

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em; color: blue;">2</span>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <span style="font-size: 1.5em; color: blue;">Robert</span>	MI	<b>OFFICE USE ONLY</b>  Date Received  <span style="color: blue; font-weight: bold;">FILED FOR RECORD</span> <span style="color: blue;">AT 11:27 PM</span>  <span style="color: red; font-weight: bold; font-size: 1.2em;">FEB 23 2016</span>  <span style="color: blue; font-weight: bold;">KARA SANDS</span> CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS BY <span style="color: blue;">Deborah Graves</span> DEPUTY
	NICKNAME	LAST <span style="font-size: 1.5em; color: blue;">Gonzalez</span>	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; color: blue;">1409 Canals      Rowlett TX 75088</span>			
<input type="checkbox"/> Change of Address				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <span style="font-size: 1.2em; color: blue;">(361)</span>	PHONE NUMBER <span style="font-size: 1.2em; color: blue;">549-6690</span>	EXTENSION	Date Hand-delivered or Date Postmarked
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <span style="font-size: 1.5em; color: blue;">Minnie</span>	MI	Receipt #
	NICKNAME	LAST <span style="font-size: 1.5em; color: blue;">Lema</span>	SUFFIX	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; color: blue;">1409 Canals      Rowlett TX 75088</span>			Date Processed
(Residence or Business)				Date Imaged
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <span style="font-size: 1.2em; color: blue;">(361)</span>	PHONE NUMBER <span style="font-size: 1.2em; color: blue;">549 6690</span>	EXTENSION	
<b>9</b> REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month      Day      Year <span style="font-size: 1.5em; color: blue;">1 / 15 / 16</span>			Month      Day      Year <span style="font-size: 1.5em; color: blue;">2 / 23 / 16</span>
<b>11</b> ELECTION	ELECTION DATE Month      Day      Year <span style="font-size: 1.5em; color: blue;">3 / 1 / 2016</span>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <span style="font-size: 1.5em; color: blue;">JPS-1</span>		<b>13</b> OFFICE SOUGHT (if known) <span style="font-size: 1.5em; color: blue;">JPS-1</span>	

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2016-098

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer 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

Committee to Re-Elect Robert Bobby Cox

SPECIFIC

COMMITTEE ADDRESS

1409 Conales Robson 7

COMMITTEE CAMPAIGN TREASURER NAME

Minnie Lerma

COMMITTEE CAMPAIGN TREASURER ADDRESS

1409 Conales Robson 7

Additional Pages

17 CONTRIBUTION  
TOTALS

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)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

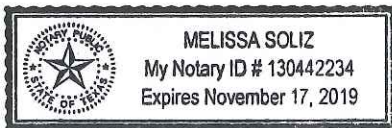
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.

*Robert Gonzalez*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Gonzalez, this the 23 day of February, 2016, to certify which, witness my hand and seal of office.

*M Soliz*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath