

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr. Armando B		
	NICKNAME	LAST	SUFFIX
	Gonzalez	Jr.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		STATE; ZIP CODE
	924 Leopard St Corpus Christi, TX 78401		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	882-6600	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Rodolfo		
	NICKNAME	LAST	SUFFIX
	Rudy	Lerma	Jr.
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	924 Leopard St. Corpus Christi, TX 78401		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	882-1432	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	1	27	2018
	THROUGH		Month Day Year
			2 / 26 / 2018
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	03 / 06 / 2018		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Justice of the Peace Precinct 5 Place 2

OFFICE USE ONLY

Date Received

RECEIVED

FEB 26 2018

KARA SANDS
CLERK OF THE COUNTY COURT
NUECES COUNTY, TEXAS

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

2018-074

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 JC/OH NAME Armando B. Gowzales Jr. 15 Filer ID (Ethics Commission Filers)

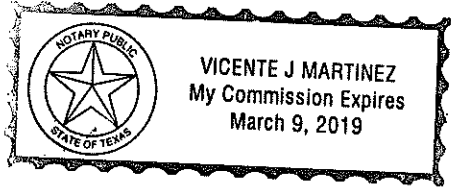
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,846.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,335.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Armando B. Gowzales Jr., this the 26th day of February, 2018, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Vicente Martinez Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 5,850.00
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,522
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,324.03
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 5
2 FILER NAME Armando B. Gonzalez Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 2-5-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Virgil Gomez 6 Contributor address; City; State; Zip Code 7425 Bourget Capus Christi, TX 78413	7 Amount of contribution (\$) \$ 200.00
8 Contributor's principal occupation Legal Assistant		9 Contributor's job title
10 Contributor's employer/law firm The Huerta 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 2-5-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Stuart R. White Contributor address; City; State; Zip Code 401 Dolphin PL Capus Christi, TX 78411	Amount of contribution (\$) \$ 500.00
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Stuart White Attorneys PLLC		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 <input type="checkbox"/> out-of-state PAC ID#: _____ Jessie Quintanilla Contributor address; City; State; Zip Code 3403 SPID DR. Ste 201 Capus Christi, TX 78405	Amount of contribution (\$) \$ 150.00
Contributor's principal occupation Chiropractor		Contributor's job title Same
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)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 5
2 FILER NAME Armando B. Gonzalez Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 2-5-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ IRA Herreno	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 3617 Grassmeve Corpus Christi, TX 7815		
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 2-5-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Webb Cason	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code 710 North Mesquite Street Corpus Christi, TX 78401		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Webb Cason, P. C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2-5-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Doug Peterson	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code 500 N. Water St Suite 1010 Corpus Christi, TX 78401		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Anthony & Peterson, L.L.P		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 5
2 FILER NAME Alejandro B. Gonzalez Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 2-9-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joaquin Villareal III 6 Contributor address; City; State; Zip Code 125 Magee LN Robstown, TX 78350	7 Amount of contribution (\$) \$200.00
8 Contributor's principal occupation Retired		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 2-9-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Michael A. Manger Contributor address; City; State; Zip Code 6009 S. Staples St. Corpus Christi, TX 78413	Amount of contribution (\$) \$350.00
Contributor's principal occupation Chiropractor / Business Owner		Contributor's job title Owner
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2-9-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Simon Purcell Contributor address; City; State; Zip Code 5314 Woodridge R.O. Corpus Christi, TX 78413	Amount of contribution (\$) \$500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 5
2 FILER NAME Armando B. Gonzalez Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 2-9-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rene Rodriguez	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 433 S. Tancakua Corpus Christi, TX 78401		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Self-employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kim Frost	Amount of contribution (\$) \$ 300.00
Contributor address; City; State; Zip Code 807 Craig St. Corpus Christi, TX 78404		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2-22-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rey Peña	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 400 Mann St. Ste 705 Corpus Christi, TX 78401		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Peña Law Firm, PLLC		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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 5
2 FILER NAME Armando B. Gonzalez, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 2-22-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Luis A. Elizondo	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 555 N. Carancahua Corpus Christi, TX 78401		
8 Contributor's principal occupation Attorney		9 Contributor's job title Partner
10 Contributor's employer/law firm Gowan Elizondo LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2-22-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Miguel Antonio Calderon	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code P.O. Box 1995 Corpus Christi, TX 78403		
Contributor's principal occupation Legal Assistant		Contributor's job title Legal Assistant
Contributor's employer/law firm Gowan & Elizondo LLP		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 <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Armando B. Gonzalez Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/16/18	5 Payee name Red Stag Apparel & Promotions	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 2582 Main St. Ingleside, TX 78362	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2-17-18	Payee name Majic 104.9	
Amount (\$) \$1350.00	Payee address; City; State; Zip Code P.O. Box 270547 Corpus Christi, TX 78427	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Commercials	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 2-19-18	Payee name Arrow Display Signs Inc.	
Amount (\$) \$372.11	Payee address; City; State; Zip Code 1343 S. Staples Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing/Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Aramando B. Gonzalez Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2-13-18	5 Payee name Joseph Ramirez BBRC	
6 Amount (\$) 1,375.00	7 Payee address; City; State; Zip Code 1741 Starcor Corpus Christi, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising / Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-19-18	Payee name Homer Villavaca	
Amount (\$) \$ 275.00	Payee address; City; State; Zip Code 251 Magee Ln Robstown, TX 78380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising / Facebook	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Armando B. Gonzalez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,324.03
5 Date 1-30-18	6 Payee name DM Productions	
7 Amount (\$) \$475.00	8 Payee address; City; State; Zip Code P.O. Box 71803 Corpus Christi, TX 78467	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising / Commercial	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-21-18	Payee name Sam's Club	
Amount (\$) \$172.47	Payee address; City; State; Zip Code 4833 S. Padre Island Dr. Corpus Christi, TX 78413	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Armando B. Gonzalez Jr.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,324.03
5 Date 2-2-18	6 Payee name Arrow Display Signs Inc.	
7 Amount (\$) 9676.56	8 Payee address; City; State; Zip Code 1343 S. Staples Corpus Christi, TX 78404	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing / Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

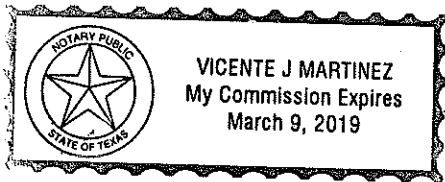
An exemption affidavit must be submitted with each paper report.

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

File name Armando B. Gonzalez Jr.	Account #
---	-----------

OFFICE USE ONLY
RECEIVED
FEB 26 2018
KARA SANDS CLERK OF THE COUNTY COURT JUDGES COUNTY, TEXAS
Date Processed
Date Imaged

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.
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 8th day before a report report due on February 26th 2018. 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.



[Handwritten Signature]
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Armando B. Gonzalez Jr. this the 26th day of February, 20 18, to certify which, witness my hand and seal of office.

<i>[Handwritten Signature]</i> Signature of officer administering oath	<u>Vicente Martinez</u> Print name of officer administering oath	<u>Notary Public</u> Title of officer administering oath
---	---	---

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**