CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mr. Joe	A	Date Received FOR RECORD ATG. 38 A M	
	Gonzalez		,	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	4009 Oak Forest D	CITY; STATE; ZIP CODE	JAN 1 4 2019 KARA SANDS CLERK POUNTY COURT NUPCES COUNTY TEXAS BY ACTION TO THE TOTAL TO THE PUTY	
Change of Address	Corpus Christi, Tx 78413		8	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) PHONE NUMBER 945-3551	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
NAME	Mr. Aldefino	SUFFIX	Date Processed	
	Fino Palacios	Jr.	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (no po box please); APT / St 4009 Peoples Street, Suite A Corpus Christi, Tx 78401	UITE #; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 884-8322	EXTENSION		
9 REPORT TYPE	X January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 7 / 1 /2018	THROUGH 12	Day Year 31 / 2018	
11 ELECTION	Month Day Year Primary 11 / 6 / 2018 X General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) Nueces County Commissioner, P	ct 2 Nueces County C	ommissioner Pct 2	
GO TO PACE 2				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)			
Joe A. Gonzalez						
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND KNOWLEDGE OR CO	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					
	SPECIFIC	COMMITTEE ADDRESS				
	PARECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,300.00			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 765.00			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 14,629.06			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 3,836.00			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT						
1	CANDDA B CAN		perjury, that the accompanying report is formation required to be reported by me			
Stray Pue	SANDRA B SAN ID# 450185-4	1103 P	1 11			
1:(3):	Notary Public STATE OF TEXAS	<u> </u>	/M/II			
TEOPTE TO TELL	My Comm. Exp. 09-3	0-2021	+HM			
, , , , ,	V V V V V .	Signature of Can	ndidate of Officeholder			
AFFIX NOTARY STAME	P/SEALABOVE					
0.00	ibed before me, b	by the said _Joe A. Gonzalez	, this the11			
day of January		to certify which, witness my hand and seal of office.	·			
Sandro B	Sant	Sandra B. Santos	Notary Public			
· Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Joe A.	mmission Filers)		
	JOC A.			
21		LE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,300.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4.	SCHEDULE E: LOANS			\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 9,842.93
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 4,786.13
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 CONTRIBUT RETURNED TO FILER	IONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ **CWA Political Action** 8/16/2018 300.00 6 Contributor address; City; State; Zip Code 01 3rd St. NW, Washington DC 20001 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Linebarger Goggan Blair & Sampson 9/25/2018 1,500.00 City; State; Zip Code Contributor address; 500 N. Shoreline, Suite 1111, Corpus Christi, Tx 78401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Adriana Ortiz 10/25/2018 500.00 Contributor address; City; State; Zip Code P.O. Box 6352 Corpus Christi, Tx 78466 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide expla	ins how to c	omplete this form.	
1 Total pages Schedule F1:		IAME . Gonzalez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee na	ame			
8/9/2018	Andrea	a Elizondo			
6 Amount (\$)	7 Payee a	ddress; City; State;	Zip Code		
200.00	4657 (Ocean Drive, #219, Corp	pus Chris	ti, Tx 78412	
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description	
PURPOSE				Check if travel o	utside of Texas. Complete Schedule T.
OF	Advert	ising		Check if Austi	n, TX, officeholder living expense
EXPENDITURE					
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	Office held
Date	Payee n	ame			
8/17/2018	Franci	sco Cruz			
6/17/2016	Tranci	SCO CIUZ			
Amount (\$)	Payee a	ddress; City; State;	Zip Code		
(100)(120)	1120 1	Bauer Rd, Robstown, T.	x 78380		
238.00	11201	, 100000 mi, 1			
	Categor	y (See Categories listed at the top of this	s schedule)	Description	
	Catogor	y (our outegories instead at the top of this	3 301100010)		utside of Texas. Complete Schedule T.
PURPOSE OF		, r 1			n, TX, officeholder living expense
EXPENDITURE	Contr	act Labor			, , , , , , , , , , , , , , , , , , ,
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	Office held
Date	Payee n	ame			
8/27/2018	Nuece	s County Democratic P	arty		
Amount (\$)	Payee a	ddress; City; State;	Zip Code		
				70405	
250.00	2/011	Morgan, #600, Corpus (onristi, i	x 78405	
	Catagos				
BURD	Categor	y (See Categories listed at the top of this	s scriedule)	Description	utside of Texas. Complete Schedule T.
PURPOSE OF	Advert	icina			
EXPENDITURE	Advert	Jones		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candid	date / Officeholder name		Office sought	Office held
expenditure to benefit C/OF				ooo oodgiit	Office field
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEI	EDED

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 Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Joe A. Gonzalez	3 Filer ID (Ethics Commission Filers)
Nate 8/12/2018	5 Payee name Postmaster	·
6 Amount (\$)	7 Payee address; City; State; Zip Code	
200.00	809 Nueces Bay, Corpus Christi, Tx 78	3469
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office expense	(b) 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/Oh	Candidate / Officeholder name	Office sought Office held
B.4.	Payee name	
Date 10/22/2018	KIII-TV	
Amount (\$)	Payee address; City; State; Zip Code	
1,130.50	5002 SPID, Corpus Christi, Tx 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/13/2018	Francisco Cruz	
Amount (\$)	Payee address; City; State; Zip Code	
100.00	1120 Bauer Rd, Robstown, Tx 78380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	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/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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 Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	,	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2018	5 Payee name Francisco Cruz	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
150.00	1120 Bauer Rd, Robstown, Tx 78380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/28/2018	Felix Valdez	
Amount (\$)	Payee address; City; State; Zip Code	
200.00	2550 Tierra Poniente Corpus Christi, T	Cx 78415
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	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/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/4/2018	Francisco Cruz	
Amount (\$)	Payee address; City; State; Zip Code	
130.00	1120 Bauer Rd, Robstown, Tx 78380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	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/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Legal Services Candidate/Officeholder/Political Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 4 Date 5 Payee name KIII-TV 10/25/2018 6 Amount (\$) 7 Payee address; City; State; Zip Code 1,130.50 5002 SPID, Corpus Christi, Tx 78411 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/7/2018 Debra Castaneda Amount (\$) Pavee address: City; State; Zip Code 175.00 6022 Olive Grove Dr, Corpus Christi, Tx 78414 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Contract Labor EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/7/2018 Larry Castaneda Amount (\$) Payee address; City; State; Zip Code 175.00 6022 Olive Grove Dr, Corpus Christi, tx 78414 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Contract Labor OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 4 Date 5 Payee name 11/7/2018 Francisco Cruz 7 Payee address; 6 Amount (\$) City; State; Zip Code 1120 Bauer Rd, Robstown, Tx 78380 75.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Contract Labor EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/19/2018 Joe A. Gonzalez Amount (\$) Payee address; City; State; Zip Code 4009 Oak Forest D, Corpus Christi, Tx 78413 4,775.93 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF ☐ Check if Austin, TX, officeholder living expense Reimbursement of Expenses made **EXPENDITURE** from personal funds Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 11/26/2018 Larry Castaneda Amount (\$) Payee address; City; State; Zip Code 6022 Olive Grove Dr., Corpus Christi, Tx 78414 85.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contract Labor Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 4 Date 5 Payee name Postmaster 12/5/2018 6 Amount (\$) 7 Payee address; City; State; Zip Code 300.00 809 Nueces Bay, Corpus Christi, Tx 78469 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Office Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 12/11/2018 Felix Valez Amount (\$) Payee address; City; State; Zip Code 110.00 2550 Tierra Poniente Corpus Christi, Tx 78415 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/14/2018 George Flores Amount (\$) Payee address; City; State; Zip Code 250.00 4906 Trinity Drive, Corpus Christi, Tx 78411 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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 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)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)		
4 Date 12/11/2017	5 Payee name Michocana Bakery				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
44.25	3829 Crosstown, Corpus Christi, Tx				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/14/2018	George Flores				
Amount (\$)	Payee address; City; State; Zip Code				
40.00	4906 Trinity Drive, Corpus Christi, Tx 7	8411			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE	Food Expense	Check it Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/13/2018	Michocana Bakery				
Amount (\$)	Payee address; City; State; Zip Code				
83.75	3829 Crosstown, Corpus Christi, Tx				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food Expense		utside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/OF	Complete ONLY if direct				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Revised 9/8/2015

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salsries/Manes/Contract Labor

C	Candidate/Officeholder/Politic Credit Card Payment	Cal Committee Legal Services Salarie The Instruction Guide explains how to	s/Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
1	Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Payee name			
	7/15/2018	Sutherlands			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	29.18 Reimbursement from political contributions intended	4041 S. Staples, Corpus Christi, Tx 78	411		
8		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	PURPOSE OF	Other Committee Metarial	Check if travel outside	e of Texas. Complete Schedule T.	
