## JUDICIAL CANDIDATE / OFFICEHOLDE CAMPAIGN FINANCE REPORT

H 1

The JCOM Instruction Guide explains how to complete this form.  3 CANDIDATE / OFFICEHOLDER NAME NAME NAME NAME NAME NAME NAME NAME							
S CANDIDATE! OFFICEHOLDER NAME  NS / MRS /	The JC/OH Instruction G	2 Total pages filed:					
NAME  NOONAME  NOONAM		.A	1 * '	OFFICE USE ONLY			
## CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX: AFT / BUTTE R: CITY: STATE: ZP CODE OFFICEHOLDER MAILINGS    OFFICEHOLDER MAILINGS   HOWERN PLACE CO PUS CONTIST TX 1841    SCAMPAIGN TREASURER ADDRESS   MORE / MORE NUMBER   EXTENSION     OFFICEHOLDER PHONE NUMBER   EXTENSION     OFFIC		Hnna Hnna	from 8				
4 CANDIDATE / OFFICEHOLDER ADDRESS /PO BOX. APT / SUITE #: CITY, STATE: 71P CODE AND 1 9 2018  AREA CODE PHONE NUMBER EXTENSION  Date Managed  1 33.PM.  Date Managed  TREASURER NAME  ***CAMPAIGN TREASURER ADDRESS NO PO BOX PLEASE; APT / SUITE #: CITY, STATE: 72P CODE  TREASURER PHONE  ***CAMPAIGN TREASURER ADDRESS NO PO BOX PLEASE; APT / SUITE #: CITY, STATE: 72P CODE  TREASURER PHONE  ***CAMPAIGN TREASURER PHONE  ***DOTE OF BUSINESS NO PO BOX PLEASE; APT / SUITE #: CITY, STATE: 72P CODE  ***CODE PHONE NUMBER EXTENSION  ***STATE: 71P CODE  ***CODE PHONE NUMBER CODE PHONE NUMBER EXTENSION  ***STATE: 71P CODE  ***CODE PHONE NUMBER CODE PHONE NUMBER EXTENSION  ***CODE PHONE NUMBER EXTENSION  ***CODE PHONE NUMBER EXTENSION  ***CODE PHONE NUMBER CODE PHON		p <sup>per</sup> ty.	j.	4 841			
OFFICEHOLDER MALING ADDRESS  Chandrage of Address  General Place Corpus Christi TX 78411  TREASURER NAME  ABEA CODE PHONE NUMBER EXTENSION Date Heart-delivered or Date Postmarkod  Prome Phone  CAMPAIGN TREASURER NICHOMME TREASURER ADDRESS Glesidence by Business)  CAMPAIGN TREASURER PHONE  CAMPAIGN TREASURER ADDRESS Glesidence by Business)  CAMPAIGN TREASURER PHONE  CAMPAIGN TREASURER TREASURER TREASURER PHONE  CAMPAIGN TREASURER TRE	_		· · · · · · · · · · · · · · · · · · ·	IAN * G onto			
S CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER SUFFIX  Date Hand-delivered or Date Postmarked  PHONE  AREA CODE PHONE NUMBER  SUFFIX  Date Processed  Date Imaged  Da							
S CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER SUFFIX  Date Hand-delivered or Date Postmarked  PHONE  AREA CODE PHONE NUMBER  SUFFIX  Date Processed  Date Imaged  Da		410 Grant Place	Corpus				
Date Hand-delivered or Date Postmarked PHONE  GLI 8089368  GAMPAIGN TREASURER NAME  NICKHAME  NICHHAME  NI	l <u> </u>		Christi IX 18411	1 22 pm			
PHONE PHONE PHONE PHONE    Superior   Superi	5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	., 3341			
TREASURER NAME  NICHAME  NICHA		(361) 8089368	)	Date Hand-delivered or Date Postmarked			
TREASURER NAME  NICKNAME  LAST  CONTROL STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE 4: OITY: STATE; ZIP CODE  TREASURER ADDRESS (Residence or Business)  AREA CODE  PHONE NUMBER  PHONE  PHONE  AREA CODE  PHONE NUMBER  EXTENSION  AREA CODE  PHONE NUMBER  EXTENSION  AREA CODE  PHONE NUMBER  EXTENSION  PROPRIED  AREA CODE  PHONE NUMBER  EXTENSION  PROPRIED  AREA CODE  PHONE NUMBER  EXTENSION  PROPRIED  TO PERIOD  COVERED  Month  Day  Vear  OT OT THROUGH  THROUGH  AND ATTENDATE  OTHER HELECTION  Month  DATE  OTHER HELECTION  Month  DATE  OTHER HELECTION  Month  DATE  OTHER HELECTION  THROUGH  TO OTHER HELECTION  THROUGH  THROUGH  TO OTHER HELECTION  THROUGH  THROUGH  TO OTHER HELECTION  THROUGH  T	6 CAMPAIGN		MI	Receipt # Amount \$			
TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE; ZIP CODE TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE; ZIP CODE TREASURER PHONE  9 REPORT TYPE  January 15 January 15 January 15 Sth day before election Exceeded \$500 limit Final Report (Attach COH-FR)  10 PERIOD COVERED  Month Day Vear OT / OT / 17 THROUGH  12 OFFICE  OFFICE HELD (It any) Tudge, Nueces County Court at Law No. 2  Date Imaged  Date Image  Date	TREASURER		·	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED  10 PERIOD COVERED  10 PERIOD Month Day Year DATE DATE DATE DATE DATE DATE DATE DATE	, <b></b>			Date Imaged			
TREASURER ADDRESS Residence by Business)  ### HO Grant Place Corpus Christi, TX 18411  ### AREA CODE			per see \$1				
8 CAMPAIGN TREASURER PHONE  3(1) 808-93(8)  9 REPORT TYPE  January 15  John day before election  Bunoff  Treasure appointment (Otto-cholder Chip)  July 15  Sth day before election  Exceeded \$500 limit  Final Report (Attach C/OH-FR)  10 PERIOD  COVERED  Month  Day  Year  THROUGH  THROUGH  JANUARY  Primary  Runoff  Description  Place of the county of t		, , , , , , , , , , , , , , , , , , , ,					
8 CAMPAIGN TREASURER PHONE  3(1) 808-93(8)  9 REPORT TYPE  January 15  John day before election  Bunoff  Treasure appointment (Otto-cholder Chip)  July 15  Sth day before election  Exceeded \$500 limit  Final Report (Attach C/OH-FR)  10 PERIOD  COVERED  Month  Day  Year  THROUGH  THROUGH  JANUARY  Primary  Runoff  Description  Place of the county of t	The state of the s	410 Grant Place	Corpus Christi,	X 18411			
TREASURER PHONE    3(1)   808-93(08)    9   REPORT TYPE	(100,000)		•				
TREASURER PHONE    3(1)   808-93(8)    9   REPORT TYPE							
9 REPORT TYPE    January 15			EXTENSION				
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 G/OH - FR)    10 PERIOD COVERED   Month Day Year   THROUGH   13	PHONE	1001 1 808 1000					
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 G/OH - FR)    10 PERIOD COVERED   Month Day Year   THROUGH   13							
10 PERIOD COVERED  Month Day Year THROUGH  THROU	9 REPORT TYPE	Innuary 15 30th day before	e election Runoff	15th day after campaign			
10 PERIOD COVERED  Month Day Year THROUGH  11 ELECTION  Month Day Year THROUGH  12 OFFICE  OFFICE  OFFICE HELD (II any)  Tudge, Nucces County  Court at Law No. 2  THROUGH  THROUGH  Day Year THROUGH  And		January 15	- Hundi	treasurer appointment			
THROUGH  13 /3 / 17  11 ELECTION    Court at Law No. 2   Courty at Law No. 2   Courty (Court at Law No. 2)   Court at Law No. 2   Court		July 15 8th day before	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
THROUGH  11 ELECTION    Court at Law No. 2	10 DEDICE						
11 ELECTION    Court at Law No. 2   Court Advances County at Law No. 2   Court Advances County at Law No. 2   Court No. 2   Cour			, and the same of				
12 OFFICE  OFFICE  OFFICE At Law No. 2  OFFICE Month Day Year Primary Runoff Other Description  Oglober Description  Other Description  Special  13 OFFICE SOUGHT (If known)  Tudge, Nucces County Court  at Law No. 2	The state of the s	01/01/11	19/31/	Control of the Contro			
Month Day Year Primary Runoff Other Description  03/06/18 General Special  12 OFFICE  OFFICE HELD (if any)  Tudge, Nucces County  Court at Law No. 2  13 OFFICE SOUGHT (if known)  Tudge, Nucces County  at Law No. 2	44 ELECTION		ELECTION TYPE				
12 OFFICE  OFFICE   OFFICE HELD (If any)  Tudge, Nucres County  Court at Law No. 2  Tudge, Nucres County  at Law No. 2	I LLLOHON	Month Day Year Primary					
Tudge, Nueves County Judge, Nueves County Court court at Law No. 2 at Law No. 2		03/04/18 Genera					
Tudge, Nueves County Judge, Nueves County Court court at Law No. 2 at Law No. 2	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	))			
a la		Judge, Nueres Cou	TURAR NUE	ices County Court			
a la	Court at Law No. 2   2 1 2 1 10 2						
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH **COVER SHEET PG 2**

14 JC/OH NAME	lan E	11/15 11 CD 107 0 105 115 Files	r ID (Ethics Commission Filers)	
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF FICEHOLDER. 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	COMMITTEE NAME		
NIA	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - O -	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$9,781.04	
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ () _	
	4. TOTAL POLITICAL EXPENDITURES \$ 1,529.4			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$8,757.43	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT			that the occurrence who report is	
PRISCILLA HERNANDEZ Notary Public STATE OF TEXAS My Comm. Exp. 04-10-19 Signature of Candidate or Dificeholder  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 Dificeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said 17/100 E. LISO (30/12/01/12), this the day of Jonuary, 20 2 , to certify which, witness my hand and seal of office.				
Crots Priscilla Hemanaiz Motorii Public				
Signature of officer a	dministering oath	Printed name of officer administering oath Tr	tle of officer administering oath	
Forms provided by Texas F	thics Commission	www.ethics.state.tx.us	Revised 9/8/2015	

#### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	ımission Filers)
	Anna E. "Lisa" Gonzales NIA	_
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 7,825.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,954.04
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 6525.00
4.	SCHEDULE E(J): LOANS (JUDICIAL)	* O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ () -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,500.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

### SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:			
2 FILERNAME Anno E. "Lisa" Gonzales	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor Dull-of-state PAC ID#:	7 Amount of contribution (\$)			
Brunkenhoefer, P.C.  11-18-17 Gontributor address; City; State; Zip Code  500 N. Shoreline Corpus Christi TX 18401  8 Contributor's principal occupation  9 Contributor's lob title	\$500.00			
8 Contributor's principal occupation 9 Contributor's job title				
10 Contributor's employer/law firm 11 Law firm of contributor	r's spouse (if any)			
12 If contributor is a child, law firm of parent(s) (if any)				
NIA				
Date Full name of contributor out-of-state PAC ID#:)	Amount of contribution (\$)			
12-12-17 Timothy D. Japhet.  Contributor address; City: State: Zip Code P.O. BOX 2419 Corpus Christi, TX 18403 \$ 25.00				
Contributor's principal occupation  Contributor's job title  Law-Attorney  Attorney				
Contributor's employer/law firm Law firm of contributor	or's spouse (if any)			
Self NIA				
If contributor is a child, law firm of parent(s) (if any)	· · · · · · · · · · · · · · · · · · ·			
NIA				
Date Full name of contributor out-of-state PAC ID#:)	Amount of contribution (\$)			
12-12-17 Rebecca R. Kieschnick contributor address; City; State: Zip Code 904 E. Market Sinton, TX 78387	\$150.00			
Contributor's principal occupation Contributor's job title				
Law-Attorney Attorney				
Contributor's employer/law firm  Law firm of contributor's spouse (if any)				
Donnell Abernethy & Kieschnick N/A  If contributor's a child, law firm of parent(s) (if any)				
NIA				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A(J)1

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A(J)1:			
2 FILERNAME	3 Filer ID (Ethics Commission Filers)			
Anna E. "Lisa" Gonzales	N/A			
4 Date 5 Full name of contributor  ut-of-state PAC ID#	7 Amount of contribution (\$)			
Martin C. Davis				
12-12-17 6 Contributor address; City; State;	Zip Code \$100,00			
	100:00			
8 Contributor's principal occupation	9 Contributor's job title			
· ' '	and the second s			
Law-Attorney  10 Contributor's employer/law firm	Attorney  11 Law firm of contributor's spouse (if any)			
Davis, Hutchinson & Wilkerson L.L.P.	WIA NIA			
12 If contributor is a child, law firm of parent(s) (if any)				
NA				
<u> </u>				
Date Full name of contributor out-of-state PAC ID	Amount of contribution (\$)			
12-12-17 Ochoa & Associates PC/S Contributor address; City; State;	usan Ochoa			
Contributor address: City: State:	zip Code \$50.00			
l •	A second of			
Contributors principal occupation Corrus	Contributor's job title			
LOW- Attorney	Attorney			
Contributor's employer/law firm	Law firm of contributor's spouse (if any)			
Ochoa & Associates	NIA			
If contributor is a child, law firm of parent(s) (if any)				
NIA	,			
Date Full name of contributor out-of-state PAC ID	#:			
Polocok C Hilliam / 1	ı p			
12-12-17 Robert C. Hilliard L. Contributor address; City; State:	Zip Code \$1,000.00			
719 S. Shore line Corpus Chri	st. 1X 78401			
Contributor's principal occupation Contributor's job title				
Contributor's employer/law firm	Law firm of contributor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)				
N/H				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Anna E "Lisa" Ganzales	NIA
	7 Amount of contribution (\$)
Tall halls of continuator	Amount of contribution (4)
12-13-17 6 Contributor address; City; State; Zip Code	\$100,00
8 Contributor's principal occupation (a Corpus Christi TX 784)	
8 Contributor's principal occupation 9 Contributor's job title	
	Dross
10 Contributor's employer/law firm 11 Law firm of contributor	or's spouse (if any)
Law-Attorney  10 Contributor's employer/law firm  Welder Leshin, L.L.P.  NIA	, , , , , , , , , , , , , , , , , , , ,
12 If contributor is a child, law firm of parent(s) (if any)	
N I M	
17 H	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
Hrnold Govella	+ 100 00
12-13-17 Applied Govella.  Contributor address; City; State; Zip Code	\$100.00
340 S. Commercial St. Argusas Pass TX	703210
Contributor's principal occupation Contributor's job title	**************************************
Law- Attorney Attorney	1
Contributor's employer/law firm Law firm of contribute	or's spouse (if any)
Self	
If contributor is a child, law firm of parent(s) (if any)	
N/A	
Date Full name of contributor out-of-state PAC ID#:	) Amount of contribution (\$)
12-13-17 James P. Bell, Jr. Contributor address; City; State: Zip Code	
James . K. Bell, . J	A = = = = = = = = = = = = = = = = = = =
12-13-17 Contributor address; City; State: Zip Code	<b>↑</b> 500.00
101 N. Shoreline Ste 210 Corpus Christi TX 784	01
Contributor's principal occupation Contributor's job title	
Low-Attorney Attorney Contributor's employer/law firm Law firm of contribut	
Contributor's employer/law firm  Law firm of contributors	tor's spouse (if any)
	& Simonson
If contributor is a child, law firm of parent(s) (if any)	
1 n.	
NIT	

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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages\_Schedule A(J)1: The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 2 FILER NAME The Law Office of Fred D. Dreiling 6 Contributor address; City; State; Zip Code 6 N. Upper Broadway Corpus 5 U) te 800 Christi TX 19401 \$ 500.00 8 Contributor's principal occupation Law - Attorney 10 Contributor's employer/law firm Law Office of Fred 11 Law firm of contributor's spouse (if any) D. Dreiling Jostarch, Hilmy & McCauley PLL( 12 If contributor is a child, law firm of parent(s) (if any) Amount of contribution (\$) Date \$ 100,00 018 Santa Fe Street Corpus ChristiT Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date out-of-state PAC ID#:\_\_\_\_ Amount of contribution (\$) David M. Coover, Jr. Contributor address; City; State: Zip Code \$100.00 Contributor's principal occupation Corpus Christi TX 18401 Contributor's principal occupation Coover & Coover

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Anna E. "Lisa" Gonzales	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor  ut-of-state PAC ID#:	7 Amount of contribution (\$)
12-14-17 6 contributor address; City; State; Zip Code 1114 Fallow Ln. Corpus Christi TX 78418	#350.00
8 Contributor's principal occupation 9 Contributor's job title	•
Law Attorney  10 Contributor's employer/law firm  11 Law firm of contributor	<u>ey</u>
Herrman & Herrman PL.L.C 11 Law firm of contribute	ors spouse (ir any)
12 If contributor is a child, law firm of parent(s) (if any)	
NIA	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
The Law. Office of Scott. M. Ellison. PLL Contributor's principal occupation. City: State: Zip Code  Contributor's principal occupation. Contributor's job title	P350.00
Contributor's employer/law firm Law firm of contribut	or's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC iD#:	Amount of contribution (\$)
Monte English Law LLC  [2-15-17 Contributor address; City; State: Zip Code 555 N. Carancahua Corpus Christi TX 7840  Contributor's principal occupation  Contributor's principal occupation	\$350.00
Contributors principal occupation	-
Contributor's employer/law firm Law firm of contribut	tor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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### SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Anno F "lisa" Gonzales	3 Filer ID (Éthics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
12-15-17 Harris & Greenwell / Andrew Greenwell. 800 N. Shoreline Blvd Ste 28005 Corpus Christi, TX 78401	\$500.00
8 Contributor's principal occupation  9 Contributor's job title  Law - Attorney  Attorney	
10 Contributor's employer/law firm  11 Law firm of contributor	
Horris & Greenwall NIA	o opolate (ii dily)
12 If contributor is a child, law firm of parent(s) (if any)	
NIA	
Date Full name of contributor   out-of-state PAC ID#:)	Amount of contribution (\$)
12-14-17 Gale Law. Group PLLC  contributor address; City; State; Zip Code  711 N. Carancahua Corpus  Ste. 1840	\$100.00
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contributo	r's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC_ID#:	Amount of contribution (\$)
12-16-17 The Burkett Law Firm / Burkett Contributor address; City; State: Zip Code	\$ 350.00
Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation	b/
Law- Attorney Attorney	
Contributor's employer/law firm Law firm of contributor	or's spouse (if any)
The Burkett Law Firm N/A	
If contributor is a child, law firm of parent(s) (if any)	
NJA	

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

### SCHEDULE A(J)1

Th	ne Instruction Guide explains how to complete this form.		Total pages Schedule A(J)1:
2 FILER NAME		3	3 Filer ID (Ethics Commission Filers)
	E. "Lisa" Gonzales		NIA
4 Date	E		7 Amount of contribution (\$)
12-14-17	6 Contributor address; City; State; Zi	'	
8 Contributor's p	rincipal occupation 9	Contributor's job title	<del></del>
Lan	- Attorneu	Attornes	
10 Contributor's e Wanner L Office	rincipal occupation  - Pttorney  mployer/law firm  aw Anderson, Lehrman, Barre  e L Maraist  a child, law firm of parent(s) (if any)	Law firm of contributor's	spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)	į.	
	NIA		
Date			Amount of contribution (\$)
	Full name of contributor out-of-state PAC ID#:		, and the second second (w)
12-19-17	Contributor address; City; State; Zi Corpus 101 N. Shoreline Blvd # 201 Christi principal occupation	ip Code	# 250.00
Contributor's r	principal occupation	Contributor's job title	
·	Law. Attornous	Attarneu	
Contributor's e	Law. Attorney employer/law firm Self	Law firm of contributor's	spouse (if any)
TAM A L	Theat Attorney at Law	NIA	
If contributor is	Theat Attorney at Law sa child, law firm of parent(s) (if any)		
	NIA		
Date	Full name of contributor	)	Amount of contribution (\$)
12-19-17	Contributor address; City; State: Z CORPUS  4229 Bourbonals Dr. Christ	Zip Code	\$ 50.00
Contributor's	principal occupation	Contributor's job title	
	Law. Attorney	Attorney	
Contributor's	employer/law firm	Law firm of contributor's	s spouse (if any)
	4. Thau, 11 P. C s a child, law firm of parent(s) (if any)	NIA	
	NIA		
	was a second and a second a second and a second a second and a second a second and a second and a second and a second and		

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### SCHEDULE A(J)1

The Instruction Guide explains how to complete th	nis form.  1 Total pages Schedule A(J)1:
PANA E. "LISA" GONZO	ales  3 Filer ID (Ethics Commission Filers)  N/A
5 Full name of contributor out-of-state Property of the Hastings Law Contributor address; City; St. 101 N. Shoreline, Ste. 216	
8 Contributor's principal occupation	9 Contributor's job title
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date  Full name of contributor    Dout-of-state Parager   Goggan Black   Dout-of-state Parager   Goggan Black   Dout-of-state Parager   Goggan Black   Contributor address; City; State Parager   City; State Parager   City; State Parager   Goggan Black   Dout-of-state Parager   Goggan Black   Contributor's principal occupation   Contributor's principal occupation   Contributor's principal occupation   Contributor   Contributor's principal occupation   Contributor   Contributo	Amount of contribution (\$)  IN Sampson, LLH tate; Zip Code \$500.00
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date  Full name of contributor  Out-of-state of Contributor  Wiging ton Rumley D  Contributor address;  City; s  Contributor's principal occupation	unn & Blair, L.L.P. \$500.00
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 2 FILER NAME Amount of contribution (\$) Date ut-of-state PAC ID#; \$1,000.00 President The D.L.P. G. 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor ut-of-state PAC ID#; City; State; Zip Code Contributor address; Contributor's job title Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor out-of-state PAC ID#:\_ Contributor address; City; State: Zip Code Contributor's job title Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

		.,,	
Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAME	Anna E. "Lisa" Gonza	iles	3 Filer ID (Ethics Commission Filers)  N/ /2
4 TOTAL OI	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ -0-
	6 Full name of contributor out-of-state PAC (ID#:	<u> 1 X 18401</u>	8 Amount of 9 In-kind contribution Contribution \$ description Mailort including  # 1,956.04 printing letters and envelopes, preparing for Check if travel outside of Texas. Complete Schedule T.  er (FOR NON-JUDICIAL) (See Instructions)
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	T1 Employe	St (FOR MON-JODICIAL) (Gee instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n 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	)	Amount of . In-kind contribution Contribution \$ . description .
	Contributor address; City; State; Zip Co		
Principal occ	Expation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
,			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule	B(J):	
2 FILER NAME		3 Filer ID (Ethics Com	mission Filers)	
	a E. "Lisa" Gonzal	05	NIA	
		<u>C ~~~</u>	\$	
+ TOTAL OF	UNITEMIZED PLEDGES		Ψ	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		of Pledge \$ .	In-kind contribution description
12-12-17	Robert C. Wolter 7 Pledgor address; City; State; Zi		\$200,00	
·	15 N. Upper Corpus  Broadway St. Ste. 1100 Christy,  cipal occupation	TX 78401	Check if travel outside	of Texas. Complete Schedule T.
		11 Pledgor's job	title	
·	Law- Attorney	Ht	torney	
12 Pledgor's emp	loyer/law firm	13 Law firm of p	oledgor's spouse (if any)	
Uland	Boykin & Wolfer P.C. child, law firm of parent(s) (if any)	NA		
14 If pledgor is a	child, law firm of parent(s) (if any)	7		
			Amount	In-kind contribution
Date	Full name of pledgor out-of-state PAC (ID#:		of Pledge \$ .	description
12-12-17	Pledgor address; Dowling State; Z		\$75.00	
	1001 3rd Street, Ste. 1 Corpus	TX 78404	Check if travel outside	of Texas. Complete Schedule T.
	cipal occupation	Pledgor's job		
La	W. Attorney	J-+++	orney	
,	oloyer/law firm 1 <u>Lehrman, Barre &amp; Maraist, L</u>	Law firm of p	oledgor's spouse (if any)	
If pledgor is a	child, law firm of parent(s) (if any)			
Date	Full name of pledgor  ut-of-state PAC (ID#:		Amount . of Pledge \$ .	In-kind contribution description
1				
	Pledgor address; City; State; Z	ip Code		
				e of Texas. Complete Schedule T.
Pledgor's prir	ncipal occupation	Pledgor's jo	to title	
Pledgor's employer/law firm Law firm o		Law firm of	pledgor's spouse (if any)	
If pledgor is a	a child, law firm of parent(s) (if any)			
			DIEFACUETA	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see insti			quirements.

Revised 9/8/2015

### SCHEDULE **B(J)**

Th	e Instruction Guide explains how to complete this for	m.	1 Total pages Schedule B(J):			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Anna E. "Lisa" Gonzales			NIA			
	- •	>	Φ.			
4 TOTAL OF	UNITEMIZED PLEDGES		* -0-			
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	8 Amount . 9 In-kind contribution of Pledge \$ . description				
12-12-17 Paul Daniel Chapa.  7 Pledgor address; City; State; Zip Code 500 N. Shoreline, Corpus			\$ 500.00			
14-12-11	500 N. Shoreline, cornes					
	Ste. III Christi, TX	78401	Check if travel outside of Texas. Complete Schedule T.			
10 Pledgor's princ	cipal occupation '	11 Pleagors job				
	Law-Attorney	Att	Orney			
12 Pledgor's emp	* ' ' '	13 Law firm of p	ledgor's spouse (if any)			
Linaharnar	Garage Blair 1 Sampson I. L.	ρ				
14 If pledgor is a	Goggan, Blair & Sampson, L. L., child, law firm of parent(s) (if any)					
			Amount . In-kind contribution			
Date	Full name of pledgor 🔲 out-of-state PAC (ID#:	)	of Pledge \$ . description			
	Fred D Dralling		:			
12-13-17	Fred D. Dreiling.  Pledgor address; City; State; Zin  U.S. N. Upper Corpus		財 2 000,00.			
	1/15 N 1/DDEY CORNES	3 3333				
	Broadway, Ste 800 Christi,	TX 78401	Check if travel outside of Texas. Complete Schedule T.			
Pledgor's prin	cipal occupation	Pledgor's job	title			
	Law-Attorney	At:	torney			
Pledgor's emp	ployer/law fixm C		oledgor's spouse (if any)			
The Law of	fice of Fred D. Dreiling / Fire of Fred D. Dreiling / Ilmy a McCauley PLLC	caw mm or p	nodgo, o opeddo (ii dily)			
USTAY CII, FT	child, law firm of parent(s) (if any)					
ii pioagoi io a	Cinia, law inity of parolico, (i. say)					
Date	Full name of pledgor		Amount In-kind contribution of Pledge \$ description			
	Mark B. Gilbreath.  Pledgor address; City; State; ZI 5306 Helly Rd. Corpus		H - 00			
12-13-17	Pledgor address: City: State: Zi	p Code	# 200.00			
19 12 11	5306 Holly Rd. Corpus					
	Ste A Christi, T.	X 18411	Check if travel outside of Texas. Complete Schedule T.			
Pledgor's prin	cipal occupation	Pledgor's job	title			
1.	aw- Attorney	A++	ornea			
Pjedgor's emi	bloyer/law firm	, , ,	oledgor's souse (if any)			
			· · · · · · · · · · · · · · · · · · ·			
Nicolas, Y	NOTES CILDICATE A SMITH LLI a child, law firm of parent(s) (if any)	<u> </u>				
n pieugoi is a	tome, and min or parentes (it any)					
	ATTACH ADDITIONAL COPIES	OF THIS SCHE	DULE AS NEEDED			
I			- I dist I			

### SCHEDULE B(J)

\ ,						
The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule B(J):					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Anna E. "Lisa" Gonzales	NIA					
4 TOTAL OF UNITEMIZED PLEDGES	\$ -0-					
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	8 Amount . 9 In-kind contribution of Pledge \$ . description					
	code \$1,500.00					
1122 Santa Fe Christi, TX 7	Check if travel outside of Texas. Complete Schedule T.					
10 Pledgor's principal occupation	11 Pledgor's job title					
LOW- Attorney	Httorney					
12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)					
Waller Law Office PL.L.C.						
14 If pledgor is a child, law firm of parent(s) (if any)						
Date Full name of pledgor Out-of-state PAC (ID#:	Amount . In-kind contribution of Pledge \$ . description					
Granory Hannan	· ·					
12-14-17 Pledgor address; City; State; Zip	\$350.00					
1201 Third St. Corpus Chris	TITX 18404					
Pledgor's principal occupation	Pledgor's job title					
Law. Attorney	Attorneu					
Pledgor's employer/law firm  Law firm of pledgor's spouse (if any)						
Herrman & Herrman P.L. L.C.						
If pledgor is a child, law firm of parent(s) (if any)						
Date Full name of pledgor	Amount In-kind contribution of Pledge \$ description					
Sarah Klager						
	\$200.00					
5934 Sistables Ste 2010 Christi	TY 7 \$4 13 Check if travel outside of Texas. Complete Schedule T.					
Pledgor's principal occupation Pledgor's job title						
Law. Attorney Attorney						
Pledgor's employer/law firm  Law firm of pledgor's spouse (if any)						
Law Office of Sarah Klager NIA						
If pledgor is a child, law firm of parent(s) (if any)						
NH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

### SCHEDULE B(J)

	-					
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule B(J):				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Anna E. "Lisa" Gonzales			NIA			
4 TOTAL OF	UNITEMIZED PLEDGES		\$ -0-			
I	6 Full name of pledgor ☐ out-of-state PAC (ID#:		8 Amount . 9 In-kind contribution of Pledge \$ . description			
12-15-17	Pindrew Greenwell  7 Pledgor address; City; State; Zip Code 800 N. Shoreline Corpus Blvd. Ste 2800 5 Christi TX 78	 <sup>9</sup> 40i	\$500,00 Check if travel outside of Texas. Complete Schedule T.			
10 Pledgor's princ	ipal occupation 11 Ple	edgor's job	title			
	Law-Attorney	Att	Orney			
12 Pledgor's empl		w firm of p	oledgor's spouse (if any)			
	& Green well		N) A			
	child, law firm of parent(s) (if any)					
The place of the distance of t	NIA					
Date	Full name of pledgor		Amount . In-kind contribution of Pledge \$ . description			
12-16-17	Reith Gould  Pledgor address; City; State; Zip Code  8820 S. Padre Corpus  Island Dr. Ste 170 Christi, TX 7		\$100.00			
		edgor's job	۷ ن			
	QW- Httorney		Httorney			
Pledgor's emp	Lo	w firm of p	pledgor's spouse (if any)			
The Gould Law tirm						
If pledgor is a	child, law firm of parent(s) (if any)					
Date	Full name of pledgor	}	Amount In-kind contribution			
	A		of Pledge \$ _ description .			
12-16-17	Pledgor address; City: State; Zip Code		\$250.00			
1750 Souto Fo Christi TX 18404 Check if travel outside of Texas. Complete Schedule T.						
Pledgor's principal occupation Pledgor's job title						
Law-Attorney Attorney						
			pledgor's spouse (if any)			
Self rot						
If pledgor is a child, law firm of parent(s) (if any)						

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

### SCHEDULE B(J)

Th	ne Instruction Guide explains how to complete this fo	1 Total pages Schedule B(J):				
O. THEDNAME			3 Filer ID (Ethics Commission Filers)			
Anna E. "Lisa" Gonzales			NIA			
TOTAL OF	UNITEMIZED PLEDGES		\$ _ 0 -			
Date	6 Full name of pledgor out-of-state PAC (ID#:	8 Amount . 9 In-kind contribution of Pledge \$ . description				
12-21-17	F. Edward Barker  7 Pledgor address; City; State; Zip Code  CORPUS		\$500.00			
	555 N. Carancahua Christi TX	78401	Check if travel outside of Texas. Complete Schedule			
	cipal occupation Ste 1200	11 Pledgor's job				
	Law. Attorney	Itt	torney			
12 Pledgor's emp		1	oledgor's spouse (if any)			
Barker 14 If pledgor is a	child, law firm of parent(s) (if any)	<u>\</u>	I A			
	NIA					
Date	Full name of pledgor	)	Amount . In-kind contribution of Pledge \$ . description			
12-27-17	Ruben R. Lerma, Jr.  Pledgor address; City; State; Zi	ip Code	\$350.00			
		( )	Check if travel outside of Texas. Complete Schedule			
Pledgor's prir	ncipal occupation	Pledgor's jot				
1	Law- Attorney	1+++	orney			
Pledgor's em	płoyer/law firm	Law firm of p	of pledgor's spouse (if any)			
Law 0	ffice of Ruben R Lerma Jr.	Klehera &	Kenedy Counties District Atto			
If pledgor is a	a child, law firm of parent(s) (if any)	J	Office			
Date	Full name of pledgor  ut-of-state PAC (ID#:_		Amount In-kind contribution of Pledge \$ description			
Pledgor address; City; State; Zip Code						
			Check if travel outside of Texas. Complete Schedule			
Pledgor's prir	ncipal occupation	Pledgor's jo	b title			
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)				
If pledgor is	a child, law firm of parent(s) (if any)					
		, ,				
	ATTACH ADDITIONAL COPIES	OF THIS SCHE	:DULE 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political C	Gift/Awards/Memorials Expense Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	<del>"</del>	Office (enter a dategory not listed above)
4	·	3 now to complete and form	2 Files ID /Fabine Commission Files
1 Total pages Schedule F1: 2	Priler NAME Anna E. 112159	"Gonzales	3 Filer ID (Ethics Commission Filers)
4 Date 5	Payee name	do	•
1a-15-17	United States Posti	al Service	
6 Amount (\$) 7	Payee address; City; State; Z	ip Code	
#29.40	4801 Everhart Ro	od X 18411	
8 (6	a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE	Solicitation / Fundraising	Check if trave	outside of Texas. Complete Schedule T.
OF	PASTARA	Check If Au	stin, TX, officeholder living expense
EXPENDITURE	10010090	Postage .	for campaign letters
		and than	k vou notes
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date	. ayou mame		
The state of the s			
Amount (ft)	Payer address. City State 7	Sa Cada	
Amount (\$)	Payee address; City; State; Z	ip Code	
	Category (See Categories listed at the top of this s	schedule) Description	
PURPOSE		Check if trave	outside of Texas. Complete Schedule T.
OF		Check If Au	stin, TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		<u></u>	
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	'in Codo	
Amount (ψ)	rayee aduless, Oity, Oiate, 2	ih oode	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE			ol outside of Texas. Complete Schedule T.
OF		Check if Au	stin, TX, officeholder living expense
EXPENDITURE			• • • • • • • • • • • • • • • • • • • •
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	- Lindado Foliado namo	Omeo cought	5.1105 1.01d
			·
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

{	Candidate/Officeholder/Politic		Legal Services		ายng Expense aries/Wages/ใ	o Contract Labor	Other (enter	or District a category not listed above)
C	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G:	2 FILER NAM	1E				3 Filer ID	(Ethics Commission Filers)
		Anna	E. "Li	50" /-	つ て <i>ハ</i> カラ	ales	NI	A
4	Date	5 Payee name	9		183112			<i>[ [ ]</i>
- Anna	11-27-17	Nueces	E. "Li e County ess; City;	Democ	ratic	Part	/	
	Amount (\$)					7	· · · · · · · · · · · · · · · · · · ·	
1	Pl,500.00	2727	Morgan	Street				
	political contributions intended		Christi		7405			
8	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule	( <b>b</b> ) De	escription		•
	OF	Fees					tside of Texas. Compl	
	EXPENDITURE				LEL	☐ Check if Austin,  ☐ Compare the compa	, IX, officeholder fi	iving expense Candidate 18 Primary Election
9	Complete ONLY if direct expenditure to benefit C/C		te / Officeholder na	me	Office	e sought		Office held
F	Date	Payee nam	2					
	Date	i ayee nam	•					
_								
-	Amount (\$)	Payee addi	ess; City;	State; Zip Cod	ue			
	Reimbursement from political contributions intended							
	DIDDOCT	Category (S	See Categories listed at the	top of this schedule	') De	escription		
	PURPOSE OF					Check if travel ou	tside of Texas. Compl	lete Schedule T.
	EXPENDITURE					☐ Check if Austin	, TX, officeholder l	living expense
	Complete ONLY if direct expenditure to benefit C/C		te / Officeholder na	ıme	Office	e sought		Office held
F	Date	Payee nam	e					
	54,6	i ayee nam	•					
	A	<u> </u>		O-1 = -			<u></u>	
	Amount (\$)	Payee add	ress; City;	State; Zip Co	de			
	Reimbursement from political contributions							
<u> </u>	intended				<del></del>			
	PURPOSE	Category (	See Categories listed at the	e top of this schedule	e)   Du	escription	toide of Tour	Note Cabachile T
	OF EXPENDITURE						utside of Texas. Comp n, TX, officeholder !	
lacksquare							, iz, onicellolder (	
	Complete ONLY if direct expenditure to benefit C/0		te / Officeholder na	ame	Office	e sought		Office held
F								
		ATTA	CH ADDITIONAL C	OPIES OF TH	IIS SCHEI	DULE AS NEI	EDED	
		<b>-</b> -			<del></del>	<del></del>		