# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Rafuel	MI T	OFFICE USE ONLY
NAME	NICKNAME LAST		Date Received
	Rafa Dueñas		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	REC REC
Change of Address		78045	2 00 111
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 334 -6185	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Omer	SUFFIX	Date Processed
*,	Gonzalez		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	:UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	3008 Wood land ev	Laredo itx	78045
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (456) 415-599	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 📝 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 10	Day Year
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary  11 / 06 / 2018 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	)
		eily counci	1 dist. 6
	go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Rafae	J.J. De	Tas	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		
Additional Pages			e e	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,600.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,050	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 529. 22	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT			,	
A POOR NO	TIFFANY L. FRANKI otary Public, State o omm. Expires 11-13 Notary ID 130439	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is promation required to be reported by me	
		Signature of Can	didate or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subscriber	. 17)	by the said Rafael Duñas to certify which, witness my hand and seal of office.	, this the	
Signature of officer a	Janfali dministering oath	Tiffany L. Franklin Dep Printed name of officer administering oath	Tille of officer administering path	

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER N	Rufact J. Duenas	20 Filer ID (Ethics Co	mmission Filers)
		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,056.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 550.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	$\times$	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$5,900.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 150.00
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Rafael J. Duenas 5 Full name of contributor out-of-state PAC (ID#: | O | O Z | 18 | 6 Contributor address; City; State; Zip Code 4 Date 7 Amount of contribution (\$) \$5,000 1504 Palmer de, Lurdo, Tx 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Freight Forwarder Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Alberto Dellano Contributor address; City; State; Zip Code 09/22/18 Laredo itx 78044 Principal occupation / Job title (See Instructions) Employer (See Instructions) Intendational Bank Business man Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME Rafaci J. Duenas			3 Filer ID (Ethics Commission Filers)	
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$50.00	
5 Date	6 Full name of contributor   out-of-state PAC (ID#:  David R. Vasquez  7 Contributor address; City; State; Zip Coc  1211 San David #2132 Lared	de 0 TK 3645	8 Amount of Contribution \$ 9 In-kind contribution description  \$\frac{3}{3} \cdot \c	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09   128   18	Full name of contributor out-of-state PAC (ID#:	de 16045	Amount of Contribution \$ In-kind contribution description  \$ 250,000 \$ Contribution Contribution description  Check if travel outside of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)  + Torun ver		or (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntributor'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)			
If	ATTACH ADDITIONAL COPIES OF To contributor is out-of-state PAC, please see instruction	guide for ac	LE AS NEEDED  Idditional reporting requirements.	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollii y Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement te Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Rafact J. Due	<b>પ્ર</b> 4ડ	3 Filer ID (Ethics Commission Filers)	
4 Date 9/26/2018	5 Payee name Star Channel	marketing		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule  Advertising Expense	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/02/18	Fernando Dellaro			
Amount (\$)	Payee address; City; State; Zip Cod	de		
\$1,450	7010 Rouadr. Suite B	Larcoo, tx	78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule  Advertising Expense	Check if travel ou	tside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		-	
10/05/18	Cesar Gaytan			
Amount (\$)	Payee address; City; State; Zip Coo			
\$300	129 Sun Ray Ip La	rwoitx 7	3041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule  Advertising Expense	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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) Rufael J. Duenus 4 Date 5 Payee name 09/04/18 Latin Western Enterprises 6 Amount (\$) 7 Payee address; 7511 McPherson, Suite B Larco, Tx 78041 82,150 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Hacher Media 09/09/18 Amount (\$) City; State; Zip Code Payee address; 4100 San Bernurdo Lardo, tx 78041 \$1,000 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** \_\_\_ Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Learning 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

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) Parael J. Dueñas 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name Hachar Media 10/08/18 **7** Amount (\$) 8 Payee address; City; State; Zip Code San Bernando Laredo, Tx 78641 \$1,000 TYPE OF **EXPENDITURE** Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

EXPENDITURE CATEGORIES FO	R BOX 10(a)
Fuent Evenese	
Fees Office Overhor Food/Beverage Expense Polling Exper  y Gift/Awards/Memorials Expense Printing Expe	ense Travel Out Of District pes/Contract Labor Other (enter a category not listed above)
2 FILER NAME_	3 Filer ID (Ethics Commission Filers)
	\$ 4,000
6 Payee name 2AMAR Aderhising	
8 Payee address; City; State; Zip Code	
5543 East Hwy 359	Laredo, Tx 78043
Political Non-Politic	cal
(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
1	ce sought Office held
Payee name Leopoldo Ri	バフ
Payee address; City; State; Zip Code 130 Cresta dr Lasec	10, Tx 78045
Political Non-Politi	cal
Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	ce sought Office held
	Food/Beverage Expense al Committee  Food/Beverage Expense Accommittee  Food/Beverage Expense  Git/Awards/Memorials Expense  Legal Services  The Instruction Guide explains how to cor  The Instruction Guide explains how to cor  Formal J. Puericas  MIZED UNPAID INCURRED OBLIGATIONS  Formal Awar hising  Food/Beverage Expense  Salaries/Was  Salaries/Was

# POLITICAL EXPENDITURES 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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salarie  The Instruction Guide explains how	es/Wages/Contract Labor Other (enter a category not listed above to complete this form.	*)
1 Total pages Schedule G:	2 FILER NAME Refuel J. Denas	3 Filer ID (Ethics Commission Fil	lers)
4 Date 09/28/18	Rafact J. Denas  5 Payee name  Costa Gr. 11 UST	<b>*</b>	
6 Amount (\$)  \$ \sqrt{50}  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3910 E. Delmur Und		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Grent Grensc	(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	Payee name		NAME OF THE OWNER OWNER OF THE OWNER
Amount (\$)	Payee address; City; State; Zip Code		
political contributions intended	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	·	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 DH	Office sought Office held	
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		decid a Phila Pall of Security
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	