

OFFICEHOLDER FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICEHOLDER

MS / MRS / MR: Mr. FIRST: Rodolfo MI: LAST: Gonzalez SUFFIX: Jr.

NICKNAME: Rudy ADDRESS / PO BOX; APT / SUITE #: 144 Horizon Lp. City: Laredo, TX. STATE: ZIP CODE: 78046

OFFICE USE ONLY

Date Received: 2018 OCT 30 AM 10:05
CITY SECRETARY'S OFFICE
RECEIVED

Date Hand-delivered prior Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (950) PHONE NUMBER: 334-8793 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Ricardo MI: LAST: Oliva SUFFIX: Jr.

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 3902 Guadalupe City: Laredo, TX. STATE: ZIP CODE: 78046

8 CAMPAIGN TREASURER PHONE

AREA CODE: (950) PHONE NUMBER: 251-5510 EXTENSION:

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: Oct. / 1 / 2018 THROUGH Month Day Year: Oct. / 29 / 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

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)

\$ 500.00

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 2,138.45

CONTRIBUTION
BALANCE

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

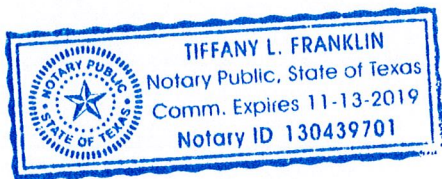
\$ - 0 -

OUTSTANDING
LOAN TOTALS

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

\$ - 0 -

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 "Rudy" Gonzalez, Jr., this the 30 day of October, 20 18, to certify which, witness my hand and seal of office.

Tiffany L. Franklin
Signature of officer administering oath

Tiffany L. Franklin
Printed name of officer administering oath

Deputy City Secretary III
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1291.62
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,138.45
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Rudy Gonzalez Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/12/18

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

Colorscapes Inc.

6 Contributor address; City; State; Zip Code

14445 Mines Rd. Laredo, TX. 78045

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

owner

9 Employer (See Instructions)

self employed.

Date

10/6/18

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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

Rudy Gonzalez Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ \$1,291.62

5 Date

10-9 /
10-29

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

Fire PAC

7 Contributor address; City; State; Zip Code

8 Amount of Contribution \$

1,291.62

9 In-kind contribution description

Food Beverage
Printing

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

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

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 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 Rudy Gonzalez Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 10-21-18	5 Payee name H-E-B
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 2314 S. Zapata Hwy Laredo, TX. 78043
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fuel 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI	Office held
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Date 10/26/18	Payee name Moreno's
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Amount (\$) 31.81	Payee address; City; State; Zip Code 2501 S. Zapata Hwy. Laredo TX 78046
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI	Office held
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Date 10-28-18	Payee name H-E-B
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Amount (\$) 91.95	Payee address; City; State; Zip Code 2314 S. Zapata Hwy. Laredo, TX. 78043.
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Wages/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 how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Rudy Gonzalez Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 10-24-18	5 Payee name Taco Palenque	
6 Amount (\$) 58.46	7 Payee address; City; State; Zip Code 3512 S. Zapata Hwy, Laredo, TX. 78046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food 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: CCDI Office held:	
Date 10/23/18	Payee name Moreno's Exxon	
Amount (\$) 19.97	Payee address; City; State; Zip Code 2501 US Hwy 83 Laredo, TX. 78046	
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: CCDI Office held:	
Date 10-23-18	Payee name Stripes	
Amount (\$) 300.00	Payee address; City; State; Zip Code 3920 Aguanieva Drive Laredo, TX. 78046	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fuel 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: CCDI Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)	
4 Date 10/29/18		5 Payee name Taco Palenque			
6 Amount (\$) 32.26		7 Payee address; City; State; Zip Code 3512 S. Zapata Hwy.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food 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 CCDI	
Date 10/29/18		Payee name Mc. Donald's			
Amount (\$) 37.00		Payee address; City; State; Zip Code 2502 Hwy 83 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Rudy Gonzalez		Office sought CCDI	
Date 10/29/18		Payee name Taco Palenque			
Amount (\$) 8.55		Payee address; City; State; Zip Code 3512 S Zapata Hwy.			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Rudy Gonzalez		Office sought CCDI	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials 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.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 Date 10/25/18		5 Payee name HEB						
6 Amount (\$) 30.00		7 Payee address; City; State; Zip Code 2314 South Zapata Hwy, Laredo, TX. 78046						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fuel 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					
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name Rudy Gonzalez</td> <td style="width:20%;">Office sought CCDI</td> <td style="width:20%;">Office held</td> </tr> </table>					9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI	Office held					
Date 10/27/18		Payee name Danny's Resturant						
Amount (\$) 52.00		Payee address; City; State; Zip Code Hwy 359 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					
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name Rudy Gonzalez</td> <td style="width:20%;">Office sought CCDI</td> <td style="width:20%;">Office held</td> </tr> </table>					Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI	Office held					
Date 10/26/18		Payee name Family Dollar						
Amount (\$) 15.70		Payee address; City; State; Zip Code 2905 Zapata Hwy. Laredo, TX. 78046						
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					
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name Rudy Gonzalez</td> <td style="width:20%;">Office sought CCDI</td> <td style="width:20%;">Office held</td> </tr> </table>					Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI	Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | 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 10/25/18		5 Payee name Panos Bakery			
6 Amount (\$) 24.50		7 Payee address; City; State; Zip Code 2319 S Zapata Hwy Laredo, TX. 78046			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food 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 CCDI	
Date 10/26/18		Payee name Danny's Restaurant			
Amount (\$) 127.86		Payee address; City; State; Zip Code 359 Hwy Laredo TX. 78046			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Rudy Gonzalez		Office sought CCDI	
Date 10/23/18		Payee name Mc. Donald's			
Amount (\$) 53.33		Payee address; City; State; Zip Code 2502 Hwy. 53 Laredo, TX. 78046			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Rudy Gonzalez		Office sought CCDI	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	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 Rudy Gonzalez	3 Filer ID (Ethics Commission Filers)
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4 Date 10/22/18	5 Payee name Danny's Restaurant
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6 Amount (\$) 610.00	7 Payee address; City; State; Zip Code 359 Hwy Laredo, TX. 78044
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI	Office held
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Date 10/28/18	Payee name Border Skulls Bowling Lvn.
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Amount (\$) 125.00	Payee address; City; State; Zip Code 5823 McPherson Rd. Laredo, TX. 78041
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rudy Gonzalez	Office sought CCDI	Office held
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Date 10/23/18	Payee name Faculty Bowlingthon
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Amount (\$) 125.00	Payee address; City; State; Zip Code 5823 McPherson Rd. Laredo, TX. 78041
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Rudy Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 10/29/18	5 Payee name Gigi Gutierrez	
6 Amount (\$) 70.00	7 Payee address; City; State; Zip Code 1607 wooster Laredo, TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food 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: CCDI Office held:	
Date 10-25-18	Payee name Gigi Gutierrez	
Amount (\$) 175.00	Payee address; City; State; Zip Code 1607 wooster 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: CCDI Office held:	
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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder