# 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: 12

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

AUSTIN CITY CLERK RECEIVED 2014 JUL 15 AM 11:35

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. FIRST: Julian MI: F.

NICKNAME: Juba LAST: Fernandez SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 2912 Govalle Ave Austin TX 78702

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 524-1050 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms. FIRST: Olga MI: A.

NICKNAME: LAST: Vega SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 308 Camperdown Elm Dr. Austin TX 78748

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 922-8684 EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 05 / 08 / 2014 THROUGH Month Day Year: 06 / 30 / 2014

11 ELECTION

ELECTION DATE Month Day Year: 11 / 04 / 2014

ELECTION TYPE: ☒ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE: ~~N/A~~ or

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): District 3 City Council

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**
**COVER SHEET PG 2**

**14** C/OH NAME: Julian Limon F. Fernandez

**15** ACCOUNT # (Ethics Commission Filers):

**16** NOTICE FROM POLICIAL 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 | $ Ø |
| | 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 980.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ Ø |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 920.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 60.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 100.00 |

**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.

NOTARY PUBLIC STATE OF TEXAS
STACEY KRUSE
My Commission Expires
June 03, 2017

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the 15 day of July, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Stacey Kruse

Printed name of officer administering oath: Stacey Kruse

Title of officer administering oath: Notary

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: Mr. Julian Limon F. Fernandez

3 ACCOUNT # (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/25/14 | Eulojio R. Sosa<br>P.O. Box 152643 Austin TX 78715-2643 | $50.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Maintenance

10 Employer (See Instructions): Little Mexico Restaurant

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/25/14 | Rosa Elia Sosa<br>2304 S. First Austin TX 78704 | $150.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Owner

Employer (See Instructions): Little Mexico Restaurant

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/25/14 | John Rivera<br>922 Audra St Cedar Park, TX 78613 | $100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired Deacon

Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/25/14 | Larry Butler + Carol A. Sayle<br>3414 Lyons Rd Austin TX 78702-3727 | $250.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Farmers

Employer (See Instructions): Boggy Farm

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/25/14 | Helen Diaz<br>10028 Pennacle Crest Lp Austin, TX 78747 | $50.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: Mr. Julian Limon F. Fernandez

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 6/29/14 | Paula & Glenn Forr<br>6 Contributor address; City; State; Zip Code: 755 Springdale Rd Austin, Tx 78702 | $100.00 | (If travel outside of Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions): Farmers | | 10 Employer (See Instructions): Springdale Farm | |
| 6/29/14 | Jerry & Adelfa Aguirre<br>10811 Watchful Fox Dr Austin, Tx 78748 | $60.00 | (If travel outside of Texas, complete Schedule T) |
| Retired | | | |
| 6/29/14 | Bill Grote<br>1055 Hidden Hills Dr Dripping Springs Tx 78620 | $100.00 | |
| Retired | | | |
| 6/24/14 | Hector Baltierra<br>6203 Shadow Bend Austin Tx 78745 | 100.00 | (If travel outside of Texas, complete Schedule T) |
| Employee State of Texas | | | |
| 6/24/14 | Nancy Coplin<br>2810 Indridge Dr Austin Tx 78745 | 20.00 | (If travel outside of Texas, complete Schedule T) |
| Promoter | Public Space Music | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# LOANS

**SCHEDULE E**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule E: 1

2 FILER NAME: Julian Limon F. Fernandez

3 ACCOUNT # (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 05/12/2014

6 Is lender a financial institution? Y (N)

7 Name of lender: Julian Limon F. Fernandez ☐ out-of-state PAC (ID#: )

8 Lender address; City; State; Zip Code: 2912 Govalle Ave. Austin, Tx 78702

9 Loan Amount ($): $100.00

10 Interest rate:

11 Maturity date:

12 Principal occupation / Job title (See Instructions): Musician / Manager

13 Employer (See Instructions): Los Texas Wranglers

14 Description of Collateral: ☑ none

15 Check if personal funds were deposited into political account: ☑

16 GUARANTOR INFORMATION: ☑ not applicable

17 Name of guarantor:

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: ☐ out-of-state PAC (ID#: )

Lender address; City; State; Zip Code:

Loan Amount ($):

Interest rate:

Maturity date:

Is lender a financial institution? Y N

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral: ☐ none

Check if personal funds were deposited into political account: ☐

GUARANTOR INFORMATION: ☐ 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

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule F: 5

2 FILER NAME: Julian Limon F. Fernandez

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 05/14/2014

5 Payee name: Vista Print

6 Amount ($): $19.98

7 Payee address; City; State; Zip Code: 95 Hayden Ave. Lexiton, MA 02421

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Advertising Expense

(b) Description (If travel outside of Texas, complete Schedule T): Campaign Cards

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

---

Date: 05/15/2014

Payee name: Affordable Sound

Amount ($): $12.83

Payee address; City; State; Zip Code: 1029 Renli St. Ste #3 Austin, Tx 78721

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising Expense

Description (If travel outside of Texas, complete Schedule T): Campaign Posters

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

---

Date: 05/23/2014

Payee name: Godaddy.com

Amount ($): $69.99

Payee address; City; State; Zip Code: 14455 North Hayden Rd. Ste 219 Scottsdale, AZ. 85260

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising Expense

Description (If travel outside of Texas, complete Schedule T): SSL Certificate

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

---

Date: 05/27/2014

Payee name: Affordable Sound

Amount ($): $12.83

Payee address; City; State; Zip Code: 1029 Renli St Ste #3 Austin, Tx 78721

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising Expense

Description (If travel outside of Texas, complete Schedule T): Campaign Posters

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

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Julian Limon F. Fernandez

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 06/03/2014

5 Payee name: Taqueria Chapla

6 Amount (S): $30.24

7 Payee address: City: State: Zip Code: 2101 E. Cesar Chavez Austin, Tx 78702

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Food/Beverage Expense

(b) Description (If travel outside of Texas complete Schedule T): Neighbors Meeting

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

---

Date: 06/03/2014

Payee name: Godaddy.com

Amount (S): $28.34

Payee address: City: State: Zip Code: 14455 North Hayden Rd Ste 219 Scottsdale AZ 85260

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising Expense

Description (If travel outside of Texas complete Schedule T): Domain Name

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

---

Date: 06/05/2014

Payee name: Be Funky

Amount (S): $24.95

Payee address: City: State: Zip Code: 2711 Centerville Wellminton, DE. 19808

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising Expense

Description (If travel outside of Texas complete Schedule T): Computer Program

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

---

Date: 06/06/2014

Payee name: Cathy's Cleaners

Amount (S): $30.24

Payee address: City: State: Zip Code: 1100 E. Cesar Chavez Austin Tx 78702

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Other/Wardrobe

Description (If travel outside of Texas complete Schedule T): Shirts for Public Meetings

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

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule F: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|---|
| 5 | Julian Limon F. Fernandez | |

| 4 Date | 5 Payee name |
|---|---|
| 06/07/2014 | Signsonthecheap |

| 6 Amount ($) | 7 Payee address: City: State: Zip Code |
|---|---|
| $355.58 | 11525-B Stonehollow Dr. #220 Austin, Tx 78758 |

| 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) |
|---|---|---|
| | Advertising Expense | Campaign Yard Signs |

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

| Date | Payee name |
|---|---|
| 06/13/2014 | Graphicsland |

| Amount ($) | Payee address: City: State: Zip Code |
|---|---|
| $89.95 | 8061 186th St. Tinley Park, Il. 60487 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | Advertising Expense | Tee Shirts |

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

| Date | Payee name |
|---|---|
| 06/14/2014 | Affordable Sound |

| Amount ($) | Payee address: City: State: Zip Code |
|---|---|
| $20.52 | 1029 Renli St. Ste. #3 Austin, Tx 78721 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | Advertising Expense | Campaign Posters |

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

| Date | Payee name |
|---|---|
| 06/17/2014 | Constant Contact |

| Amount ($) | Payee address: City: State: Zip Code |
|---|---|
| $21.32 | 1601 Trapelo Rd. Waltham, MA 02451 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | Advertising Expense | Media Email |

