

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Joe</b>	MI <b>A.</b>
	NICKNAME	LAST <b>Gonzalez</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; <b>4009 Oak Forest D</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>Corpus Christi, Tx 78413</b>
	AREA CODE <b>(361 )</b>	PHONE NUMBER <b>945-3551</b>	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <b>Mr.</b>	FIRST <b>Aldefino</b>	MI
	NICKNAME	LAST <b>Fino</b>	SUFFIX <b>Palacios Jr.</b>
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); <b>409 Peoples Street, Suite A</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>Corpus Christi, Tx 78401</b>
	AREA CODE <b>(361 )</b>	PHONE NUMBER <b>884-8322</b>	EXTENSION
7 CAMPAIGN TREASURER ADDRESS (residence or business)	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	Month    Day    Year <b>7 / 1 / 2013</b>	THROUGH	Month    Day    Year <b>12 / 31 / 2013</b>
8 CAMPAIGN TREASURER PHONE	Month    Day    Year <b>3 / 4 / 2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) <b>County Commissioner, Pct 2</b>	13 OFFICE SOUGHT (if known) <b>County Commissioner, Pct 2</b>	

FILED FOR RECORD  
OFFICE USE ONLY

Date Received **AT 10:05 AM**

**JAN 15 2014**

**DIANA T. BARRERA**

Clerk, County of Nueces County, Texas  
By **DTB** Deputy

Date Hand-delivered or Postmarked

Receipt #    Amount

Date Processed

Date Imaged

GO TO PAGE 2

**2014-018**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME** Joe A. Gonzalez **15 ACCOUNT # (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

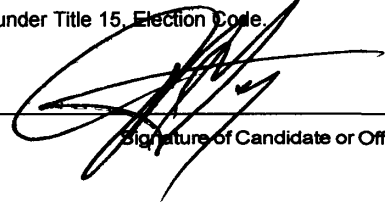
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,972.95
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 479.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,958.10
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,628.57
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,100.00

**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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe A. Gonzalez, this the 15 day of January, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Sandra B. Santos  
 Printed name of officer administering oath

Notary Public  
 Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>1</b>	
2 FILER NAME <b>Joe A. Gonzalez</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/30/2013</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jaime Garcia</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>7033 Smokewood, Corpus Christi, Tx 78409</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/7/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lester J. and Nancy S. McElwee</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9151 Caroline Rd, Corpus Christi, Tx 78409</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/19/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Belinda Flores</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6409 Legacy Pt, Corpus Christi, Tx 78414</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/27/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fundraiser/Business Trip</b>	Amount of contribution (\$) <b>2,822.95</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Coushatta Casino Trip, 777 Coushatta Drive Kinder, Louisiana 70648</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/19/2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Corpus Christi Association of Realtors</b>	Amount of contribution (\$) <b>3,400.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4825 Everhart, Corpus Christi, Tx 78411</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>4</b>	<b>2</b> FILER NAME <b>Joe A. Gonzalez</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>7/29/2013</b>	<b>5</b> Payee name <b>El Defensor</b>
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<b>6</b> Amount (\$) <b>100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>608 Indiana, Robstown, Tx 78380</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/9/2013</b>	Payee name <b>Taqueria Jalisco #18</b>
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Amount (\$) <b>900.00</b>	Payee address; City; State; Zip Code <b>5358 Kostorz, Corpus Christi, Tx 78414</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/20/2013</b>	Payee name <b>Battleground Texas</b>
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Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 780173, San Antonio, Tx 78278</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/3/2013</b>	Payee name <b>TSHL Silver Directory</b>
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Amount (\$) <b>125.00</b>	Payee address; City; State; Zip Code <b>43 Castlegreen, The Woodlands, Tx 77381</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Joe A. Gonzalez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 9/10/2013	<b>5</b> Payee name Nueces County Democratic Party	
<b>6</b> Amount (\$) 150.00	<b>7</b> Payee address; City; State; Zip Code 827 N. Tanchua, Corpus Christi, Tx 78401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 9/13/2013	Payee name Cup Graphics	
Amount (\$) 556.95	Payee address; City; State; Zip Code 4701 Ayers, #404, Corpus Christi, Tx 78415	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10/5/2013	Payee name Westside Business Association	
Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 5485, Corpus Christi, Tx 78465	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10/10/2013	Payee name Cup Graphics	
Amount (\$) 311.76	Payee address; City; State; Zip Code 4701 Ayers, #404, Corpus Christi, Tx 78415	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Joe A. Gonzalez		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 10/11/2013		<b>5</b> Payee name Cup Graphics			
<b>6</b> Amount (\$) 308.51		<b>7</b> Payee address; City; State; Zip Code 4701 Ayers, #404, Corpus Christi, Tx 78415			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 11/9/2013		<b>Payee name</b> Taqueria Jalisco #18			
<b>Amount (\$)</b> 63.00		<b>Payee address; City; State; Zip Code</b> 5358 Kostorz, Corpus Christi, Tx 78414			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Food/Beverage		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 11/15/2013		<b>Payee name</b> Cup Graphics			
<b>Amount (\$)</b> 155.88		<b>Payee address; City; State; Zip Code</b> 4701 Ayers, #404, Corpus Christi, Tx 78414			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Advertising		<b>Description</b> (If travel outside of Texas, complete Schedule T) Printing	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 12/3/2013		<b>Payee name</b> American GI Forum BTP Chapter			
<b>Amount (\$)</b> 100.00		<b>Payee address; City; State; Zip Code</b> 2902 Alta Gigonella, Corpus Christi, Tx 78415			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Advertising		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
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<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Joe A. Gonzalez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 12/11/2013	<b>5</b> Payee name LULAC Council #1
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<b>6</b> Amount (\$) 150.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 270113, Corpus Christi, Tx 78427
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/17/2013	Payee name Grandma Goritas
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Amount (\$) 128.00	Payee address; City; State; Zip Code 4450 Greenwood, Corpus Christi, Tx 78416
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/17/2013	Payee name Grandma Goritas
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Amount (\$) 80.00	Payee address; City; State; Zip Code 4450 Greenwood, Corpus Christi, Tx 78416
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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