

**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 NAME | MS / MRS / <u>MR</u> FIRST <i>RUDY</i> LAST <i>GARZA</i> MI <i>JR.</i> NICKNAME SUFFIX | OFFICE USE ONLY Date Received Date Filed <i>7/16/18</i> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6221 MICHAUX CORPUS CHRISTI, TX 78414</i> | <i>R Huerta</i> Rebecca Huerta City Secretary | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(361) 774-6472</i> | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / <u>MR</u> FIRST <i>WAYNE</i> LAST <i>LUNDQUIST JR.</i> MI NICKNAME SUFFIX | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>700 EVERHART RD. CORPUS CHRISTI, TX 78414</i> | Date Processed | Date Imaged |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(361) 854-4448</i> | | |
| 9 REPORT TYPE | <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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <i>1 / 1 / 2018</i> THROUGH <i>6 / 30 / 2018</i> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>11 / 6 / 2018</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <i>Corpus Christi City Council Dist. 5</i> | 13 OFFICE SOUGHT (if known) <i>City Council AT LARGE</i> | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME RUDY GARZA 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.

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 22,500 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 15,476.03 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 57,375.75 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 496.09 |

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.

Rudy Garza Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rudy Garza Jr., this the 16th day of July, 2018, to certify which, witness my hand and seal of office.

Alysha Sara Berlanga
Signature of officer administering oath

Alysha Sara Berlanga
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>RUDY GARZA 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 | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>500.⁰⁰</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>0'</i> |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 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>∅</i> |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>∅</i> |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>∅</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>∅</i> |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>∅</i> |
| 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:

1 of 11

2 FILER NAME

Rudy Garza Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/2018

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

Enrique Flores + Judith Pacheco

6 Contributor address; City; State; Zip Code

1913 Chalk Rock CV, Austin, TX 78135

7 Amount of contribution (\$)

\$500.⁰⁰

8 Principal occupation / Job title (See Instructions)

Developper

9 Employer (See Instructions)

Self Employed

Date

5/5/2018

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

David Resendez

Contributor address; City; State; Zip Code

914 Glenoak Corpus Christi, TX 78418

Amount of contribution (\$)

\$1,000.⁰⁰

Principal occupation / Job title (See Instructions)

Towing Contractor

Employer (See Instructions)

Apollo

Date

6/11/2018

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

Rudolph Rodriguez

Contributor address; City; State; Zip Code

719 Finale cr. San Antonio, TX 78216

Amount of contribution (\$)

\$2,000.⁰⁰

Principal occupation / Job title (See Instructions)

CONTRACTOR

Employer (See Instructions)

Self Employed

Date

6/18/2018

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

Hassein Mostaghani

Contributor address; City; State; Zip Code

8026 San le Doc Corpus Christi, TX 78414

Amount of contribution (\$)

\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Builder

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.

2 of 11

2 FILER NAME

Rudy GARZA Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/2018

5 Full name of contributor

Four Baba Enterprise LLC

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$1,000.⁰⁰

6 Contributor address;

City; State; Zip Code

4833 Ametoga Corpus Christi, TX 78413

8 Principal occupation / Job title (See Instructions)

Developer

9 Employer (See Instructions)

SELF EMPLOYED

Date

6/18/2018

Full name of contributor

Suzanne Taylor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.⁰⁰

Contributor address;

City; State; Zip Code

5413 Pressler Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)

REAL ESTATE AGENT

Employer (See Instructions)

Kellen Williams

Date

6/18/2018

Full name of contributor

Lee Jaboada

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500.⁰⁰

Contributor address;

City; State; Zip Code

5413 Wroldridge Dr. Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

SELF EMPLOYED

Date

6/18/2018

Full name of contributor

Joseph + Kathy Odame

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.⁰⁰

Contributor address;

City; State; Zip Code

1818 Graham Corpus Christi, Texas 78418

Principal occupation / Job title (See Instructions)

Real estate Broker

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:

3 of 11

2 FILER NAME

Rudy GARZA Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/2018

5 Full name of contributor

Barton Braselton

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$750.⁰⁰

6 Contributor address;

City; State; Zip Code

5337 Yorktown Corpus Christi, TX 78413

8 Principal occupation / Job title (See Instructions)

Builder

9 Employer (See Instructions)

Self Employed

Date

6/18/18

Full name of contributor

Deven Bhakta

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250.⁰⁰

Contributor address;

City; State; Zip Code

4558 E. Bar Le Doc Corpus Christi, TX 78414

Principal occupation / Job title (See Instructions)

Hotel Operator

Employer (See Instructions)

Self Employed

Date

6/18/2018

Full name of contributor

Valentini + Diana Supulveda

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.⁰⁰

Contributor address;

City; State; Zip Code

4558 Silver Hollow Corpus Christi TX 78413

Principal occupation / Job title (See Instructions)

ELECTRIC COMPANY MANAGER

Employer (See Instructions)

TOPAZ ENERGY

Date

6/18/2018

Full name of contributor

George Shaen + Wayne Rundquist

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500.⁰⁰

Contributor address;

City; State; Zip Code

14 Bar Le Doc Corpus Christi, TX 78414

Principal occupation / Job title (See Instructions)

Real estate investors

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 of 11

2 FILER NAME

Rudy GARZA Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/2018

5 Full name of contributor

Ernest Garza

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

7 Amount of contribution (\$)

\$800.⁰⁰

6 Contributor address;

City; State; Zip Code

10201 Leopard St. Corpus Christi TX 78410

8 Principal occupation / Job title (See Instructions)

ACCOUNTANT

9 Employer (See Instructions)

Self Employed

Date

6/18/2018

Full name of contributor

Lee + Velda Juizillo

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

Amount of contribution (\$)

\$250.⁰⁰

Contributor address;

City; State; Zip Code

4730 Woodridge Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)

ACCOUNTANT

Employer (See Instructions)

Self Employed

Date

6/18/18

Full name of contributor

Gerald GARZA

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

Amount of contribution (\$)

\$200.⁰⁰

Contributor address;

City; State; Zip Code

4614 Oxford Dr. Corpus Christi TX 78411

Principal occupation / Job title (See Instructions)

FLOORING CONTRACTOR

Employer (See Instructions)

Self Employed Alexander Flores

Date

6/18/18

Full name of contributor

Arnold + Velda de la Paz

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

Amount of contribution (\$)

\$500.⁰⁰

Contributor address;

City; State; Zip Code

1891 County Rd. 26 Corpus Christi, TX 78415

Principal occupation / Job title (See Instructions)

PAINT CONTRACTOR

Employer (See Instructions)

Self Employed DLP

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.
5 of 11

2 FILER NAME

Rudy GARZA Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/2018

5 Full name of contributor

Willard Hammonds II

out-of-state PAC (ID# _____)

6 Contributor address;

City; State; Zip Code

4025 Ocean Dr. Corpus Christi TX 78411

7 Amount of contribution (\$)

\$1,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

REAL estate investor

9 Employer (See Instructions)

Self Employed

Date

6/18/2018

Full name of contributor

Bradley Smith

out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

5221 Westworth Corpus Christi, TX 78413

Amount of contribution (\$)

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Self Employed

Date

6/18/2018

Full name of contributor

Al Mostaghani

out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

24 W. Bee Le Doc Corpus Christi, TX 78414

Amount of contribution (\$)

\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Builder

Employer (See Instructions)

Self Employed

Date

6/18/2018

Full name of contributor

Jennifer + Phillip Skrobarczyk

out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

250 Melrose Corpus Christi, TX 78404

Amount of contribution (\$)

\$750.⁰⁰

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Fulton Construction

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:

6 of 11

2 FILER NAME

Rudy GARZA Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/18

5 Full name of contributor

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

Annelise + Jerry Arnold

6 Contributor address; City; State; Zip Code

254 Circle Dr. Corpus Christi, TX 78411

7 Amount of contribution (\$)

\$100.⁰⁰

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

6/18/2018

Full name of contributor

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

Randy + Yvette Maldonado

Contributor address; City; State; Zip Code

6001 King Trail Corpus Christi, TX 78414

Amount of contribution (\$)

\$250.⁰⁰

Principal occupation / Job title (See Instructions)

Restaurateur

Employer (See Instructions)

Self Employed

Date

6/18/2018

Full name of contributor

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

Jeff Smith

Contributor address; City; State; Zip Code

4313 Dorval Corpus Christi, TX 78418

Amount of contribution (\$)

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

Real estate Broker

Employer (See Instructions)

Self Employed

Date

6/18/18

Full name of contributor

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

Amirhassan Zarghooni

Contributor address; City; State; Zip Code

46 W. Bar Le Doc Corpus Christi, TX 78414

Amount of contribution (\$)

\$300.⁰⁰

Principal occupation / Job title (See Instructions)

Developer / Builder

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.
7 of 11

2 FILER NAME
Rudy GARZA Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
6/18/2018

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

Samuel + Helen Dalton
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

2002 Villafrance Corpus Christi, TX 78414

\$100.⁰⁰

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Not Working

Date
6/18/2018

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

Don Rucker Jr.
Contributor address; City; State; Zip Code

Amount of contribution (\$)

401 Barracuda Corpus Christi, TX 78411

\$300.⁰⁰

Principal occupation / Job title (See Instructions)

Real estate investor

Employer (See Instructions)

Retired

Date
6/18/2018

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

Hugo Berlanga
Contributor address; City; State; Zip Code

Amount of contribution (\$)

28 Hewitt Dr. Corpus Christi, TX 78404

\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Retired Legislator

Employer (See Instructions)

Self Employed

Date
6/18/2018

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

Cervantes Electric
Contributor address; City; State; Zip Code

Amount of contribution (\$)

6118 Macamet Corpus Christi, TX 78414

\$250.⁰⁰

Principal occupation / Job title (See Instructions)

ELECTRICAL CONTRACTOR

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:
8 of 11

2 FILER NAME
Rudy GARZA Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
6/18/2018

5 Full name of contributor out-of-state PAC (ID#: _____)
R.W. Mike + Roy Moore

6 Contributor address; City; State; Zip Code
13810 Captiva Row Corpus Christi, TX 78418

7 Amount of contribution (\$)
\$2,000.⁰⁰

8 Principal occupation / Job title (See Instructions)
VETERINARIAN

9 Employer (See Instructions)
Self Employed

Date
6/18/2018

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

Contributor address; City; State; Zip Code
7122 S. Staples Suite C. Corpus Christi, TX 78413

Amount of contribution (\$)
\$150.⁰⁰

Principal occupation / Job title (See Instructions)
INSURANCE BROKER

Employer (See Instructions)
Self Employed

Date
6/18/2018

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

Contributor address; City; State; Zip Code
737 Everhart Unit C Corpus Christi, TX 78411

Amount of contribution (\$)
\$100.⁰⁰

Principal occupation / Job title (See Instructions)
Builder

Employer (See Instructions)
Self Employed

Date
6/18/2018

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

Contributor address; City; State; Zip Code
P.O. Box 271106 Corpus Christi, TX 78427

Amount of contribution (\$)
\$300.⁰⁰

Principal occupation / Job title (See Instructions)
ROAD Contractor

Employer (See Instructions)
Max Under ground

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:
9 of 11

2 FILER NAME

Rudy GARZA Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/2018

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

Kamran Zarghouni

6 Contributor address; City; State; Zip Code

7002 S. Staples Ste 104 Corpus Christi, TX 78413

7 Amount of contribution (\$)

\$ 300.⁰⁰

8 Principal occupation / Job title (See Instructions)

REAL ESTATE BROKER

9 Employer (See Instructions)

K E M

Date

6/18/2018

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

Mr. + Mrs. David Engle

Contributor address; City; State; Zip Code

230 Amistad Corpus Christi, TX 78404-1606

Amount of contribution (\$)

\$ 1,000.⁰⁰

Principal occupation / Job title (See Instructions)

Business man

Employer (See Instructions)

Self Employed

Date

6/18/2018

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

Sylviana G. Corona

Contributor address; City; State; Zip Code

329 Baker Dr. Corpus Christi, TX 78408

Amount of contribution (\$)

\$ 100.⁰⁰

Principal occupation / Job title (See Instructions)

PROPERTY MANAGER

Employer (See Instructions)

GARZA RENTALS

Date

6/18/2018

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

Thomas + Mary Anne Guido

Contributor address; City; State; Zip Code

10115 N. MANTON, San Antonio, TX 78213

Amount of contribution (\$)

\$ 1,000.⁰⁰

Principal occupation / Job title (See Instructions)

CONTRACTOR

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:

10 of 11

2 FILER NAME

Rudy GARZA Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/2018

5 Full name of contributor

out-of-state PAC (ID# _____)

Enrique M. + Linda Davila

6 Contributor address;

City; State; Zip Code

5424 Hwy 90 West, SAN ANTONIO, TX 78227

7 Amount of contribution (\$)

\$ 2,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

ELECTRICAL CONTRACTOR

9 Employer (See Instructions)

SELF EMPLOYED

Date

6/18/2018

Full name of contributor

out-of-state PAC (ID# _____)

Paul Chapa

Contributor address;

City; State; Zip Code

P.O. Box 17428 Austin, TX 78160

Amount of contribution (\$)