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

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Julian Limon F. Fernandez

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 06/20/2014

5 Payee name: InfoClearingHouse

6 Amount (S): $19.95

7 Payee address: City: State: Zip Code: www.ebay.com

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Office Overhead

(b) Description (If travel outside of Texas, complete Schedule T): HP Tri-Color INK

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

---

Date: 06/20/2014

Payee name: Affordable Sound

Amount (S): $17.10

Payee address: City: State: Zip Code: 1029 Renli St. Ste #3 Austin, Tx 78721

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising Expense

Description (If travel outside of Texas, complete Schedule T): Campaign Posters

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

---

Date: 06/20/2014

Payee name: Little Mexican Rest

Amount (S): $15.88

Payee address: City: State: Zip Code: 2304 S. 1st St. Austin, Tx 78704

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Food/Beverage Expense

Description (If travel outside of Texas, complete Schedule T): Neighbors Meeting

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

---

Date: 06/21/2014

Payee name: Bread Basket

Amount (S): $41.75

Payee address: City: State: Zip Code: 1514 Holly St. Austin, TX. 78702

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Travel in District

Description (If travel outside of Texas, complete Schedule T): Truck Gas (Posting Campaign Posters)

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

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Julian Limon F. Fernandez

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 06/22/2014

5 Payee name: Marianas Kitchen

6 Amount ($): $28.46

7 Payee address: City: State: Zip Code: 5510 S. IH-35 #410 Austin, TX 78745

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Food/Beverage Expense

(b) Description (If travel outside of Texas complete Schedule T): South Austin Contacts

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

---

Date: 06/25/2014

Payee name: Corner Store

Amount ($): $80.94

Payee address: City: State: Zip Code: 2314 E. 7th St. Austin, TX 78702

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Travel in District

Description (If travel outside of Texas complete Schedule T): Gas (Posting Campaign Signs) van

Complete ONLY 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 (If travel outside of Texas complete Schedule T):

Complete ONLY 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 (If travel outside of Texas complete Schedule T):

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 PERSONAL FUNDS

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule G: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|---|
| 2 | Julian Limon F. Fernandez | |

| 4 Date | 5 Payee name |
|---|---|
| 05/14/2014 | Los Texas Wranglers |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 19.98 ☐ Reimbursement from political contributions intended | 2912 Govalle Ave. Austin, Tx. 78702 |

| 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) |
|---|---|---|
| | Advertising Expense | Campaign Cards |

| Date | Payee name |
|---|---|
| 05/15/2014 | Los Texas Wranglers |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $12.83 ☐ Reimbursement from political contributions intended | 2912 Govalle Ave. Austin, Tx. 78702 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | Advertising Expense | Campaign Posters |

| Date | Payee name |
|---|---|
| 05/23/2014 | Los Texas Wranglers |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $69.99 ☐ Reimbursement from political contributions intended | 2912 Govalle Ave. Austin, Tx. 78702 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | Advertising Expense | SSL Certificate |

| Date | Payee name |
|---|---|
| 05/27/2014 | Los Texas Wranglers |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $12.83 ☐ Reimbursement from political contributions intended | 2912 Govalle Ave. Austin, Tx. 78702 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | Advertising Expense | Campaign Posters |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees
Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense
Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| 1 Total pages Schedule G: 2 | 2 FILER NAME Julian Limon F. Fernandez | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 06/03/2014 | 5 Payee name Los Texas Wranglers | |
| 6 Amount ($) $28.34 ☐ Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 2912 Govalle Ave. Austin, Tx. 78702 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T) Domain Name |
| Date 06/14/2014 | Payee name Los Texas Wranglers | |
| Amount ($) $20.52 ☐ Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2912 Govalle Ave. Austin, Tx. 78702 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) Campaign Posters |
| Date 06/20/2014 | Payee name Los Texas Wranglers | |
| Amount ($) $17.10 ☐ Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2912 Govalle Ave. Austin, Tx. 78702 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) Campaign Posters |
| Date | Payee name | |
| Amount ($) ☐ Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**