CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

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:
3 CANDIDATE / OFFICEHOLDER	Ms/Mrs/Mr First Mr. Joe	мі А.	FUENCEUSEBARRO
NAME	NICKNAME LAST	SUFFIX	JAN 1 5 2014
	Gonzalez		1
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	DIANA T. BARRERA Clerk, County Gurt, Nueces County, Texas By Deputy
MAILING ADDRESS	4009 Oak Forest D		Date Hand-delivered or Postmarked
change of address	Corpus Christi, Tx 78413		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 945-3551	EXTENSION	Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Aldefino	Mi	Date Imaged
NAME	NICKNAME LAST	SUFFIX	
	Fino Palacios	Jr.	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NOPOBOX PLEASE); APT/SUITE #: 409 Peoples Street, Suite A Corpus Christi, Tx 78401	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 884-8322	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 / 31 /	Year / 2013
11 ELECTION	Month Day Year 3 4 2014 ELECTION TYPE	Runoff .	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	County Commissioner, Pct 2	County Commi	ssioner, Pct 2

GOTO PAGE 2

2014-018

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

16 NOTICE FROM POLITICAL COMMITTEES TO CAMBIDATE AND OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE BY POLITICAL COMMITTEES TO COMMITTEE TYPE COMMITTEE TYPE GENERAL GOMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS 15 ACCOUNT # (Ethics Committees to committee the committees to committee the committees to committee the committee that is not officence of such and committee the committee of such and committees the committee of such and committees the committees th	D SUPPORT THE NOWLEDGE OR
POLITICAL COMMITTEE(S) CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KILL COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME	NOWLEDGE OR
GENERAL COMMITTEE TYPE GENERAL COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	
SPECIFIC COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME additional pages	
additional pages	
COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION 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) \$ 7,972.5	95
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 479.	00
4. TOTAL POLITICAL EXPENDITURES \$ 3,958.	10
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6,628.	57
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,100.	.00
I swear, or affirm, under penalty of perjury, that the accompanies true and correct and includes all information required to be me under Title 15. Election Code. Notary Put lic STUTE JF TEXAS My Comm. Exp. 09-30-2017 Signature of Candidate or Officeholder	
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said <u>Joe A. Gonzalez</u> , this <u>15</u> day of <u>January</u> , 20 <u>14</u> , to certify which, witness my hand and seal of <u>Sandra B. Sandra S. No-lary Pub</u> . Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	le

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Joe A	. Gonzalez			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
7/30/2013	Jaime Garcia		contribution (\$)	description (if applicable)
113012013	6 Contributor address; City; State; Zip Code		500.00	1
	7033 Smokewood, Corpus Christi	i, Tx 78409		!
:			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
	Lester J. and Nancy S. McElwee		contribution (\$)	description (if applicable)
10/7/2013	Contributor address; City; State; Zip Code			
		T 70.400	250.00	
	9151 Caroline Rd, Corpus Christi,	1x /8409		
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Belinda Flores		contribution (\$)	description (if applicable)
10/19/2013	Contributor address; City; State; Zip Code		1,000.00	<u> </u>
	6409 Legacy Pt, Corpus Christi, Tx	78414		
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Fundraiser/Business Trip		contribution (\$)	description (if applicable)
10/27/2013	Contributor address; City; State; Zip Code		0.000.05	
	• • • • • • • • • • • • • • • • • • • •	-#- D-:	2,822.95	
	Coushatta Casino Trip, 777 Coush	aπa Drive		•
	Kinder, Louisiana 70648		(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
12/19/2013	Corpus Christi Association of Realton	ors	contribution (\$)	description (if applicable)
12,10,2010	Contributor address; City; State; Zip Code			
			3,400.00	
	4825 Everhart, Corpus Christi, Tx 7	8411		
	· · · · · · · · · · · · · · · · · · ·			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide foradditional reporting requirements.

P.O. Box 12070

SCHEDULE F

	EXPENDITURI	E CATEGORIES	FOR BOX 8(a	1)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	ting/Banking Legal Services Solicitation/Fundraising Expe ting Expense Food/Beverage Expense Travel In District		ising Expense Transportation Equipment & Rela Contributions/Donations Made By		Equipment & Related Expense
Fees	Printing Expense	Office Overhead/		OTHER (enter	a category not listed above)
	The Instruction Guid	e explains how to	complete this fo	orm.	
Total pages Schedule F:	2 FILER NAME Joe A. Gonzalez			3 ACCOL	JNT # (Ethics Commission Filers
Date 7/29/2013	5 Payee name El Defensor				
Amount (\$)	7 Payee address; City; S	tate; Zip Code	 		
100.00	608 Indiana, Robstown	, Tx 78380			
PURPOSE OF	(a) Category (See categories listed at the to	op of this schedule)	(b) Description (If travel outside of Texas, complete Schedu		Texas, complete Schedule T)
EXPENDITURE	Advertising				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	9	Office soug	jht	Office held
Date 8/9/2013	Payee name Taqueria Jalisco #18		_		
Amount (\$)	Payee address; City; S	tate; Zip Code			
900.00	5358 Kostorz, Corpus	Christi, Tx 78	3414		
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage				
Complete <u>CNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	9	Office soug	ht	Office held
Date 8/20/2013	Payee name Battleground Texas				
Amount (\$)	Payee address; City; S	tate; Zip Code			
250.00	P.O. Box 780173, San	Antonio, Tx	78278		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Advertising	pp of this schedule)	Description) (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	•	Office soug	ht	Office held
Date 9/3/2013	Payee name TSHL Silver Directory				
Amount (\$)	Payee address; City; S	tate; Zip Code	 		
125.00	43 Castlegreen, The \	Voodlands, T	x 77381		
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Advertising				
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	9	Office soug	ht	Office held

P.O. Box 12070

SCHEDULE F

Advertising Expense			FOR BOX 8(a)		
	Gift/Awards/Memorials Expense	Salaries/Wages/C		Loan Repayment	
Accounting/Banking Consulting Expense	Legal Services	Solicitation/Fundra	ising Expense		uipment & Related Expense
Event Expense	Food/Beverage Expense Travel In District Co Polling Expense Travel Out Of District			Contributions/Don Candidate/Offi	etions made by ceholder/Political Committee
Fees		Office Overhead/			category not listed above)
1 333	The Instruction Guide		•		ategory not nated above)
Total pages Schedule F:	2 FILER NAME			3 ACCOUN	T # (Ethics Commission Filer
	Joe A. Gonzalez				
Date 9/10/2013	Nueces County Democra	atic Party			
Amount (\$)	7 Payee address; City; Stat	te; Zip Code			
150.00	827 N. Tancahua, Corpu	us Christi, T	x 78401		
PURPOSE OF	(a) Category (See categories listed at the top of			(If travel outside of Tex	(as, complete Schedule T)
EXPENDITURE	Advertising				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough		Office held
Date	Payee name				
9/13/2013	Cup Graphics				
Amount (\$)	Payee address; City; Star	te; Zip Code			
556.95	4701 Ayers, #404, Corpu	s Christi, Tx	78415		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Tex	(as, complete Schedule T)
OF EXPENDITURE	Advertising		Printing		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	t	Office held
Date	Payee name				
10/5/2013	Westside Business Associ	ciation			
Amount (\$)	Payee address; City; Stat	e; Zip Code			
100.00	P.O. Box 5485, Corpus (Christi, Tx 7	8465		
PURPOSE OF	Category (See categories listed at the top of Advertising	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
PURPOSE OF EXPENDITURE Complete QNLY if direct	Advertising Candidate / Officeholder name	of this schedule)	Description Office sough		Office held
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/	Advertising Candidate / Officeholder name	of this schedule)			
PURPOSE OF EXPENDITURE Complete QNLY if direct	Advertising Candidate / Officeholder name	of this schedule)			
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH Payee name Cup Graphics	of this schedule)			
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/d Date 10/10/2013	Candidate / Officeholder name OH Payee name Cup Graphics	te; Zip Code	Office sough		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/0 Date 10/10/2013 Amount (\$)	Candidate / Officeholder name CH Payee name Cup Graphics Payee address; City; State	ne; Zip Code us Christi, T	Office sough	t	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/n Date 10/10/2013 Amount (\$) 311.76	Candidate / Officeholder name OH Payee name Cup Graphics Payee address; City; Stat 4701 Ayers, #404, Corpu	ne; Zip Code us Christi, T	Office sough	t	Office held

