# **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:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Joe	A.	Date Received 11.15 AM
	NICKNAME LAST	SUFFIX	
	Gonzalez		JAN 1 5 2015
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	CLERK, COUNTY COURT, NUECES COUNTY, TEXAS
MAILING	4009 Oak Forest D		Date Hand-delivered or Postmarked
ADDRESS	Corpus Christi, Tx 78413		to such the design of the second seco
change of address	Corpus Christi, TX 70113	rgovinesso according	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(361) 945-3551		000.000.000.000.00000000000000000000000
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged
NAME	Mr. Aldefino		
	NICKNAME LAST	SUFFIX	
	Fino Palacios	Jr.	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE
TREASURER ADDRESS	409 Peoples Street, Suite A		
(residence or business)	W 45 44 W 15 15 15 4 16 4 16 4 16 4 16 4 16 4 16		
	Corpus Christi, Tx 78401		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(361) 884-8322		
ITTONE			
	,		
9 REPORT TYPE	X January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD COVERED	Month Day Year	Month Day	Year
COVERED	7 / 1 / 2014 THROUGH	12 / 31 /	2014
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Name of Company Company in the Compa		
	Nueces County Commissioner		
	Pct 2		
	Landard Control of the Control of th		015 040
	GO TO PAG	GE 2	2015-018

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME Joe A	. Gonzalez	1	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND SOURCES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,650.00	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITER	MIZED \$ 772.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,278.00	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$ 7,987.00	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
SANDRA B SANTOS  Notary Public STATE OF TEXAS My Comm. Exp. 09-30-2017  Signature of Qandidate or Officeholder				
AFFIX NOTARY STAN	IP / SEAL ABOVE	1		
Sworn to and sub	scribed before	me, by the said <u>Joe A. Gonzalez</u>	, this the	
15th day	of January	, 20 <u>15</u> , to certify which, witness	97 Sept. 198 198 198 198 198 198 198 198 198 198	
Signature of officer adm	instering oath	Sandra B. Santos  Printed name of officer administering oath	Notary Public, State of Texas  Title of officer administering oath	

Austin, Texas 78711-2070

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

(TDD 1-800-735-2989)

The Instruction Guide explains how to complete this form.			1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)		
Joe A. Goi	nzalez				
4 Date	5 Full name of contributorout-of-state PAC(ID#:	)	7 Amount of	8 In-kind contribution	
9/22/2014	Melvyn N. Klein		contribution (\$)	description (if applicable)	
712212017	6 Contributor address; City; State; Zip Code		250.00		
		70.411			
	210 Jackson Place, Corpus Christi, Tx 7	/8411		Î	
		1818 E. S.	(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 contribution (\$)	In-kind contribution description (if applicable)	
9/23/2014	Linebarger Goggan Blair & Sampson,	LLP	1 000 00		
3, 20, 2011	Contributor address; City; State; Zip Code		1,000.00		
	P.O. Box 17428, Austin, Tx 78760		4		
	1.0. 501 17 120, 1145411, 117 70 700		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	7 20 100 100	or rexas, complete correction 17	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/24/2014	Bonilla Investments		Contribution (\$)	description (ii applicable)	
	Contributor address; City; State; Zip Code				
	P.O. Box 5080, Corpus Christi, Tx 78	465			
Principal occur	pation / Job title (See Instructions)	Employer (See	\$ 000 may 100	of Texas, complete Schedule T)	
Fillicipal occu	Sation / Sob title (Gee mandetions)	Employer (Sec	mistractions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
0/05/0014	Richard Borchard		contribution (\$)	description (if applicable)	
9/25/2014	Contributor address; City; State; Zip Code		250.00		
	91-92 SECTION 10 SECTI	79/12		Ì	
	1374 Sandpiper, Corpus Christi, Tx 7	0412		Î	
				of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	74	Amount of	In-kind contribution	
Date			contribution (\$)	description (if applicable)	
9/25/2014	South Texas Barber College, Inc		400.00		
	Contributor address; City; State; Zip Code	2417	400.00		
	3917 Ayers, Corpus Christi, Texas 78	3415		1	
			(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

(TDD 1-800-735-2989)

	-			
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Joe A. Go	nzalez			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
9/25/2014	Abel Herrero		contribution (\$)	description (if applicable)
on management and a state of the state of th	6 Contributor address; City; State; Zip Code		200.00	
	P.O. Box 2923, Corpus Christi, Tx 784	103		
			(If travel outside of	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
9/26/2014	James & Cecilia G. Akers		contribution (\$)	description (if applicable)
)1201201 <del>1</del>	Contributor address; City; State; Zip Code		250.00	
	2014 Encino, San Antonio, Tx 78259			
	15 A		//f t-0!t-:-!	of Toyon, complete Cahadula T
Principal occur	pation / Job title (See Instructions)	Employer (See I	100 100 100 100	of Texas, complete Schedule T)
The second secon				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
9/26/2014	Orion Drilling Company, LLC		contribution (\$)	description (if applicable)
2/20/2011	Contributor address; City; State; Zip Code		2,000.00	
	674 Flato Rd, Corpus Christi, Tx 7840	)5	œ	
			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)
	No. 2010 100 100 100 100 100 100 100 100 10			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
9/30/2014	Adriana Ortiz		contribution (\$)	description (if applicable)
7/30/2014	Contributor address; City; State; Zip Code		1,000.00	
	P.O. Box 6352, Corpus Christi, Texas	78466		
	i and a second		(If travel outside	of Tayas, complete Schedule T\
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	*			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/1/2014	Maribel Munoz		contribution (\$)	description (if applicable)
10/1/2014	Contributor address; City; State; Zip Code		100.00	
	P.O. Box 270953, Corpus Christi, Tx	78427		
			(If tropical autain-	of Toyon, complete Cahadula T
Principal occu	pation / Job title (See Instructions)	Employer (See	<u> </u>	of Texas, complete Schedule T)
•				
1				

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# 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: H
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Joe A. Goi	nzalez			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
10/1/2014	Gabriel Guerra	,	contribution (\$)	description (if applicable)
10/1/2014		* * * * * * * * * * *	500.00	
	6 Contributor address; City; State; Zip Code			ľ
	5710 Neustadt, Corpus Christi, Tx 784	14	<i>*</i>	e F
			(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	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/1/2014	Belinda Flores		CONTRIBUTION (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		500.00	
	6409 Legacy Point, Corpus Christi, T	x 78414		
Delegia di aggresi	pation / Job title (See Instructions)	Employer (See	Maria Company of the	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See	mstructions)	
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of	In-kind contribution
10/1/2014	On The Level Foundation & Roofing		contribution (\$)	description (if applicable)
10/1/2014	Contributor address; City; State; Zip Code		250.00	ì
			250.00	
	805 S. Staples, #E, Corpus Christi, Tx	78404		I
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
				I
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/2/2014	Solid Rock Commercial Prop., Ltd		500 30000 00000 00000 00000 00000	
	Contributor address; City; State; Zip Code		3,000.00	
	102 Airport Rd, Corpus Christi, Tx 7	8405		
			(IE Average acceptable)	of Tours consider Cabadula TV
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	*		*	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	Texstar Wrecker Service		contribution (\$)	description (if applicable)
10/2/2014	Contributor address; City; State; Zip Code		300.00	
		2/15	300.00	İ
	3041 Holly Rd, Corpus Christi, Tx 78	117		İ
			AL CONTRACTOR OF THE CONTRACTO	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

			1 Total pages Sch	edule A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	4
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
Joe A. Go	nzalez			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
10/2/2014	Epigmenio & Yolanda Gonzalez		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		150.00	
	6669 Bent Trail Drive, Corpus Christi,	Tx 78413		
	, and the second		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
*				
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
10/2/2014	James & Karen Perez		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		1,000.00	
	260 Circle Dr, Corpus Christi, Tx 784	11	1,000.00	
	200 0110 21, 001 220 0111011, 111 101		5000 M2 50 A 50 W	
Dringing Lagran	action / Joh title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	mstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/8/2014	Greg T. & Rebecca Reyes		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		1,000.00	1
	26 Hedwig Circle, Houston, Tx 77024	4	1,000.00	1
	<u> </u>		(15 1	Cohedula T
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
i ililoipai occu	satisfity and title (ode instructions)	Linpleyer (eee	mon donono,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	=		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
				1
		T		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
	8 8			1
			7000	1
Principal accu	nation / Joh title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	mstructions)	

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F  The Instruction Guide explains how to	contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Coan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)			
1 Total pages Schedule F:	2 FILER NAME Joe A. Gonzalez	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 7/25/2014	5 Payee name The Rise School				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
150.00	744 Everhart, Corpus Christi, Tx 7841				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
Date	Payee name				
8/1/2014	Lighhouse Graphics				
Amount (\$)	Payee address; City; State; Zip Code				
1,227.66	3046 SPID, Corpus Christi, Tx 78415				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Printing	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 8/4/2014	Payee name Fraternal Order of Police				
Amount (\$)	Payee address; City; State; Zip Code	a			
109.00	3236 Reid Drive, #B, Corpus Christi	, Tx 78404			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Event	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				
8/30/2014	Baldwin Printing				
Amount (\$)	Payee address; City; State; Zip Code				
135.31	5125 Carroll Lane, Corpus Christi, Ta	x 78415			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Printing	Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services     Solicitation/Fundraising Expense     Transport       Food/Beverage Expense     Travel In District     Control Polling Expense       Polling Expense     Travel Out Of District		an Repayment/Reimbursement ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Joe A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
10/21/2014	DM Production		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
200.00	P.O. Box 71803, Corpus Christi, Tx 78	467	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/21/2014	KRIS Communications		
Amount (\$)	Payee address; City; State; Zip Code		
964.75	301 Artesian, Corpus Christi, Tx 78401		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising		
			in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/23/2014	South Texas Voice		
Amount (\$)	Payee address; City; State; Zip Code		
200.00	500 N. Water, Corpus Christi, Tx 78414	4	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		/
10/24/2014	Jalisco Restaurant		· **
Amount (\$)	Payee address; City; State; Zip Code		
260.00	5358 Kostoryz, Corpus Christi, Tx 7841	13	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event	Check if Aus	tin, 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			

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to other the services of the ser	contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Lental Expense OTHER (enter a category not listed above)		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
4	Joe A. Gonzalez	Victorial # (Editorial Commission Filers)		
4 Date	5 Payee name			
12/1/2014	US Postmaster			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
98.00	Corpus Christi, Tx			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Office-Postage	Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date	Payee name			
12/14/2014	US Postmaster			
Amount (\$)	Payee address; City; State; Zip Code			
166.60	Corpus Christi, Tx			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Office-Postage			
EXPENDITURE	Office-i Ostage	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date	Payee name			
12/16/2014	10 100 4 10 10 10 10 10 10 10 10 10 10 10 10 10			
	Olga Flores			
Amount (\$)	Payee address; City; State; Zip Code			
230.00	128 S. Clarkwood, Corpus Christi, Tx 7	78406		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Food Expense	Charlett August TV - # and ald a little august 1		
EXPENDITORE	•	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date	Payee name			
12/30/2014	Olga Flores			
Amount (\$)	Payee address; City; State; Zip Code			
240.00	128 S. Clarkwood, Corpus Christi, Tx	78406		
DURROSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE 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			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees  1 Total pages Schedule F:	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide  2 FILER NAME Joe A. Gonzalez  Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of District Office Overhead/Ro Office Overhead/Ro The Instruction Guide explains how to office A. Gonzalez	ntract Labor sing Expense ict ental Expense	Loan Repayment/Rein Transportation Equipr Contributions/Donation Candidate/Officeh OTHER (enter a cate	ment & Related Expense	
10/26/2014	KIIITV				
6 Amount (\$) 960.50	7 Payee address; City; State; Zip Code P.O. Box 660919, Dallas, Tx 75266				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Advertising		(If travel outside of Texas, Austin, TX, officeholder liv		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht	Office held	
Date 11/1/2014	Payee name United Vietnam Vetrans				
Amount (\$)	Payee address; City; State; Zip Code				
150.00	P.O. Box 4490, Corpus Christi, Tx 7841	4			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)	
OF EXPENDITURE	Advertising	Check if	Austin, TX, officeholder liv	ving expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht	Office held	
Date	Payee name				
10/24/2014	Jalisco's Restaurant				
Amount (\$)	Payee address; City; State; Zip Code				
95.00	5358 Kostoryz, Corpus Christi, Texas 7	8414			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)	
OF EXPENDITURE	Event-food	Check if	Austin, TX, officeholder li	ving expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	ht	Office held	
Date	Payee name				
12/30/2014	Manula Ramirez				
Amount (\$)	Payee address; City; State; Zip Code				
120.00	Corpus Christi, Tx				
PURPOSE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas	, complete Schedule T)	
OF EXPENDITURE	Food Expense	Check if.	Austin, TX, officeholder li	ving expense	
Complete ONLY if direct expenditure to benefit C/	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Col Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of Distr Printing Expense Office Overhead/Re The Instruction Guide explains how to o	ntract Labor sing Expense ict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m.	
1 Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-12/2014	Joe A. Gonzalez			
6 Amount (\$) 2600.	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	4009 D. Oak Forest, Corpus Christi, tx 78413			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Gas, meals, advertisement & misc.	Check if A	ustin, TX, officeholder living expense	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE		Check if A	ustin, TX, officeholder living expense	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE		Check if A	ustin, TX, officeholder living expense	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
		Check if A	ustin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				