i	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office	sought	Office held
Date 10/1/2018	Payee name Face book			
Amount (\$)	Payee address; City; State; Z	in Code		
0.00				
1,150	melo Park Co	Work	A	
1) / = -	ontue			
	0 117100			
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this	schedule)	Description	on
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.
OF	Advertising on Freeba)k	Charle	if Austin TV afficeholder living average
EXPENDITURE	Detter 1		Cneck i	if Austin, TX, officeholder living expense
	,			
Complete ONLY if direct	Candidate / Officeholder name	Office	sought	Office held
expenditure to benefit C/OF	1			,
			×	
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NE	EDED

MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment		ries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains hov	to complete this form.	
1 Total pages Schedule G:		losei	3 Filer ID (Ethics Commission Filers)
4 Date 0 1/15/18	Javier Cuafe Muno 5 Payee name TEXAS A 3 M Inter	natural	
6 Amount (\$) Reimbursement from political contributions	7 Payee address; City; State; Zip Cod 5201 University Blvd CAREDO TX 78041	9	
intended		10.5	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Room Plinfal For Vide	(b) Description Check if travel outside Check if Austin, To	e of Texas. Complete Schedule T. K, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date / 25//8 Amount (\$)	Payee name OFFICE DUST Payee address; City; State; Zip Code		
389 10	5718 SAN BERNARD		
Reimbursement from political contributions intended	CARTRO TX 7804/		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Printing		of Texas. Complete Schedule T. f., officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 10/03/18	Payee name ATM 610W.	SOFF	
Amount (\$) 1 15. 2 Reimbursement from political contributions intended	Payee address; City; State; Zip Code ON // Face box	k show	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Millul AdS		of Texas, Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ĒD

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 5 Payee name Larello Marning Huls 7 Payee address; City; State; Zip Code P. 0 Box 2/29 Cando 74 1804/ Reimbursement from political contributions 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** 2 print. Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Lando Sport Network Payee address; City; State; Zip Code Lavello TEXAS political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ☐ Check if travel outside of Texas. Complete Schedule T. Ads online OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Fronkra Radio Payee address; Amount (\$) Mine Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. on lune. **EXPENDITURE** ☐ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment		g Expense Travel Out Of District Other (enter a category not listed above) to complete this form.
1 Total pages Schedule G:	2 FILER NAME JANG CHASE MENE	3 Filer ID (Ethics Commission Filers)
4 Date, 9/0//w/8	7 Payee address; City; State; Zip Code	
6 Amount (\$) / DD , Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 67/10 Marketur Face book	7
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Millure Ads Fucebook	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 6 0 2018 Amount (\$) 287, 50 Reimbursement from political contributions intended	Payee name V 3 V Printing Payee address; City; State; Zip Code LANTINO TX 78043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 7-5 Nirts For Campaish	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Supt 20 Wi	Payee name Printtickets. W	m
Amount (\$) 75. Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Plate Sule Fickets	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED