JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction G	Tiller ID (Ethics Commission Filers) Guide explains how to complete this form.	2 Total pages filed: 18 19		
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY		
NAME	MV. Asmando B	Date Received		
	GONZARZ SUFFIX	FILED FOR RECORD		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	AT ZUI OM		
OFFICEHOLDER MAILING ADDRESS	924 Leopard St. Coms Christi	FEB 0 2 2018		
Change of Address	Tx 78401	CLERK COLATIVE CLET WEET GOLWY, TEXAS		
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked		
OFFICEHOLDER PHONE	(361) 882-6600			
6 CAMPAIGN	MS/MRS/MR FIRST MI ROJOLFO			
TREASURER NAME	NICKNAME LAST SUFFIX	Date Processed		
	Rudy Lerma Jr.	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS (Residence or Business)	924 Leopard St- Corps Christi	,Tx 78401		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 882-1632			
9 REPORT TYPE	January 15 Soth day before election Aunoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD GOVERED	Month Day Year THROUGH 1/2b/	Year 2018		
tt ELECTION	ELECTION TYPE Month Day Year Primary Runoff Other Description General Special			
12 OFFICE	OPPICE HELD (if any) 13 OPPICE SOUGHT (if known	Ha Pare		
	Justice of	the Reace 5 Place 2		
	freciwet ') LINCE C		
	GO TO PAGE 2			
2018-028				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME Armand	0 B. Co	wzalez 54.	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	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	AND THE RESIDENCE OF THE PARTY	
Additional Pages	-			
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	ALANA MARKANIA MARKAN			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI		
	2. TOTAL	POLITICAL CONTRIBUTIONS		
	1	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,550.00	
EXPENDITURE	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS,	\$	
TOTALS UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 5,060.13			
CONTRIBUTION BALANCE	1	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 5,060.13 DAY \$ 5,478.71	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	
18 AFFIDAVIT				
	VICENTE J MARTINE ly Commission Expl March 9, 2019	z true and correct and includes all inf	perjury, that the accompanying report is formation required to be reported by me	
THE OF THE T				
		Signature of Car	ndidate or Office folder	
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subscribed before me, by the said Arrand & Ganday Ja ., this the				
day of February		to certify which, witness my hand and seal of office		
- / //	111		, //	
Mul	ALO	Vicente Matry	noting public	
Signalura of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	Armando B. Gonzalez Tr. 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 6,550.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,868.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,328.13
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 864.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Armando B. Gowzalez Jr. 5 Full name of contributor Dout-of-state PAC IDN: Veronica C. Salais Contributor address; City; State; Zip Code 7405 Trail Creek, Coan Christi, TX 78414 7 Amount of contribution (\$) \$ 250.00 8 Contributor's principal occupation 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) Amount of contribution (\$) Full name of contributor Jose Barreva III 1-19-18 Contributor address; City; State: Zip Gode 78401 1231 Agnes St. A-12 Covans Christing Tx \$ 500.00 Law firm of contributor's spouse (if any) J. Barreva Law Date Full name of contributor ____out-of-state PAC ID#:_____ Amount of contribution (\$) 1-11-18 Strue Lope 2. Contributor address; City; State: Zip Code \$ 350.00 5959 S. Staples # 205 Corpus Christi, TX 78413 incipal occupation Contributor's job title A Horney Contributor's principal occupation Law firm of contributor's spouse (if any) Gowzalezand Lopez LLP If contributor is a child, law firm of parent(s) (if any) 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 A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Armando B. Gowealez Jr. 4 Date 5 Full name of contributor | out-of-state PAC ID#: Bianca A - Medina - Rodrig ye Z 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) \$750.00 807 Craig St- Copus Christi, TX 78404 10 Contributor's employer/law firm Self employed 12 If contributor is a child, law firm of parent(s) (if Amount of contribution (\$) Out-of-state PAC ID#: David Rumley Contributor address: City; State: Zip Code 123 North Carrizo Street Capus Christ, Tx 28401 \$ 500.00 1-12-18 Law firm of contributor's spouse (if any) Contributor's employer/law firm Wigington Rumley Dunnt Blair. L.C.P. If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) out-of-state PAC ID#: Craig M. Sico Contributor address; City; State: Zip Code 1-18-2018 250.00 802. N. Cavancahua #900 CarasChristi, TX 78401 Contributor's job title Contributor's principal occupation Contributor's employer/law firm Atturney Law firm of contributor's spouse (if any) Sico, Hoelschar, Harris, & Braugh LLP If contributor is a child, law firm of parent(s) (if any) 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 A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Armando B. Gowzalez Jr. Date 5 Full name of contributor ___ out-of-state PAC ID#: Christopher Docsey 6 Contributor address: City; State; Zip Code 7714 Lake Bol smalls CognsChristi, TX 78413 7 Amount of contribution (\$) \$ 250.00 8 Contributor's principal occupation 9 Contributor's job title Attuny 11 Law firm of contributor's spouse (if any) 10 Contributor's employer/law.firm 12 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#:__ David Burkett Contributor address; City; State; Zip Code 5385, Tancahua, Corpus Christi, TX 78401 principal occupation Contributor's job title \$ 250.00 Contributor's employer/law firm Law firm of contributor's spouse (if any) The Bur Kett-Law Firm If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) ___ out-of-state PAC_ID#;_ Antonio D. Resa 1-26-18 \$200.00 City; State: Zip Code 2028 Griffin Pkwy Missiw, TX 78572 Contributor's job title Law firm of conflibutor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any

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 (JUDICIAL)

SCHEDULE A(J)1

<u> </u>	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
FILER NAME	emando B. Gouzalez, 5	.	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC ID#: Fduardo Perez 6 Contributor address: City; State; Zip Code		7 Amount of contribution (\$)	
	5202050 Parkway Corpus Ch	WIGHT TX 28413	
	orincipal occupation ASSISTANT	9 Contributor's job title Legal Assi	rtant
Contributor's	employer/law firm	11 Law firm of contributor	's spouse (If any)
	Sur Kett Law Firm s a child, law firm of parent(s) (if any)	The manufacture of the state of	
	I		
Dale -26-18	Full name of contributor Out-of-state PAC Andrew Tos caro		Amount of contribution (\$)
	Contributor address; City; State 846 Cullebva RJ, San Antonio,		
	orincipal occupation	Contributor's job title	
F	ttouney	Attorney	
Gene	employer/law ifm Tos caro Inc. s a child, law firm of parent(s) (if any)	Law firm of contributer	's spouse (if any)
Date	Full name of contributor out-of-state PAC	1D#:	Amount of contribution (\$)
-26-18	Michael R. Dela Paz Contributor address; City; State 1100 NW Loof 410 San Andron		\$ 250.00
	principal occupation	Contributor's job title Attourcy	
Contributor's e	self employer/dw firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

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 A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Armando B. Gouzalez Jr. 7 Amount of contribution (\$) Ralph Sanchez Gontributor address; Gity; State; Zip Gode 554 Poenisch CupusChristi, TX 78412 \$ 250.00 8 Contributor's principal occupation 9 Contributor's job title 10 Contributor's employer/law 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Amount of contribution (\$) Date cut-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) Amount of contribution (\$) Date Full name of contributor out-of-state PAC ID#:_ City; State: Zip Code Contributor address; Contributor's job title Contributor's principal occupation Law firm of contributor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any) 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 MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATI	EGORIES FOR BOX 8(a)	ļ
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement. Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	· · · · · · · · · · · · · · · · · · ·	lins how to complete this form.	
1 Total pages Schedule F1:	Armando B. Go.	wzalez Jr.	3 Filer ID (Ethics Commission Filers)
4 Date /-12-18	5 Payee name Ernest Gallegos		
6 Amount (\$) \$ 144.00	7 Payee address; City; State;	Dip Code bstawn, TX 78	380
8	(a) Category (See Categories listed at the top of this	i r1	
PURPOSE OF EXPENDITURE	Advertising Experients To Shirts	PWS Check if Aust	oulside of Texas. Complete Schedule T tin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	- Lander American	
	The Data Group, 6	IC	
Amount (\$)	Payee address; City; State;	Zip Code	
GO. PP12	3208 E. Colonial Dei	us #118 Orlando,	FL 32803
	Category (See Categories listed at the top of this	is schedule) Description	
PURPOSE OF EXPENDITURE	Consulting Expen	Se Check if Aust.	ouside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
P L.	Payee name		
1-25-18	Joseph Ramivez	BBRC	
Amount (\$)	Payee address; City; State;		
1		<u> </u>	
\$1,525.00		rpus Christi, 75	78412
	Category (See Categories listed at the top of thi	Chast Heavel	outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Consulting / Printing	G Check if Aus:	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
	MINDA TALLAMINE MANAGEMENT AND A SPORT AND	S OF THIS SCHEDULE AS NE	
	ATTACH ADDITIONAL COPIE	3 OL IUI9 SOUEDOFE WO ME	up June Staff Green Staff

EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Loan Repayment/I Fees Office Overhead/f Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FIRERNAME Armando B. Gonzalez,	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDI	TCARD \$	
5 Date 12-4-17	Arrow Oisplay Sigus,:	Inc	
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$578.72	1343 s. Staples st. Con	as Christi, Tx 78404	
9 TYPE OF EXPENDITURE	Political Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising I Printing	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office :	sought Office held	
Date 12-22-17	Payee name Arrow Display Sigus,	Fuc.	
Amount (\$) \$568.73	Payee address; City; State; Zip Code	us Christi, TX 78404	
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverticing / Printing	Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Odraniem / Omourtural	sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHOOL	EDULE AS NEEDED	

EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Exp	pense Travel Out OI District ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME Armando B. Gouzo	le2 Tv. 3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD \$	
5 Date 1-26-18	Acrow Display Sign	S, Inc.	
7 Amount (\$) \$487.13	8 Payee address; City; State; Zip Code 1343 S. Staples St. C		
9 TYPE OF EXPENDITURE	Political Non-Poli	itical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Printing	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O		ffice sought Office held	
Date 12-27-	Payee name Sane +'s Cakery		
Amount (\$)	Payee address; City; State; Zip Code		
\$57.25	5880 Everhart Corpus C	Wist, TX 78401	
TYPE OF EXPENDITURE	Political Non-Po	litical	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O		ffice sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

			SCHEDULE FA
	EXPENDITURE CATEGORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Overhead Polling Expense Polling Expense Finding Expense Printing Expense Printing Expense Committee Legal Services Salaries/Wages	Mental Expense Tile Tile Tile Tile Tile Tile Tile Til	olicitation/Fundraising Expense ransportation Equipment & Pelated Expense ravel In District ravel Out Of District ther (enter a category not listed above)
	The Instruction Guide explains how to comp		
1 Total pages Schedule F4:	Armando B. Gowzalez,	21.	Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CRED	TCARD \$	
5 Date 12-27-17	6 Payee name RB Barrevas Fried (Chicken	
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$200.00	105 S. 3vd St. Robst	omn, 1x	1838 D
9 TYPE OF EXPENDITURE	Political Non-Politica	l	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	•	Check if travel	outside of Texas. Comptete Schedule T.
OF EXPENDITURE	Food	Check if Aus	tin, TX, othceholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	The state of the s	sought	Office held
Date 12/29/17	Payee name Walgreens		
Amount (\$)	Payee address; City; State; Zip Code		
\$21.11	11133 Leopard St. Commical	w1714, TX	78410
TYPE OF EXPENDITURE	Political Non-Politica	al	
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing	Check if Aus	itin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Calculotto lating	e sought	Office held
**************************************	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEED	ED

SCHEDINE F4

			SCHEDULE F4	
EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Rental Expense Tra- Tra Tra Tra Contract Labor Oth	citation/Fundraising Expense naportation Equipment & Related Expense vel In District vel Out Of District er (enter a category not listed above)	
UNITED BEINGER IN ANTANANT AND THE STATE OF	I	1		
1 Total pages Schedule F4:	2 FILER NAME Armondo B. Gowzalez	-, 2r.	er ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	TCARD \$		
5 Date 12-29-17	6 Payee name Walmart	775-A-1-10-10-10-10-10-10-10-10-10-10-10-10-1		
7 Amount (\$)	8 Payee address; City; State; Zip Code			
\$41.14	3829US Highway 77 Corp	us Christi,	TX 78410	
9 TYPE OF EXPENDITURE	Political Non-Political			
10	(a) Category (See Categories listed at the top of this schedule)	(i) Description		
PURPOSE		Check if travel ou	tside of Texas, Complete Schedule T.	
OF EXPENDITURE	Printing	Check If Austin	, TX, officeholder fiving expense	
11 Complete ONLY if direct expenditure to benefit C/Of		sought	Office held	
Date 12 -22-17	Payee name Tractor Supply Co.	MARANA MARANANA		
Amount (\$)	Payee address; City; State: Zip Code			
\$ 14.00	2917 14 69 ACUSSRO RO	bstown, -	TX 78386	
TYPE OF EXPENDITURE	Political Non-Politica			
	Category (See Categories listed at the top of this schedule)	Description Checkettravel or	ulside of Texes, Complete Schedule T.	
PURPOSE OF	Other/materials for	Check if Austin	, TX, officeholder living expense	
EXPENDITURE	Other/materials for sign put up			
Complete ONLY if direct	3000	sought	Office held	
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Confract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out OI District
Other Jester a category politisted above.

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: Armando B. Gruzalez, Jr. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date The HOME DEPOL 12-22-17 7 Amount (\$) 13202 Leopard Corpus Christi, TX >8410 \$7.25 TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE Other / Materials for Sign put up Check if Austin, TX, officeholder living expense EXPENDITURE Office held 11 Complete ONLY if direct Office sought Candidate / Officeholder name expenditure to benefit C/OH Mike Cottens BBQ 1-11-18 15013 Northwest Blod. Corpus Christi, TX 78410 \$22-19 TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Solicitation/Fundraising Expense Transportation Equipment & Plefated Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME Armando B. Gonzalez Jr.	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
5 Date 12-27-17	Payee name Party City		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$62-81	4101 Hwy 77 ste. K2 Corpus	Christi, TX 78410	
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion	
PURPOSE OF EXPENDITURE	C I FLORICE	k if travel outside of Texas. Complete Schedule T. Ik if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date 2-26-17	Paves name Party City		
Amount (\$)	Payee address; City: State; Zip Code		
\$69.59	4101 Hwy77 Ste. K2 Corpus Chri	sti, TX 78410	
TYPE OF EXPENDITURE	Political Non-Political		
	Category (See Categories listed at the top of this schedule) Descrip	į	
PURPOSE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder fiving expense	
EXPENDITURE	Earl Expense	R II ADSIIII, :A. Distendiber aving expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
AT I A CONTROL OF THE IV US Revised 9/8/2015			

	EXPENDITURE CAT	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B' Candidate/Officeholder/Politica	l Committee Legal Services	Loan Repayment/Rein/bursement Office Overhead/Reintal Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment 8 Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Armando B. Gos	2ale2, Jr.	3 Filer (D (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	DTOACREDITCARD	\$
5 Date 1-13-18	6 Payee name H.E.B. Foo	d-Drugs	
7 Amount (\$)	8 Payee address; City; State	e; Zip Code	
\$37.80	308 East Main, R	26stown, TX	78380
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Charlet	orn travel outside of Texas Complete Schedule T. If Austin, TX, officeholder fiving expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought	Office held
Date 1- 9-18	Payee name H.E.B. Food	-Drugs	
Amount (\$)		e: Zip Code	
\$121.80	308. East Main,	Robstown, TX	78380
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top o	Check if	on travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIU F AS NE	FDFD
	AT FACIT ADDITIONAL COPIES	OF THIS SCHEDULE AS INC	3- 5-5 to 5-6

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel in District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name H.E.B FOOD-Days 12-27-17 308 East Main, Robstown, TX 7838 U 138.61 TYPE OF Non-Political Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense/Food OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Pavee name Date Amount (\$) City; State; Zip Code Payee address; TYPE OF Non-Political EXPENDITURE Political Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH 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 Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement be Overhead/Rental Expense ing Expense ting Expense tries/Wages/Contract Labor w to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME Asmando B. Gov		3 Filer ID (Ethics Commission Filers)
4	Date 12 - 15 - 17	5 Payee name Ernest Gallegos		**************************************
6	Amount (\$) \$264.00	7 Payee address; City; State; Zip Cod		^ ~ <i>C</i> - <i>C</i>
	Reimbursement from political contributions intended	640 5-14wy 77 Robs!	HOWN, (X 7	8280
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse Campair T-Shirts	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/C	Gandidate / Officeholder name	Office sought	Office held
	Date 1-25-18	Payee name Reve Vasquez		
	Amount (\$) ### ### ### ### ####################	Payee address; City: State; Zip God 841 Martine2St. Rubst		8380
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contact Labor	Pour la	of Texas, Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
viso-	Date 12 -5-17	Payee name Majic 104.9 Remo	e Vasque Z	
	Amount (\$) 300.00 Reinbursement from political contributions intended	Payee address; City; State; Zip Cod 841 Martine2 St. Rub	stown, TY.	78 38 U
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Abertising		of Texas, Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	A PARAMETER AND A PARAMETER AN	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDI	ED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

OFFICE USE ONLY
Date Received DE FOR RECORD AT 2:18 PM
FEB 0 2 2018 Kaba sands
Date Hand delivered on Pare Postmarked AS
Date Processed
Date Imaged

Armandu B. Gonzalez Jr.

1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.

Account #

- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5. I am filing this affidavit with the 30th DayBelare Fire flow report due on 2-5-18

I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

VICENTE J MARTINEZ
My Commission Expires
March 9, 2019

Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Armyndo B Gonzaley To this the 20 day of February

20_____, to certify which, witness my hand and seal of office.

will the Vivate Mertiner

Arthu Ali Mat of The

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING RARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORT