

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: 6																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.2em;">Roque</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 1.2em;">Vela</td> <td style="text-align: center; font-size: 1.2em;">Jr.</td> </tr> </table>	MS / MRS / MR	FIRST	MI		Roque		NICKNAME	LAST	SUFFIX		Vela	Jr.	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 8px; margin: 5px 0;">Date Received</p> <div style="text-align: center; font-size: 1.2em; margin: 10px 0;"> RECEIVED CITY SECRETARY'S OFFICE 2018 OCT 29 PM 4: 01 </div> <p style="font-size: 8px; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 8px; margin: 5px 0;">Receipt # _____ amount _____</p> <p style="font-size: 8px; margin: 5px 0;">Date Processed _____</p> <p style="font-size: 8px; margin: 5px 0;">Date Imaged _____</p> </div>							
MS / MRS / MR	FIRST	MI																			
	Roque																				
NICKNAME	LAST	SUFFIX																			
	Vela	Jr.																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ADDRESS / PO BOX;</td> <td style="font-size: 8px;">APT / SUITE #;</td> <td style="font-size: 8px;">CITY;</td> <td style="font-size: 8px;">STATE;</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 1.2em;">2906 Victor Hugo Ct. Laredo TX 78041</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2906 Victor Hugo Ct. Laredo TX 78041												
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7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: 8px;">APT / SUITE #;</td> <td style="font-size: 8px;">CITY;</td> <td style="font-size: 8px;">STATE;</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 1.2em;">3016 Sundance Lp Laredo, TX 78045</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	3016 Sundance Lp Laredo, TX 78045												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> <td style="font-size: 8px;">THROUGH</td> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">10</td> <td style="text-align: center; font-size: 1.2em;">/ 06</td> <td style="text-align: center; font-size: 1.2em;">/ 2018</td> <td></td> <td style="text-align: center; font-size: 1.2em;">10</td> <td style="text-align: center; font-size: 1.2em;">/ 28</td> <td style="text-align: center; font-size: 1.2em;">/ 2018</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	10	/ 06	/ 2018		10	/ 28	/ 2018				
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> </tr> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">11</td> <td style="text-align: center; font-size: 1.2em;">/ 06</td> <td style="text-align: center; font-size: 1.2em;">/ 18</td> </tr> </table>	ELECTION DATE			Month	Day	Year	11	/ 06	/ 18	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Roque Vela Jr. 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

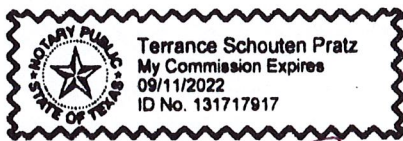
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ 4050.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 409.04
	4. TOTAL POLITICAL EXPENDITURES	\$ 5199.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 850.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



Terrance Schouten Pratz

AFFIX NOTARY STAMP / SEAL ABOVE

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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Roque Vela Jr., this the 29th day of October, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Rogue Vela Jr</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2000.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>- 0 -</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>- 0 -</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4790.00</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>- 0 -</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>- 0 -</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>- 0 -</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>- 0 -</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>- 0 -</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Roque Vela Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 10-9-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose A. Becerra	7 Amount of contribution (\$) \$1,000⁰⁰
6 Contributor address; City; State; Zip Code 301 Regal Dr. Laredo TX 78041		
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)
Date 10-18-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Manuel Garza	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 2002 Chacon St Laredo TX 78043		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 10-25-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leydiana Martinez	Amount of contribution (\$) \$ 400⁰⁰
Contributor address; City; State; Zip Code 3108 Saint Isaac Loop		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-25-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan J. Cruz	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 216 W Village Blvd Laredo TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 1 of 2	2 FILER NAME Roque Vela Jr	3 Filer ID (Ethics Commission Filers)
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4 Date 10-9-18	5 Payee name ATM Dro
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code P.O. Box 451334 Laredo TX 78045
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-11-18	Payee name Rio Sports Live
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Amount (\$) 400.00	Payee address; City; State; Zip Code 2149 Del Rio Blvd ste 106 Eagle Pass TX 78852
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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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Date 10-15-18	Payee name Janie Martinez
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Amount (\$) 1000.00	Payee address; City; State; Zip Code 3016 Sundance LP Laredo TX 78045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries / Wages	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
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1 Total pages Schedule F1: 2 of 2	2 FILER NAME Rogue Vela Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 10-18-18	5 Payee name Guerra Communication
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6 Amount (\$) 2,040.00	7 Payee address; City; State; Zip Code 6402 N Bartlett Ave. Laredo TX 78041
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-18-18	Payee name Sports Max
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Amount (\$) 200.00	Payee address; City; State; Zip Code
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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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Date 10-17-18	Payee name El Mañana
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code 6010 McPherson Rd ste. 300 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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