\$ 1,000.⁰⁰

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Linebarger

Date

6/18/2018

Full name of contributor

out-of-state PAC (ID# _____)

Carolyn Vaughn

Contributor address;

City; State; Zip Code

4214 Spring Creek Corpus Christi, TX 78410

Amount of contribution (\$)

\$ 500.⁰⁰

Principal occupation / Job title (See Instructions)

Oil Business Owner

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 11

2 FILER NAME
RUDY GARZA JR.

3 Filer ID (Ethics Commission Filers)

4 Date
4/18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
**322 SANTA MONICA
CORPUS CHRISTI, TX 78411**

250.00

8 Principal occupation / Job title (See Instructions)
ARCHITECT

9 Employer (See Instructions)
T/R ARCHITECTS

Date
6/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
**6009 S. OSO PKWY
CORPUS CHRISTI, TX 78414**

250.00

Principal occupation / Job title (See Instructions)
BANKER

Employer (See Instructions)
KLEBERG BANK

Date
6/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
**801 NAVIGATION BLVD.
CORPUS CHRISTI, TX 78408**

250.00

Principal occupation / Job title (See Instructions)
ENGINEER

Employer (See Instructions)
LNV ENGINEERING

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 <i>RUDY GARZA JR</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <i>500.00</i> | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KATZ 21</i> | 8 Amount of Contribution \$ | 9 In-kind contribution description <i>Food</i> |
| | 7 Contributor address; City; State; Zip Code <i>75114</i> <i>5702 SPDHN DR. C. P. TX</i> | <i>500.00</i> | <i>FOR EVENT</i> |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>RESTAURANTER</i> | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>SELF EMPLOYED</i> | |
| 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | | |
| | | <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) | | | |
| <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> | | | |

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

RUDY GARZA JR

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ *Ø*

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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.

LOANS

SCHEDULE E

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME <i>RUDY GARZA JR.</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ <i>496.09</i> |
| 5 Date of loan <i>6/18</i> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RUDY GARZA</i> | 9 Loan Amount (\$) <i>496.09</i> |
| 6 Is lender a financial Institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code <i>6221 MICHAUX C.E. TX 78414</i> | 10 Interest rate <i>0</i> |
| | | 11 Maturity date <i>11/7/18</i> |
| 12 Principal occupation / Job title (See Instructions) <i>PROPERTY MGR.</i> | | 13 Employer (See Instructions) <i>GARZA RENTALS</i> |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor <i>M/K</i> 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |

| | | |
|--|--|--|
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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
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: <i>1 of 6</i> | | 2 FILER NAME <i>RUDY GARZA JR</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>1/20/18 - 6/12/18</i> | | 5 Payee name <i>CTC CONSTA</i> | | | |
| 6 Amount (\$) <i>127.92</i> | | 7 Payee address; City; State; Zip Code <i>1601 TRAPLO ROAD</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) <i>Web SITE Subscription Service</i> | | (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 | | Office sought | |
| Date <i>4/16</i> | | Payee name <i>Corpus Christi Police Officers Association</i> | | | |
| Amount (\$) <i>200.00</i> | | Payee address; City; State; Zip Code <i>3122 LEOPARD ST. CORPUS CHRISTI, TX 78408</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i> | | 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 | | Office sought | |
| Date <i>4/17/18</i> | | Payee name <i>R.G. GARCIA PAN AMERICAN GOLF ASSOCIATION</i> | | | |
| Amount (\$) <i>250.00</i> | | Payee address; City; State; Zip Code <i>HORNE RD CORPUS CHRISTI, TX 78415</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Ad FOR TOURNAMENT</i> | | 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 | | Office sought | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 of 6 | 2 FILER NAME RUDY GARZA JR. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/7/18 | 5 Payee name CAN CUN RESTAURANT | |
| 6 Amount (\$) 118.47 | 7 Payee address; City; State; Zip Code 6314 YORKTOWN BLVD | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising / Meeting Food sponsorship | (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 | Office sought | 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3 of 6 | | 2 FILER NAME RUDY GARZA JR. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5/22/18 | | 5 Payee name KATZ 21 | | | |
| 6 Amount (\$) 44.00 | | 7 Payee address; City; State; Zip Code 5702 Spohn Dr C.C. TX 78414 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 | | |
| | FOR CAMPAIGN MTG. | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 5/29 | | Payee name League of Women Voters | | | |
| Amount (\$) 60.00 | | Payee address; City; State; Zip Code C.C TX | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Member Ship | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | Dues | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 4/20/18 | | Payee name Ferix De Las Flores | | | |
| Amount (\$) 150.00 | | Payee address; City; State; Zip Code C.C. TX | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Ads For | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| | EVENT | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

| | |
|-------------------------|--------------------------------------|
| 4 Date 6/4/18 | 5 Payee name MARIO JIMENEZ |
|-------------------------|--------------------------------------|

| | |
|-------------------------------|---|
| 6 Amount (\$) 1,000 | 7 Payee address; City; State; Zip Code 1718 Micheline Dr. Corpus Christi TX 78412 |
|-------------------------------|---|

| | | |
|-----------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Web SITE Design | (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 | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------------|-------------------------------------|
| Date 6/4/18 | Payee name GO DADDY . COM |
|-----------------------|-------------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 55.69 | Payee address; City; State; Zip Code 14455 N. HAYDEN RD Scottsdale, AZ |
|-----------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Web domain CHARLIE | 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 | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------|---|
| Date 6/13 | Payee name FREE Logo Services |
|---------------------|---|

| | |
|-----------------------------|--|
| Amount (\$) 98.91 | Payee address; City; State; Zip Code 353 AMPER PINE ST. LAS VEGAS NEVADA |
|-----------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CAMPAIGN BUSINESS CARDS | 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 | 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
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: 5 of 6 | 2 FILER NAME Rudy GARZA JR | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/11 | 5 Payee name FAST SIGNS INC. | |
| 6 Amount (\$) 276.04 | 7 Payee address; City; State; Zip Code 1220 AIRLINE RD. CORPUS CHRISTI, TX 78412 | |
| 8 PURPOSE OF EXPENDITURE CAMPAIGN BUTTONS | (a) Category (See Categories listed at the top of this schedule) | (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 | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | | |
|------------------------------|---|--|
| Date 6/11/18 | Payee name Cooper Outdoor Advertising | |
| Amount (\$) 10,200 | Payee address; City; State; Zip Code 115 WACO ST CORPUS CHRISTI, TX 784 | |

| | | |
|---|--|---|
| PURPOSE OF EXPENDITURE ADVERTISING EXPENSE BILLBOARDS | 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 |
|---|--|---|

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

| | | |
|------------------------------|--|--|
| Date 6/13 | Payee name CROSS BODY TEES & MORE 5858 S. PADRE ISLAND DR. C.C. TX 78412 | |
| Amount (\$) 478.00 | Payee address; City; State; Zip Code | |

| | | |
|---|--|---|
| PURPOSE OF EXPENDITURE ADVERTISING EXPENSE (T-SHIRTS) | 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 |
|---|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 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
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: 6 of 6 | 2 FILER NAME RUDY GAREN JR | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/18 | 5 Payee name KATZ 21 | |
| 6 Amount (\$) 1165.00 | 7 Payee address; City; State; Zip Code 5702 Spohn Dr. Corpus Christi, TX 78413 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food Beverage Expense FOR FUNDRAISER | (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: _____ Office sought: _____ Office held: _____ | |
| Date 6/21 | Payee name CAN 2 DESIGNS | |
| Amount (\$) 243.00 | Payee address; City; State; Zip Code 5858 SPID CORPUS CHRISTI TX 78412 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE ARTWORK FOR SIGNS | 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: _____ Office sought: _____ Office held: _____ | |
| Date 6/28/18 | Payee name VANESSA GAREN | |
| Amount (\$) 1,000.00 | Payee address; City; State; Zip Code 1047 HERNDON CIRCLE CORPUS CHRISTI, TX 78411 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONSULTING 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: _____ Office sought: _____ Office held: _____ | |
| 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 | 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) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F2: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|---|----|

| | |
|--------|--------------|
| 5 Date | 6 Payee name |
|--------|--------------|

| | |
|---------------|--|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
|---------------|--|

| | |
|-----------------------|---|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|---|

| | | |
|---------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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

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

| | |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

| | | |
|------------------------|--|--|
| 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 |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased



6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of Investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 | Poling 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) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date | 6 Payee name | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 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 |
| 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (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 | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) 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 | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) 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 | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------|---------------------|--|

| | |
|---------------|------------------------|
| 4 Date | 5 Business name |
|---------------|------------------------|

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

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

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name ⊗ | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) 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.) |
| 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.) |
| 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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|---|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom amount is received | 8 Amount (\$) |
| | 6 Address of person from whom amount is received; City; State; Zip Code | |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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