CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
The oron manachem of			4	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	МІ	OFFICE	USE ONLY
NAME	Mr. Jose	/† SUFFIX	Date Received	(fin)
	Joe GONZACEZ	Ja	AT U:2	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		STATE; ZIP CODE RPUS CHRUSTI TX 1841	FEB 0 1	
Change of Address			LERN COUNTY COURT, NUE	AS COUNTY TEXAS
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	19 190000	JOT O
OFFICEHOLDER PHONE	(361) 290-0180		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt #	Amount \$
NAME	MR DANTEL NICKNAME LAST		Date Processed	
	CRUZ		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 2717 CARVEN DR. CORPUS CHATUIZ TX		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 749 - 4051	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele		treasurer ap (Officeholder	
10 PERIOD COVERED	Month Day Year 61 / 01 / 2016	THROUGH OF	Day Year / 20.	16
11 ELECTION	ELECTION DATE Month Day Year Primary 03 / 01 / 2016 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n ISSIONE	A PARTANET 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Jose Joe	" A. Gow-	15 File	er ID (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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	MUECES COUNTY SHEATER OFFICES	Asso - PAC		
	SPECIFIC	3) 22 CEOPARS ST			
		CORPUS CHAJSTI TX 78408			
		COMMITTEE CAMPAIGN TREASURER NAME	된		
Additional Pages		LANCE COUPER			
		COMMITTEE CAMPAIGN TREASURER ADDRESS 31 22 (COPANS ST			
		CORPUS CHATUTZ TX 78403			
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0,00				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 29.00				
	4. TOTAL POLITICAL EXPENDITURES \$ 2 9.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ \[\begin{small} sma		\$ 1319.10		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$3,000,00		\$3,000.00		
18 AFFIDAVIT					
Celeste Robertson Notary Public, State of Texas Expires: 05/20/2019 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					
Signature of Candidate of Officeriolder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said <u>JOE A. GONZALEZ</u> , this the <u>ISF</u> day of <u>Feb.</u> , 20 <u>IV</u> , to certify which, witness my hand and seal of office.					
A 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Signature of officer administering oath Celeste Robertson Attorney Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS-COH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Co		ommission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	6.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$	0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	29,00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	он \$		
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$		
11,	. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 shove)

Candidate/Oncernoder/Political Committee Legal Services Salanes/vvages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME JOSE JOSE A. GONZAUEL	3 Filer ID (Ethics Commission Filers)		
4 Date 01 - 2016 6 Amount (\$)	DATA ECOLOGY LLC			
6 Amount (\$) 29.00	PATA ECOLOGY CCC 7 Payee address; City; State; Zip Code 16 DUDIEY STREET PTT CI+ BURY, MA 01420			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) A OVENTISTNE	(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/OF	Candidate Officeholder name H Jose Joe A. Governou	Office sought C.C. PCJ Office held NONK		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas, complete Schedule T 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				