

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 / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Joe A. ----- NICKNAME LAST SUFFIX <p style="text-align: center;">Gonzalez</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">OFFICE USE ONLY FILED FOR RECORD</p> <p style="font-size: small;">Date Received 11:15 AM</p> <p style="text-align: center; color: red; font-weight: bold; font-size: large;">JAN 15 2015</p> <p style="text-align: center; color: blue; font-weight: bold;">KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS</p> <p style="font-size: x-small; color: blue;">By <i>Kathleen Lynn Fisher</i> DEPUTY</p> <p style="font-size: x-small;">Date Hand-delivered or Postmarked</p> <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> <p style="font-size: x-small;">Date Processed</p> <p style="font-size: x-small;">Date Imaged</p> </div>		Receipt #	Amount		
Receipt #	Amount						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4009 Oak Forest D Corpus Christi, Tx 78413						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 945-3551						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Aldefino ----- NICKNAME LAST SUFFIX Fino Palacios Jr.						
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 409 Peoples Street, Suite A Corpus Christi, Tx 78401						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 884-8322						
9 REPORT TYPE	<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)						
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2014 12 / 31 / 2014						
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) Nueces County Commissioner Pct 2	13 OFFICE SOUGHT (if known)					

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2015-018

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 772.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,278.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,987.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature] Sandra B. Santos Notary Public, State of Texas
Signature of officer administering oath Printed name of officer administering oath 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: 4	
2 FILER NAME Joe A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melvyn N. Klein 6 Contributor address; City; State; Zip Code 210 Jackson Place, Corpus Christi, Tx 78411	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code P.O. Box 17428, Austin, Tx 78760	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonilla Investments Contributor address; City; State; Zip Code P.O. Box 5080, Corpus Christi, Tx 78465	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Borchard Contributor address; City; State; Zip Code 1374 Sandpiper, Corpus Christi, Tx 78412	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Texas Barber College, Inc Contributor address; City; State; Zip Code 3917 Ayers, Corpus Christi, Texas 78415	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Joe A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abel Herrero	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 2923, Corpus Christi, Tx 78403		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James & Cecilia G. Akers	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2014 Encino, San Antonio, Tx 78259		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orion Drilling Company, LLC	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 674 Flato Rd, Corpus Christi, Tx 78405		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adriana Ortiz	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 6352, Corpus Christi, Texas 78466		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maribel Munoz	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 270953, Corpus Christi, Tx 78427		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Joe A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/1/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriel Guerra 6 Contributor address; City; State; Zip Code 5710 Neustadt, Corpus Christi, Tx 78414	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belinda Flores Contributor address; City; State; Zip Code 6409 Legacy Point, Corpus Christi, Tx 78414	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) On The Level Foundation & Roofing Contributor address; City; State; Zip Code 805 S. Staples, #E, Corpus Christi, Tx 78404	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solid Rock Commercial Prop., Ltd Contributor address; City; State; Zip Code 102 Airport Rd, Corpus Christi, Tx 78405	Amount of contribution (\$) 3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texstar Wrecker Service Contributor address; City; State; Zip Code 3041 Holly Rd, Corpus Christi, Tx 78415	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Joe A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/2/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epigmenio & Yolanda Gonzalez 6 Contributor address; City; State; Zip Code 6669 Bent Trail Drive, Corpus Christi, Tx 78413	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James & Karen Perez Contributor address; City; State; Zip Code 260 Circle Dr, Corpus Christi, Tx 78411	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/8/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg T. & Rebecca Reyes Contributor address; City; State; Zip Code 26 Hedwig Circle, Houston, Tx 77024	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

1 Total pages Schedule F: 4	2 FILER NAME Joe A. Gonzalez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/25/2014	5 Payee name The Rise School	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 744 Everhart, Corpus Christi, Tx 78411	
8 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/1/2014	Payee name Lighthouse Graphics	
Amount (\$) 1,227.66	Payee address; City; State; Zip Code 3046 SPID, Corpus Christi, Tx 78415	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/4/2014	Payee name Fraternal Order of Police	
Amount (\$) 109.00	Payee address; City; State; Zip Code 3236 Reid Drive, #B, Corpus Christi, Tx 78404	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/30/2014	Payee name Baldwin Printing	
Amount (\$) 135.31	Payee address; City; State; Zip Code 5125 Carroll Lane, Corpus Christi, Tx 78415	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 4	2 FILER NAME Joe A. Gonzalez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/21/2014	5 Payee name DM Production	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code P.O. Box 71803, Corpus Christi, Tx 78467	
8 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/21/2014	Payee name KRIS Communications	
Amount (\$) 964.75	Payee address; City; State; Zip Code 301 Artesian, Corpus Christi, Tx 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/23/2014	Payee name South Texas Voice	
Amount (\$) 200.00	Payee address; City; State; Zip Code 500 N. Water, Corpus Christi, Tx 78414	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/2014	Payee name Jalisco Restaurant	
Amount (\$) 260.00	Payee address; City; State; Zip Code 5358 Kostoryz, Corpus Christi, Tx 78413	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 4	2 FILER NAME Joe A. Gonzalez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/1/2014	5 Payee name US Postmaster
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6 Amount (\$) 98.00	7 Payee address; City; State; Zip Code Corpus Christi, Tx
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office-Postage	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/14/2014	Payee name US Postmaster
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Amount (\$) 166.60	Payee address; City; State; Zip Code Corpus Christi, Tx
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office-Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 12/16/2014	Payee name Olga Flores
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Amount (\$) 230.00	Payee address; City; State; Zip Code 128 S. Clarkwood, Corpus Christi, Tx 78406
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 12/30/2014	Payee name Olga Flores
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Amount (\$) 240.00	Payee address; City; State; Zip Code 128 S. Clarkwood, Corpus Christi, Tx 78406
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

1 Total pages Schedule F: 4	2 FILER NAME Joe A. Gonzalez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/26/2014	5 Payee name 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	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 11/1/2014	Payee name United Vietnam Vettrans	
Amount (\$) 150.00	Payee address; City; State; Zip Code P.O. Box 4490, Corpus Christi, Tx 78414	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/2014	Payee name Jalisco's Restaurant	
Amount (\$) 95.00	Payee address; City; State; Zip Code 5358 Kostoryz, Corpus Christi, Texas 78414	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event-food	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/30/2014	Payee name Manula Ramirez	
Amount (\$) 120.00	Payee address; City; State; Zip Code Corpus Christi, Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 1	2 FILER NAME Joe A. Gonzalez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-12/2014	5 Payee name Joe A. Gonzalez	
6 Amount (\$) 2600. <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4009 D. Oak Forest, Corpus Christi, tx 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gas, meals, advertisement & misc.	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED