

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

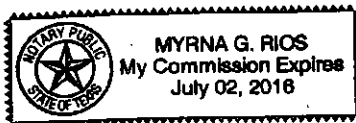
The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Julian Limon	MI F.
	NICKNAME Juba	LAST Fernandez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; 2912 Goualle Ave	APT / SUITE #;	CITY: Austin, Tx 78702
	STATE: TX	ZIP CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 524-1050	EXTENSION
	MS / MRS / MR MS	FIRST Olga	MI A.
6 CAMPAIGN TREASURER NAME	NICKNAME Vega	LAST	SUFFIX
	STREET ADDRESS (NO PO BOX PLEASE); 308 Camperdown Elm Dr Austin, Tx. 78748		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	AREA CODE (512)	PHONE NUMBER 922-8684	EXTENSION
	9 REPORT TYPE		
10 PERIOD COVERED	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	Month Day Year 07 / 01 / 2014 THROUGH 09 / 25 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) City Council / District 3

GO TO PAGE 2

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

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

<b>14 C/OH NAME</b> <u>Mr. Julian Limon F Fernandez</u>		<b>15 ACCOUNT #</b> (Ethics Commission Filers)
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
<input type="checkbox"/> additional pages		
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>1,861.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,513.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>1,851.38</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,180.44</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>597.83</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,100.00</u>

**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.

Julian L. Fernandez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julian L. Fernandez, this the 6 day of October, 20 14, to certify which, witness my hand and seal of office.

Myrna G. Rios  
Signature of officer administering oath

Myrna Rios  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

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#)

Dorsey Barger

6 Contributor address: City: State: Zip Code

07-01-14

3300 Govalle Austin Tx  
78702

7 Amount of contribution (\$)

\$ 200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Stephanie J. Schenzer

Contributor address: City: State: Zip Code

07-14-14

914 Shady Ln. Austin Tx  
78741

Amount of contribution (\$)

\$ 150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Eppie Carrillo

Contributor address: City: State: Zip Code

07-14-14

6601 Cruz St Austin Tx  
78741

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Debra Hartzler

Contributor address: City: State: Zip Code

07-21-14

6909 One Oak Rd Austin Tx  
78741

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

John Trevino

Contributor address: City: State: Zip Code

07-23-14

12517 Zeller Ln Austin Tx  
78753

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(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.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mr. Julian Limon F. Fernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08-01-14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Paul Hernandez

6 Contributor address; City; State; Zip Code

1007 Daniel Dr Austin TX  
78704

7 Amount of contribution (\$)

\$275.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08-02-14

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas Hernandez

Contributor address; City; State; Zip Code

1405 Holly St Austin TX  
78702

Amount of contribution (\$)

\$93.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08-02-14

Full name of contributor

☐ out-of-state PAC (ID#)

Marcos DeLeon

Contributor address; City; State; Zip Code

1702 Canterbury Austin TX  
78702

Amount of contribution (\$)

\$64.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08-03-14

Full name of contributor

☐ out-of-state PAC (ID#)

Neville Stewart

Contributor address; City; State; Zip Code

909 Cherico St Austin TX  
78702

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08-27-14

Full name of contributor

☐ out-of-state PAC (ID#)

Roger L & Maria M. Sanchez

Contributor address; City; State; Zip Code

11902 Yarbrough Dr Austin TX  
78748

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mr. Julian Limon F. Fernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08.03.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Gregory Hamilton

6 Contributor address; City; State; Zip Code

1605 Augusta Bend Dr Hutto  
TX 78634

7 Amount of  
contribution (\$)

\$ 100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09-07-14

Full name of contributor

☐ out-of-state PAC (ID#)

Robert A. Mac Innes

Contributor address; City; State; Zip Code

1704 B Heather St Austin  
TX 78704

Amount of  
contribution (\$)

\$ 100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09-07-14

Full name of contributor

☐ out-of-state PAC (ID#)

Richard J. Tyson

Contributor address; City; State; Zip Code

9501 Saugus Dr Austin TX  
78733

Amount of  
contribution (\$)

\$ 100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09-07-14

Full name of contributor

☐ out-of-state PAC (ID#)

Susan Hausmann

Contributor address; City; State; Zip Code

3300 Goralie Austin TX  
78702

Amount of  
contribution (\$)

\$ 70.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution  
description (if applicable)

(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.

**POLITICAL EXPENDITURES****SCHEDULE F****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 F:		2 FILER NAME Mr. Julian Limon F. Fernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07-12-14		5 Payee name Staples			
6 Amount (\$) 133.12		7 Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd Ste 700 Austin TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Printer & INK	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Julian Limon F. Fernandez		Office sought City Council	
Date 07-18-14		Payee name Dirt Cheap Signs			
Amount (\$) \$329.08		Payee address; City; State; Zip Code 7301 Bark Ranch Rd Lago Vista, TX 78645			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Yard Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Julian Limon F. Fernandez		Office sought City Council	
Date 08-01-14		Payee name Art Jam Productions, Inc.			
Amount (\$) \$115.00		Payee address; City; State; Zip Code 3414 East 5th St 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) Bumper Stickers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Julian Limon F. Fernandez		Office sought City Council	
Date 08-21-14		Payee name Dirt Cheap Signs			
Amount (\$) \$286.86		Payee address; City; State; Zip Code 7301 Bark Ranch Rd Lago Vista, TX 78645			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Yard Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Julian Limon F. Fernandez		Office sought City Council	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****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 F:		2 FILER NAME Mr. Julian Limon F Fernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08-21-14		5 Payee name Run and Win. Com			
6 Amount (\$) \$ 935.00		7 Payee address; City; State; Zip Code P.O. Box 2096 Aiken, SC 29802			
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) Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Julian Limon F. Fernandez		Office sought City Council Dist 3	
Date 08-21-14		Payee name Art Jam Productions Inc			
Amount (\$) \$ 400.00		Payee address; City; State; Zip Code 3414 East 5th St 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) Postcards (5,000)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Julian Limon F. Fernandez		Office sought City Council Dist 3	
Date 09-05-14		Payee name Art Jam Productions Inc			
Amount (\$) \$ 130.00		Payee address; City; State; Zip Code 3414 East 5th St 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) Postcards/Bumper Stickers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Julian Limon F Fernandez		Office sought City Council Dist 3	
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

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Julian Limon Fernandez

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 1100.00

5 Date of loan

7/31/2014

7 Name of lender

Julian Limon Fernandez

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

\$ 800.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

2912 Gouville Ave. Austin TX 78702

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Professional Musician

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

8/15/2014

Name of lender

Julian Limon Fernandez

☐ out-of-state PAC (ID#:

Loan Amount (\$)

\$ 300.00

Is lender a financial institution?

Y ☒ N

Lender address; City; State; Zip Code

2912 Gouville Ave. Austin TX 78702

Interest rate

N/A

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Professional Musician

Employer (See Instructions)

Los Texas Wranglers

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.