	EXPENDITURE	Other-Campaign Material	Check if Austin, T)	C, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
	Date	Payee name	-		
	7/15/2018	Sutherlands		3	
	Amount (\$)	Payee address; City; State; Zip Code			
	227.91	4041 0 0 1 0 0 1 1 7 70			
	4041 S. Stapies, Colpus Christi, 1x 70411				
	X Reimbursement from political contributions intended				
	DUDDOCE	Category (See Categories listed at the top of this schedule)	(b) Description		
	PURPOSE OF	Other-Campaign Material Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	other campaign waterial	Check if Austin, TX	K, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
	Date	Payee name			
	8/9/2018	Sutherlands			
	Amount (\$)	Payee address; City; State; Zip Code			
	135.13	4041 S. Staples, Corpus Christi, Tx 78	411		
	X Reimbursement from political contributions intended	and the same of th	50400-50		
		Category (See Categories listed at the top of this schedule)	(b) Description		
	PURPOSE OF	Other-Campaign Material	Check if travel outside	e of Texas. Complete Schedule T.	
	EXPENDITURE	Other-Campaign Material	Check if Austin, T	K, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
28	Joe A. Gonzalez				
4 Date	5 Payee name				
7/2/2018	Taqueria Jalisco				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
48.60	5358 Kostoryz, Corpus Christi, Tx 78	3415			
Reimbursement from political contributions intended					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Food Expense		de of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, T	X, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
7/10/2018	Stripes				
Amount (\$)	Payee address; City; State; Zip Code				
20.00	1601 Agnes, Corpus Christi, Tx 78404				
X Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF	OF Contribution Check it travel outside or lexas, Complete Schedule 1.				
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
8/1/2018	Stripes				
Amount (\$)	Payee address; City; State; Zip Code				
12.96	5645 Vantaman Camana Chairti Tanan	70415			
Reimbursement from	5645 Kostoryz, Corpus Christi, Texas	3 /8413			
X Heimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Other-Fuel Expense		de of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, T	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G	2 FILER NAME Joe A. Gonzalez	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	·			
8/2/2018	Stripes				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
36.74 Reimbursement from political contributions intended	4502 Ayers, Corpus Christi, Texas 78				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Other-Fuel Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C		Office sought Office held			
Date	Payee name				
8/2/2018	Stripes				
Amount (\$)	Payee address; City; State; Zip Code				
40.00	601 SPID, Corpus Christi, Tx 78405				
X Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Other-Fuel Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C		Office sought Office held			
Date	Payee name				
8/6/2018	Church's Chicken				
Amount (\$)	Payee address; City; State; Zip Code				
18.18	5149 Weber, Corpus Christi, Tx				
X Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Food Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C		Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
8/7/2018	Taqueria Garibaldi				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
28.74 X Reimbursement from political contributions intended	200 N. Staples, Corpus Christi, Tx 78	401			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Food Expense		e of Texas. Complete Schedule T.		
EXPENDITURE	1 ood Expense	Check if Austin, TX	(, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
8/8/2018	Postmaster				
Amount (\$)	Payee address; City; State; Zip Code				
150.00	809 Nueces Bay Blvd, Corpus Christi, Texas 78469				
X Reimbursement from political contributions intended	, , , , ,	,			
DUDDOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Office Expense	Check if travel outside	e of Texas. Complete Schedule T.		
EXPENDITURE	Office Expense	Check if Austin, TX	C, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
8/8/2018	Stripes				
Amount (\$)	Payee address; City; State; Zip Code				
30.67	6418 Weber, Corpus Christi, Tx				
Reimbursement from political contributions intended	orro weser, corpus christi, rx				
DUBBOOK	Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Other-Fuel Expense		e of Texas. Complete Schedule T.		
EXPENDITURE	F	Check if Austin, TX	C, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic		o complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	·		
8/8/2018	Taqueria Garibaldi			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
19.30 Reimbursement from political contributions intended	200 N. Staples, Corpus Christi, Tx 78	401		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Food Expense	Check if travel outside of	of Texas. Complete Schedule T.	
EXPENDITURE	Food Expense	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
8/10/2018	Taqueria Jalisco			
Amount (\$)	Payee address; City; State; Zip Code			
14.52 Reimbursement from political contributions intended	5358 Kostoryz, Corpus Christi, Texas	78415		
BUBBOOF	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Expense		of Texas. Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
8/10/2018	Taqueria Jalisco			
Amount (\$)	Payee address; City; State; Zip Code			
29.68				
X Reimbursement from political contributions intended	5358 Kostoryz, Corpus Christi, Texas	s 78415		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Food Expense	Check if travel outside of	of Texas. Complete Schedule T.	
EXPENDITURE	i and i	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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 Printing Expense Travel In District 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 4 Date 5 Payee name 8/10/2018 Taqueria Jalisco 6 Amount (\$) 7 Payee address; City; State; Zip Code 30.87 5358 Kostoryz, Corpus Christi, Texas 78415 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE**

PURPOSE OF EXPENDITURE	Food Expense	Check if travel outside of Texas. Comp Check if Austin, TX, officeholder	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
8/11/2018	Stripes		
Amount (\$)	Payee address; City; State; Zip Code		
44.63	6814 Weber, Corpus Christi, Tx 784	413	
X Reimbursement from political contributions intended	,		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other-Fuel Expense	(b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
8/14/2018	Stripes		
Amount (\$)	Payee address; City; State; Zip Code		
14.47 Reimbursement from political contributions intended	6814 Weber, Corpus Christi, Texas 7	8413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

expenditure to benefit C/OH

8

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 Gift/Awards/Memorials Expense 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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 5 Payee name 4 Date 8/17/2018 Stripes 7 Payee address; 6 Amount (\$) City; State; Zip Code 38.69 5616 Saratoga, Corpus Christi, Texas Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Other-Fuel Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Taqueria Jalisco 8/17/2018 Amount (\$) Payee address; City; State; Zip Code 6.99 5358 Kostoryz, Corpus Christi, Texas 78415 Reimbursement from political contributions ntended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Food Expense Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Church's Chicken 8/20/2018 Amount (\$) Payee address; City; State; Zip Code 18.70 5149 Weber, Corpus Christi, Texas Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
8/24/2018	Taqueria Jalisco		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
6.02 Reimbursement from political contributions intended	5358 Kostoryz, Corpus Christi, Texas	78415	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Expense		of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
8/31/2018	Francisco Cruz		
Amount (\$)	Payee address; City; State; Zip Code		
100.00	1120 Payer Pd. Pohetown, Toyon		
X Reimbursement from political contributions intended	1120 Bauer Rd, Robstown, Texas		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Contract Labor		of Texas. Complete Schedule T.