P.O. Box 12070

SCHEDULE F

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a	1)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun		/Contract Labor Loan Repayment/Reimbursement draising Expense Transportation Equipment & Relate t Contributions/Donations Made By District Candidate/Officeholder/Politica		ripment & Related Expense ations Made By
	The Instruction Guid	le explains how to	complete this fo	orm.	
Total pages Schedule F:	2 FILER NAME Joe A. Gonzalez			3 ACCOUNT	# (Ethics Commission Filers
Date 10/11/2013	5 Payee pame Cup Graphics				
Amount (\$) 308.51	7 Payee address; City; S 4701 Ayers, #404, Cor	•	x 78415		
PURPOSE	(a) Category (See categories listed at the t			n (If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	Advertising		Printing		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam OH	e	Office soug	ght	Office held
Date 11/9/2013	Payee name Taqueria Jalisco #18				
Amount (\$)	Payee address; City; S	State; Zip Code			
63.00	5358 Kostorz, Corpus	Christi, Tx 78	414		
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Food/Beverage				
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	е	Office soug	ht	Office held
Date	Payee name				
11/15/2013	Cup Graphics				
Amount (\$)	Payee address; City; S	itate; Zip Code			
155.88	4701 Ayers, #404, Cor	rpus Christi, T	x 78414		
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description	n (If travel outside of Texa	as, complete Schedule T)
OF EXPENDITURE	Advertising		Printing		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder nam OH	9	Office soug	yht	Office held
Date 12/3/2013	Payee name American GI Forum B	ΓP Chapter			
Amount (\$)	Payee address; City; S	State; Zip Code			
100.00	2902 Alta Gigonella, C	Corpus Christi,	Tx 78415		
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	n (If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	Advertising				
Complete ONLY if direct expenditure to benefit Co		е	Office soug	jht	Office held

Texas Ethics Commission

SCHEDULE F

	EVDENDITUDE	CATEGODIES	EOP BOY 9/51		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor hising Expense trict Rental Expense	Loan Repayment Transportation Eq Contributions/Don Candidate/Offi OTHER (enter a	uipment & Related Expense
	The Instruction Guid	e explains how to	complete this for	rm.	
Total pages Schedule F:	2 FILER NAME Joe A. Gonzalez			3 ACCOUN	T # (Ethics Commission Filer
Date 12/11/2013	5 Payee name LULAC Council #1				
Amount (\$)	7 Payee address; City; S	tate; Zip Code	. 1.7. %		
150.00	P.O. Box 270113, Cor	pus Christi, T	x 78427		
PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description (If travel outside of Texas, con		as, complete Schedule T)
OF EXPENDITURE	Advertising				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	•	Office sough	t	Office held
Date	Payee name		<u></u>	***************************************	
12/17/2013	Grandma Goritas				
Amount (\$)	Payee address; City; S	tate; Zip Code			
128.00	4450 Greenwood, Corp	pus Christi, T	x 78416		
PURPOSE	Category (See categories listed at the to	pp of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	Food Expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	•	Office sough	t	Office held
Date	Payee name				
12/17/2013	Grandma Goritas				
Amount (\$)	Payee address; City; S	tate; Zip Code		·=	
80.00	4450 Greenwood, Cor	pus Christi, T	x 78416		
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	Food Expense				
Complete <u>CNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	9	Office sough	t	Office held
Date	Payee name			<u></u>	
Amount (\$)	Payee address; City; S	tate; Zip Code			
PURPOSE OF	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	•	Office sough	t	Office held

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