

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: **4**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MR. Julin J.
NICKNAME LAST SUFFIX

Gonzalez

OFFICE USE ONLY



4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

400 Solar DR. Mission, TX 78574

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 537-9493

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
J.C. Avila
NICKNAME LAST SUFFIX

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

905 East 2 MILE 78574

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 598-3390

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign
treasurer appointment
(Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
3 / 27 / 18 THROUGH **4 / 25 / 18**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
Description
5 / 5 / 18 General Special **Local/City**

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

CITY COUNCIL D14

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Julian Gonzalez 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,400 ⁰⁰ / ₀₀
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,200 ⁰⁰ / ₀₀
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 200 ⁰⁰ / ₀₀
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder



AFFIX NOTARY STAMP, SEAL ABOVE

Sworn to and subscribed before me, by the said Julian Gonzalez, this the 27th day of April, 2018, to certify which, witness my hand and seal of office.

Anna B Carrillo Anna B Carrillo Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Juhwan J. Gonzalez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-12-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred L. Kurth</i>	7 Amount of contribution (\$) <i>1,000.⁰⁰/₁₀₀</i>
	6 Contributor address; City; State; Zip Code <i>2310 Fox Run Mustang</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-11-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donnie Chapin</i>	Amount of contribution (\$) <i>400.⁰⁰/₁₀₀</i>
	Contributor address; City; State; Zip Code <i>3327 W. Ware Rd McAllen, TX</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-2-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walter Scott</i>	Amount of contribution (\$) <i>500.⁰⁰/₁₀₀</i>
	Contributor address; City; State; Zip Code <i>1008 Doherty Ave Mission, TX</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-29-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph Philippi</i>	Amount of contribution (\$) <i>500.⁰⁰/₁₀₀</i>
	Contributor address; City; State; Zip Code <i>P.O. Box 1810 McAllen, TX</i>	
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:

2 FILER NAME

Subhan J. Gowri Allen

3 Filer ID (Ethics Commission Filers)

4 Date

3-28-18

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

Chris Romero Hinojos

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

414 East Pove McAllen, TX

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-29-18

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

Miguel Chamin

Amount of contribution (\$)

Contributor address; City; State; Zip Code

2201 E Augusta Rd

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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