EXPENDITURE	Contract Bason	Check if Austin, TX,	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/5/2018	Stripes		
Amount (\$)	Payee address; City; State; Zip Code		
30.70	601 SPID, Corpus Christi, Texas 7840)5	
Reimbursement from political contributions intended	, , , , , , , , , , , , , , , , , , ,		
DUDDOOF	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Other-Fuel Expense	Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	Other-1 del Expense	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense 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 Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 4 Date 5 Payee name 9/8/2018 Stripes 6 Amount (\$) 7 Payee address; City; State; Zip Code 6418 Weber, Corpus Christi, Texas 34.64 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Other-Fuel Expense EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9/9/2018 Stripes Amount (\$) Payee address; City; State; Zip Code 29.79 5614 Saratoga, Corpus Christi, Texas 78413 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Other-Fuel & Wash Expense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 9/12/2018 Church's Chicken Amount (\$) Payee address; City; State; Zip Code 16.24 5143 Weber Rd, Corpus Christi, Texas Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 5 Payee name 4 Date 9/13/2018 Erica Barrera 6 Amount (\$) 7 Payee address; City; State; Zip Code 296.00 2773 Allencrest, Corpus Christi, Texas 78413 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9/15/2018 Ihop Amount (\$) Payee address; City; State; Zip Code 38.41 2037 SPID, Corpus Christi, Texas Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Food Expense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9/26/2018 Francisco Cruz Payee address; Amount (\$) City; State; Zip Code 1120 Bauer Rd, Robstown, Texas 78380 85.00 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		g Expense Travel Out Of District Other (enter a category not listed about of complete this form.	ove)
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez	3 Filer ID (Ethics Commission	Filers)
4 Date	5 Payee name		
9/30/2018	Taqueria Jalisco		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
14.96 Reimbursement from political contributions intended	5358 Kostoryz, Corpus Christi, Texas	78415	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Food Expense	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	1 ood Expense	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
10/1/2018	Whataburger		
Amount (\$)	Payee address; City; State; Zip Code		
18.91	602 SPID, Corpus Christi, Tx 78416		
X Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
10/2/2018	Stripes		
Amount (\$)	Payee address; City; State; Zip Code		
33.30	6418 Weber, Corpus Christi, Tx		
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Other-Fuel Expense	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	A del Zilpenio	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
10/3/2018	Erica Barrera				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
136.00	2773 Allencrest, Corpus Christi, Texas	78413			
X Reimbursement from political contributions intended					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	and a pro resour some in-		
OF EXPENDITURE	Contract Labor		le of Texas. Complete Schedule T. X, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name				
10/5/2018	Francisco Cruz				
Amount (\$)	Payee address; City; State; Zip Code	54			
160.00	1120 Bauer Rd, Robstown, Texas 783	380			
X Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Contract Labor		le of Texas. Complete Schedule T.		
10772000010 A 10012000-0100-090000-0110		20-00-00-00-00-00-00-00-00-00-00-00-00-0	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name				
10/12/2018	Ihop				
Amount (\$)	Payee address; City; State; Zip Code				
45.94	2037 SPID, Corpus Christi, Tx 78415				
X Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Food Expense		le of Texas. Complete Schedule T.		
	•	18 TO CORP. STANSACTOR AND CONTROL OF THE CORP.	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Bv Candidate/Officeholder/Political Committee **Event Expense** Fees Food/Beverage Expense Gift/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

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: Joe A. Gonzalez 4 Date 5 Payee name 10/13/2018 Felix Valdez 6 Amount (\$) 7 Payee address; City; State; Zip Code 200.00 2550 Tierra Poniente, Corpus Christi, Tx 78415 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 10/18/2018 Whataburger Amount (\$) Payee address; City; State; Zip Code 12.10 602 SPID, Corpus Christi, Texas 78416 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Expense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Taqueria Jalisco 10/20/2018 Payee address; City; State; Zip Code Amount (\$) 5358 Kostoryz, Corpus Christi, Texas 78415 41.76 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Carlet (erriel a category not insteed above)
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/21/2018	Stripes		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
42.32	5818 Saratoga, Corpus Christi, Texa		
X Reimbursement from political contributions intended			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Other-Fuel Expense		of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
10/21/2018	Stripes		
Amount (\$)	Payee address; City; State; Zip Code		
30.00	6814 Weber, Corpus Christi, Texas 78	413	
X Reimbursement from political contributions intended	corr in coor, corpus chinsus, renus re		ч
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Other-Fuel Expense		of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
10/21/2018	Whataburger		
Amount (\$)	Payee address; City; State; Zip Code		
11.62	2402 SPID, Corpus Christi, Tx 78415		
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food Expense		of Texas. Complete Schedule T.
			officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED.

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/24/2018	Dm Production		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
430.00	P.O. Box 71803, Corpus Christi, Texas	s 78467	
Reimbursement from political contributions intended			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Advertising Expense		e of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
10/26/018	Stripes		
Amount (\$)	Payee address; City; State; Zip Code		
35.00	5614 Sanata and Gamana Chairtí Tanana	70412	
X Reimbursement from political contributions intended	5614 Saratoga, Corpus Christi, Texas	/8413	
BURDOOF	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Other-Fuel Expense	Check if travel outsid	e of Texas. Complete Schedule T.
EXPENDITURE	•	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
10/26/2018	Stripes		
Amount (\$)	Payee address; City; State; Zip Code		
10.00	5614 Saratoga, Corpus Christi, Texas	78413	
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Other-Vehicle Wash Expense		e of Texas. Complete Schedule T.
EXPENDITURE	•	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
10/26/2018	Whataburger				
6 Amount (\$) 14.13 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4021 IH 69, Corpus Christi, Texas 784	-10			
8 BURBOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food Expense		e of Texas. Complete Schedule T. K, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
10/27/2018	Olive Garden				
Amount (\$)	Payee address; City; State; Zip Code				
144.48	5258 SPID, Corpus Christi, Texas				
X Reimbursement from political contributions intended	care of 12, corpus circus, renas				
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	***		
OF EXPENDITURE	Food -Meeting Expense		e of Texas. Complete Schedule T. K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
10/28/2018	Taqueria Jalisco				
Amount (\$)	Payee address; City; State; Zip Code				
23.88	5358 Kostoryz, Corpus Christi, Texas	78415			
Reimbursement from political contributions intended	5556 Rostoryz, Corpus Christi, Texas	70413			
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Food Expense		e of Texas. Complete Schedule T.		
EXPENDITURE	•	Check if Austin, T)	K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 5 Payee name 4 Date Stripes 10/29/2018 6 Amount (\$) 7 Payee address; City; State; Zip Code 32.61 6814 Weber, Corpus Christi, Texas 78413 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Other-Fuel Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/2018 Taqueria Garibaldi Amount (\$) Payee address; City; State; Zip Code 200 N. Staples, Corpus Christi, Texas 78401 12.90 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date 10/31/2018 Church's Chicken Payee address; Amount (\$) City; State; Zip Code 19.88 5143 Weber, Corpus Christi, Texas Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how t	o complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
10/31/2018	Erica Barrera			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
232.00	2773 Allencrest Drive, Corpus Christ	i, Texas 78413	w.	
Reimbursement from political contributions intended				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Contract Labor	Check if travel outsid	e of Texas. Complete Schedule T.	
EXPENDITURE	Contract Eucor	Check if Austin, T	X, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
10/31/2018	Ihop			
Amount (\$)	Payee address; City; State; Zip Code			
44.96	2037 SPID, Corpus Christi, Texa 78415			
X Reimbursement from political contributions intended	, T			
DURROSE	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Food Expense	Check if travel outsid	e of Texas. Complete Schedule T.	
EXPENDITURE	•	Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
11/3/2018	Stripes			
Amount (\$)	Payee address; City; State; Zip Code			
35.07	5616 Saratoga, Corpus Christi, Texas			
Reimbursement from political contributions intended				
DUDDOSE	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Food Expense	Check if travel outside	e of Texas. Complete Schedule T.	
EXPENDITURE	Took Emperior	Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services The Instructio		to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NA Joe A.	AME Gonzalez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee na	me			
11/4/2018	Taqueri	a Jalisco			
6 Amount (\$)	7 Payee ad	dress; Ci	ty; State; Zip Code	9	
11.63	5358 Ko	storyz, Corpu	ıs Christi, Texas	78415	
X Reimbursement from political contributions intended		0400			
8	(a) Category	(See Categories listed	at the top of this schedule)	(b) Description	
PURPOSE OF	Food Ex	vnense		Check if travel outsi	de of Texas. Complete Schedule T.
EXPENDITURE	1000 12	rpense		Check if Austin, 7	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		date / Officeholde	er name	Office sought	Office held
Date	Payee na	me			
11/5/2018	Stripes				
Amount (\$)	Payee ad	dress; Ci	ity; State; Zip Code	Э	
35.12	601 SPIJ	D, Corpus Ch	risti, Texas 7840	05	
X Reimbursement from political contributions intended		*	9000		
DUDDOCE	Category	(See Categories listed	at the top of this schedule)	(b) Description	
PURPOSE OF	Other-E	Fuel Expense		Check if travel outsi	de of Texas. Complete Schedule T.
EXPENDITURE	Other-1	uci Expense		Check if Austin, 7	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholde	er name	Office sought	Office held
Date	Payee na	me			
11/5/2018	Taqueri	a Garibaldi			
Amount (\$)	Payee ad	dress; Ci	ity; State; Zip Code	9	
26.63	200 N.	Staples, Corp	ous Christi, Texa	is 78401	
Reimbursement from political contributions intended					
DUDDOOF	Category	(See Categories listed	at the top of this schedule)	(b) Description	
PURPOSE OF	Food Ex	xnense		Check if travel outside	de of Texas. Complete Schedule T.
EXPENDITURE	1 000 12	rpense		Check if Austin, 1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholde	er name	Office sought	Office held
	ATT#	ACH ADDITION/	AL COPIES OF THIS	S SCHEDULE AS NEED	DED

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 Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how t	es/Wages/Contract Labor to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 11/5/2018	5 Payee name Whataburger		
6 Amount (\$) 5.55 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6425 Weber, Corpus Christi, Texas		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense		e of Texas. Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 11/6/2018	Payee name Whataburger		
Amount (\$) 7.78 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2424 Baldwin, Corpus Christi, Texas	78405	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		e of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held
Date 11/6/2018	Payee name Whataburger		
Amount (\$) 7.78 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2424 Baldwin, Corpus Christi, Texas	78405	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	Other (enter a category not isseed above)
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/2018	5 Payee name Erica Barrera		
6 Amount (\$) 200.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2773 Allencrest Dr, Corpus Christi, Te	exas 78413	
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/C	(a) Category (See Categories listed at the top of this schedule) Contract Labor Candidate / Officeholder name DH		e of Texas. Complete Schedule T. (, officeholder living expense Office held
Date 11/9/2018	Payee name Stripes		
Amount (\$) 42.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6814 Weber, Corpus Christi, Texas 784	113	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other-Fuel Expense		e of Texas. Complete Schedule T. (, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 11/14/2018	Payee name Erica Barrera		
Amount (\$) 120.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2773 Allencrest Drive, Corpus Christi,	Texas 78413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		e of Texas. Complete Schedule T. C, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

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 Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services Salarie The Instruction Guide explains how t	es/Wages/Contract Labor	Other (enter a category not listed above)			
	The instruction dulide explains now t	o complete this form.				
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name		I			
090038665						
7/30/2018	Carinos					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
83.29 Reimbursement from political contributions intended	1652 SPID, Corpus Christi, Tx 78416					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF Check if travel outside of Texas. Complete Schedule T.			de of Texas. Complete Schedule T.			
EXPENDITURE	Food Expense-planning meeting					
9 Complete ONLY if direct expenditure to benefit Co		Office sought	Office held			
Date	Payee name					
8/14/2018	Nuevo Cafe					
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code					
40.56	40.56					
Reimbursement from	1124 Ayers, Corpus Christi, Tx 78404	4				
political contributions intended	political contributions					
Category (See Categories listed at the top of this schedule) PURPOSE (b) Description						
OF FOOD Expense			de of Texas. Complete Schedule T.			
EXPENDITURE	1 ood Expense	TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
8/16/2018						
	Circle K					
Amount (\$)	Payee address; City; State; Zip Code					
	34.55 5636 Weber, Corpus Christi, Tx 78404					
X Reimbursement from political contributions intended						
DUDDOSE	Category (See Categories listed at the top of this schedule)	(b) Description				
OF	PURPOSE OF Other-Fuel Expense Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	X, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule G:	Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)				
4 Date 8/17/2018	5 Payee name Julio's						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
7.40 Reimbursement from political contributions intended	5945 Greenwood, Corpus Christi, Tx						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Food Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/6	Complete ONLY if direct						
Date	Date Payee name						
8/18/2018	7/18/2018 Papachulo's						
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code						
54.94	4861 Saratoga, Corpus Christi, Tx Reimbursement from political contributions intended						
political contributions							
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	(T O				
OF EXPENDITURE	Food Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct							
Date	Payee name						
8/22/2018	Subway						
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code						
17.60	17.60 4117 S. Staples, Corpus Christi, Tx 78411						
X Reimbursement from political contributions intended	∑ political contributions						
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Food Expense Check if travel outside of Texas. Complete Sch						
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 5 Payee name 4 Date 8/23/2018 Chili's 7 Payee address: 6 Amount (\$) City; State; Zip Code 64.67 4120 US Hwy 77, Corpus Christi, Tx 78410 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9/6/2018 Luby's Amount (\$) Payee address; City; State; Zip Code 47.00 1510 SPID, Corpus Christi, Tx 78416 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9/13/2018 La Ribera Amount (\$) Payee address; City; State; Zip Code 23.02 1602 Morgan Avenue, Corpus Christi, Tx Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Expense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 5 Payee name 4 Date 9/26/2018 Nolan's 7 Payee address; 6 Amount (\$) City; State; Zip Code 36.64 7426 S. Staples, Corpus Christi, Tx 78413 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas, Complete Schedule T OF Food Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/1/2018 Blossom Shop Florist Amount (\$) Payee address; City; State; Zip Code 40.00 5417 S. Staples, Corpus Christi, Texas Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Memorial Expense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/18/2018 Exxon Express Payee address; Amount (\$) City; State; Zip Code 40.33 5175 IH 37, Corpus Christi, Tx 78408 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Other: Fuel Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Political Committee 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 G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)			
4 Date						
10/26/2018	Circle K					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
39.50	1602 SPID, Corpus Christi, Tx 78416					
X Reimbursement from political contributions intended	-					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF	Other-Fuel Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
EXPENDITURE	Other Fact Expense					
9 Complete ONLY if direct expenditure to benefit C/G	Complete ONLY if direct					
Date	Payee name					
10/27/2018	0/27/2018 Jesse Garcia					
Amount (\$)	Payee address; City; State; Zip Code					
50.00						
Reimbursement from political contributions intended						
DUDDOCE	Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF	Contract Labor Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE		Check if Austin, TX,	officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Office held					
Date	Payee name					
10/28/2018	Home Depot					
Amount (\$)	Payee address; City; State; Zip Code					
71.85	5041 SPID, Corpus Christi, Tx 78411					
Reimbursement from political contributions intended						
BUBBOSE	Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF	Other Compaign Supplies	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
EXPENDITURE	Other-Campaign Supplies					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 28 4 Date 5 Payee name 10/2018 Cancun Mexican Restaurant 6 Amount (\$) 7 Payee address; City; State; Zip Code 57.64 6314 Yorktown, Corpus Christi, Tx 78414 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name 11/4/2018 Taqueria Jalisco Amount (\$) Payee address; City; State; Zip Code 70.83 902 S. Port, Corpus Christi, Tx Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food Expense EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9/10/2018 Papachulo's Payee address; City; State; Zip Code Amount (\$) 25.24 4861 Saratoga, Corpus Christi, Tx Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. Food Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment							
	redit Card Payment		The Instru	ction Guide explain	s how to	complete this form.		
1	Total pages Schedule G:	2 FILER NA					3 Filer ID (Ethic	s Commission Filers)
	28	22 9000 12 201	Gonzalez			4		
4	Date	5 Payee na						
	10/25/2018	Maria A	Alaniz					
6	Amount (\$)	7 Payee ad		City; State; Zip				
	60.00	1120	Baver	Rd, Robs	Du	n. TX		
	X Reimbursement from political contributions							
	intended							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Contract Labor						
	EXPENDITURE					Check if Austin, I	X, officeholder living ex	Dense
9	Complete ONLY if direct expenditure to benefit C/C		date / Officeh	older name		Office sought		Office held
	oxponditors to belief or							
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		Erica Ba						
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		l ayee ac	idi 033,	Only, Oldio, Zip	oode			
	50.00 Reimbursement from	2773 AI	lencrest D	r Cornus Chri	sti Te	xas 78413		
	political contributions intended	2773 Allencrest Dr, Corpus Christi, Texas 78413						
	DURROSE	Category	(See Categories	listed at the top of this sch	nedule)	(b) Description		
	PURPOSE OF Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE					Check if Austin, T.	X, officeholder living ex	pense
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					Office held		
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	Category (See Categories listed at the top of this schedule) (b) Description							
	PURPOSE OF	PURPOSE OF Check if travel outside of Texas. Complete Schedule T.				dule T.		
	EXPENDITURE					pense		
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
	AT TACH ADDITIONAL COLLEGE OF THIS COLLEGE ACTULEDED							