A. BET SHE THE V.

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MR JUNN NICKNAME LAST	MI J	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS POBOX APTISUITE # CITY OF BOX 531851 306 W. MATZ # 1 H	STATE ZIPCODE 78550 AZINGEN, TX	Date Hand-oeling
5 CANDIDATE/ OFFICEHOLDER PHONE	4756) 577 .725	EXTENSION 5	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS JULIA NICKNAME LAST GARCIA	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #	CITY STATE	NTX 78550
8 CAMPAIGN TREASURER PHONE	956) 56 Z . 440 6	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach CiOH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 12
11 ELECTION	Manasi Day Year ELECTION TYPE	Runoff	General Special
12 OFFICE	OFFICE HELD (Fany) CITY COMMISSIONET	2 CITY COMIS	1
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES. Name Address 190 Box Act Suite # City State Zp Co	ON ONLY IF THEY RECEIVE NOTIFICA	
additional pages.			
	GO TO PA	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	LAUL	S GONTALEZ 16	ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE E HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	100000000000000000000000000000000000000	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$ -D -
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ -0 -
EXPENDITURE TOTALS	3 TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED \$ - O -		
CONTRIBUTION	4. TOTAL	POLITICAL EXPENDITURES	\$ -0 -
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ -0 -
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ -0 -
M	AMANDA C. ELIZONDO Y COMMISSION EXPIRE July 30, 2015	I swear, or affirm, under penalty of pe is true and correct and includes all in one under Title 15, Election Code Signature of Canada	formation required to be reported by
AFFIX NOTARY STAN		me by the said J. J. Jonnal	this the
amarda C	Elynte	Amonda C Elizando	City Secy.
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Sche	au e A
FILER NA	ME		3 ACCOUNT # (Et	hics Commission Fifers)
Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
			(If travel outside o	f Texas complete Schedule T
Principal or	ccupation / Job title (See Instructions)	10 Employe (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (CF.		Amount of contribution (\$)	In-kind contribution description (if applicabl
	Contributor address, City, State, Zip Code			
Principal of	ccupation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T
T THICIPSI O	Separative See Interest Instructions	Citiployer (des i	natiociona)	
	Full pages of contributors		Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAT [ID# Contributor address City, State, Pip Code		contribution (\$)	
Date			contribution (\$)	description (if applicat
		Employer (See I	contribution (\$)	description (if applicable)
	Contributor address City, State, pip Code	Employer (See I	contribution (\$)	description (if applicable for the second of
Principal oc	Contributor address City, State, Pip Code Coupation / Job title (See Instructions) Full name of contributor Out-of-state PAC(ID# Contributor address, City, State, Zip Code)	(if travel outside contribution (\$) Amount of contribution (\$)	description (if applicate of Texas, complete Schedule 1 In-kind contribution description (if applicate
Principal oc	Contributor address City, Stale, Pip Code	Employer (See I	(if travel outside contribution (\$) Amount of contribution (\$)	description (if application of Texas, complete Schedule 1 In-kind contribution description (if application)
Principal oc	Contributor address City, State, Pip Code Coupation / Job title (See Instructions) Full name of contributor Out-of-state PAC(ID# Contributor address, City, State, Zip Code)	(if travel outside contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule of Texas, complete of Texas, co
Principal of Date	Contributor address City, State, Pip Code Coupation / Job title (See Instructions) Full name of contributor)	(If travel outside onstructions) Amount of contribution (\$) (If travel outside onstructions) Amount of contribution (\$)	In-kind contribution description (if applicable for the second of the se

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

PLED	GED CONTRIBUTIONS		SCHEDULE B
Ti	he Instruction Guide explains how to complete this fo	rm. 1 Talar pages Sche	idula 5
FILER NAM	ME	3 ACCGLINT # (E)	hios Commission Filers)
то	TAL OF UNITEMIZED PLEDGES:	* * * * *	\$
Date	6 Full name of pledgor out of state PAC (ID#	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		Ill travel outside (of Texas, complete Schedule T
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of pledgor out-of-state PAC (Def	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address. City. State, Zip Code		
Principal oc	ecupation / Job title (See Instructions)	(If travel outside Employer (See Instructions)	of Texas, complete Schiedule 1
Date	Full name of pledgor aut-of-state PAC (ID# Pledgor address City State Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
			of Texas, complete Schedule
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of pledglor out-obstate PAC(ID#	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address City, State, Zip Code	II. In the last	I E
			of Texas, complete Schedule
Principal oc	ccupation / José title (See Instructions)	Employer (See Instructions)	
Date	Full name of pledgor unreferable PACIDE	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address City, State Zip Code		; }
		14 11 12 12 12 12 12 12 12 12 12 12 12 12	of Texas complete Schedue
Dringing of	ccupation / Job title (See Instructions)	Employer (See Instructions)	

LOANS			SCHEDULE E
The	Instruction Guide explains ho	ow to complete this form.	1 Total pages Schedule E
FILER NAME	_		3 ACCOUNT# (Ethics Commission Filers
TOTA	AL OF UNITEMIZED LOA	ANS. ⇔ ⇔ ⇔	⇔ <i>⇔</i> \$
Date of loan	7 Name of lender	ut-of-state PAC (ID#	9 Loan Amount (\$)
Is lender a financial	8 Lender address, City.	State, Zip Code	10 Interest rate
Institution?			11 Maturity date
Principal occupa	tion / Job title (See Instructions)	13 Employer (See Instru	uctions)
Description of Co	llateral		
none			
GUARANTOR INFORMATION not applicable	16 Name of guarantor 17 Guarantor address.	City State, Zip Code	18 Amount Guaranteed (S
Principal Occupa	ation (See Instructions)	20 Employer (See Instru	actions)
Date of loan	Name of lender	Out-of-state PAC (ID#	Loan Amount (\$)
Islender a financial	Lender address, City,	State. Zip Code	Interestrate
Institution? Y N			Maturity date
Principal occups	ition) Job title (See Instructions)	Employer (See Instru	ctions)
Description of Co	llateral		
GUARANTOR INFORMATION	Name of guarantor Guarantor address.	City State Zip Code	Amount Guaranteed (\$
Principal Occupi	ation (See Instructions)	Employer (See Instruc	ctions)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D Printing Expense Office Overhead	Contract Labor Transportation Equipment & Related Expense t Contributions/Donation Made By Candidate/Officeholder/Political Committee t/Rental Expense OTHER (enter a category not fisted above)
	The Instruction Guide explains how t	
1 Total pages Schedule F	2 FILER NAME	3 (CCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address, City, State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Ci	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address, City, Stale, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Scriedule T)
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit Co	ОН	
	OH Payee name	
expenditure to benefit Ci		
expenditure to benefit Co	Payee name	Description (Hyravel outside of Texas, complete Schedule T)
Date Amount (\$) PURPOSE OF	Payee name Payee address City State Zip Code Category See categories listed as the top of this schedule) Candidate / Officeholder name	Description (Hyavel outside of Texas, complete Schedule T) Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Payee address City State Zip Code Category See categories listed as the top of this schedule) Candidate / Officeholder name	
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit Complete Comp	Payee name Payee address City State Zip Code Category See categories listed as the top of this schedule) Candidate / Officeholder name	
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit Co	Payee address City State Zip Code Category See categories listed at the top of the schedule) Candidate / Officeholder name OH	

POLITICAL EXPENDITURES

SCHEDULE G

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salanes/A Legal Services Solicitation Food/Beverage Expense Travel In Polling Expense Travel Oi Printing Expense Office Ov	Wages/Contract Labor Infrundraising Expense District It of District Vernead/Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTER (enter a category not listed above)
	The Instruction Guide explains	
Total pages Schedule G	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filer
Date	5 Payee name	
Re-moursament from political contributions intended	7 Payee address, City, State, Zip C	Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched	(b) Description (If travel outside of Texas complete Schedule T)
Date	Payee name	
Amount (\$) Rembursement from postical contributions intended	Payee address. City State: Zip (Code
PURPOSE OF EXPENDITURE	Calegory (See categories in led at the top of this sched	Lule) Description (If travel outside of Texas complete Schedule T)
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address, City. State, Zip (Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address City State Zip 0	Code
PURPOSE OF EXPENDITURE	Category (See paregories listed at the top of this sched	Description (If travel outside of Texas complete Schedule T)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

(512) 463-5800

Advertising Expense Accounting/Banking	EXPENDITURE Gift/Awerds/Memorials Expense Legal Services	E CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimb Transportation Equipmen	
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations	
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense	OTHER (enter a categor	
, 555		le explains how to complete this		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total pages Schedule H	2 FILER NAME		/	thics Commission Filers)
		/		
1 Date	5 Business name			
S Amount (\$)	7 Business address, City, S	State. Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the f	(b) Description	on (If travel outside of Texas, com	rplete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	e Office sou	ght	Office held
Date	Business name			
Amount (\$)	Business address City, S	State Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule) Description	on (If travel outside of Texas, com	nglete Schedule 1)
Complete ONLY if direct expenditure to benefit Co		e Office sou	ght	Office held
Date	Business name			
Amount (\$)	Business address City, S	State Zip Code		
	Business address. City. 3			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule) Description	on (If travel outside of Texas, con	ngiete Schedule T)
PURPOSE OF	Category (See categories listed at the t			Office held
PURPOSE OF EXPENDITURE Complete QNLY if direct	Category (See categories listed at the t			
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C.	Category (See categories listed at the top of the categories listed at the t	e Office sou		
PURPOSE OF EXPENDITURE Complete ON Y if direct expenditure to benefit Complete.	Category (See categories listed at the to Canadidate / Officeholder name) Business name	State Zip Code		Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE |

Advertising Expense Accounting Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FOR BOX 8 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule I	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
			/
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address. City: St	late, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule) (b) Descript	ION (See instructions regarding type of information required.)
Date	Payee name		
Amount (S)	Payee address, City, Si	larle Zip Code	
PURPOSE OF EXPENDITURE	Category [See categories listed at the to	op of this schedule) Descirip!	ion. (See instructions regarding type of information resulted)
Dale	Payee name		
Amount (\$)	Payee address City St	late, Zip Code	
PURPOSE OF EXPENDITURE	Category See categories losed at the to	p of this schedule) Descript	tion. (See instructions regarding type of information required).
Date	Payrename		
Amount (\$)	Payee address. City, Si	tate Zip Code	
PURPOSE OF EXPENDITURE	Category See sufragories Israel at Meto	p of this scriedule) Descript	hon (See assauctions regarding type of information resourced)
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE A	S NEEDED

P.O. Box 12070

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K
FILER NA	ME	3 ACCOUNT# (Ethics Commission Filers)
Date	5 Payor name 6 Payor address; City, State, Zip C	8 Amount (\$)
	7 Reason for credit	
Date	Payor name Payor address; City. State, Zip C	Amount (\$)
	Reason for credit	
Date	Payor name Payor address City State, Zip C	Amount (\$)
	Reason for credit	
Date	Payor name Payor address, Gity State, Zip C	Amount (\$)
	Reason for credit	
Date	Payor name Payor address, City State, Zip C	Amount (\$)

1.0

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedulg The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Eylics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC СОН-Т PAC-C 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 / Pledgo Payee Contribution / Expenditure reported on Schedule A Schedule C Schedule B Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC COH-T PAC-C Name of person(s) traveling Dates of travel 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 A Schedule D Schedule B Schedule C Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC COH-T PAC-C Name of person(s) traveling Dates of travel 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