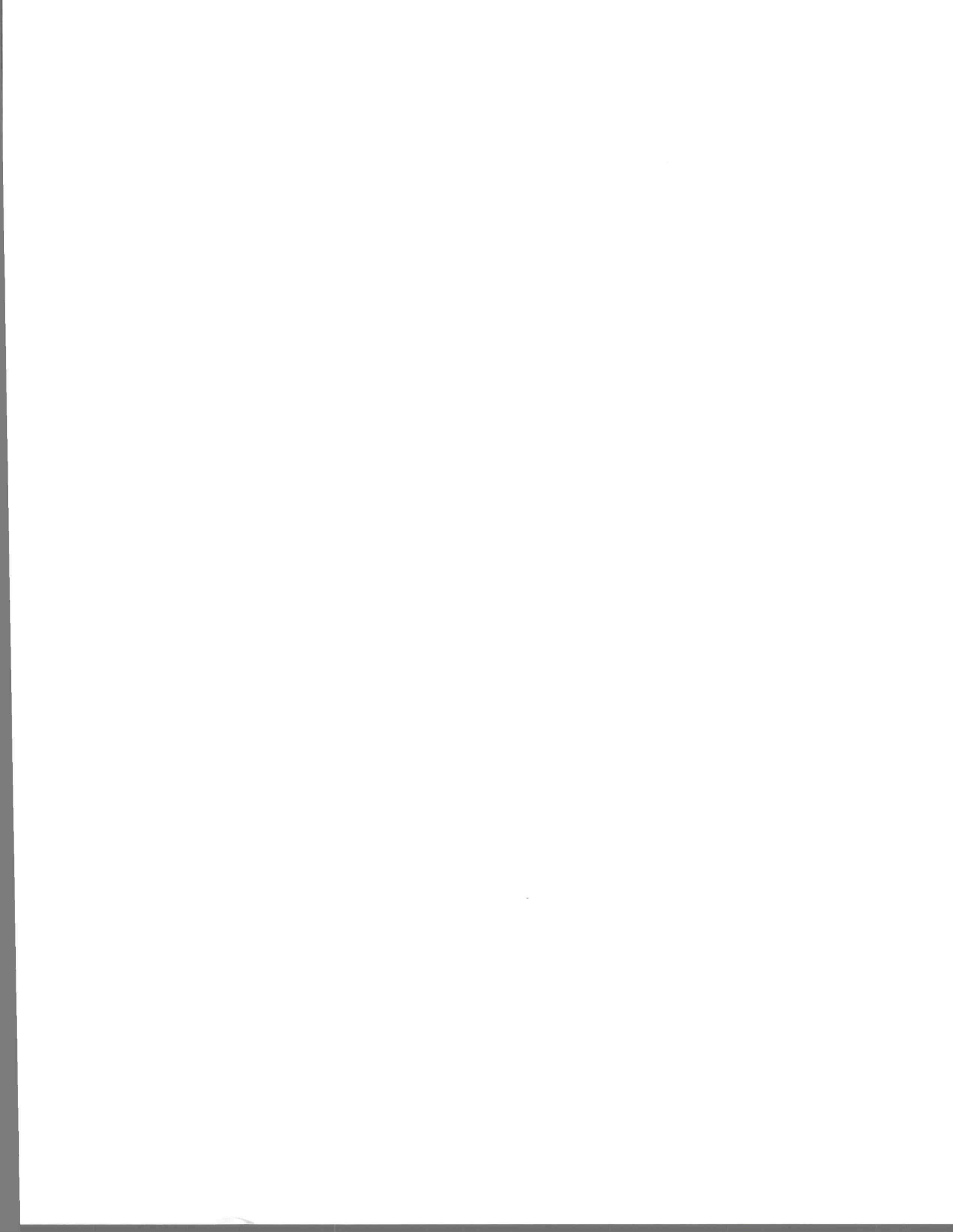


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>Mark</u>	MI <u>A.</u>
	NICKNAME	LAST <u>Gonzalez</u>	SUFFIX
OFFICE USE ONLY			
Date Received FILED FOR RECORD AT 12:12 PM JUL 16 2020 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <u>[Signature]</u> DEPUTY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	<u>PO Box 2 Corpus Christi Tx 78403</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(361)</u>	PHONE NUMBER <u>442-5124</u>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>John</u>	MI <u>S</u>
	NICKNAME	LAST <u>Gilmore</u>	SUFFIX
Date Hand-delivered or Date Postmarked			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
<u>622 S. Tancanhua</u>		<u>Corpus Christi Tx 78401</u>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(361)</u>	PHONE NUMBER <u>882-4378</u>	EXTENSION
9 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>01 / 01 / 2020</u> THROUGH <u>06 / 30 / 2020</u>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year <u>11 / 03 / 2020</u>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	<u>District Attorney</u>		<u>District Attorney</u>

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mark A. Gonzalez 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

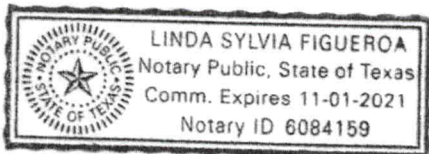
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 414.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,712.43 4,156.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 47,904.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



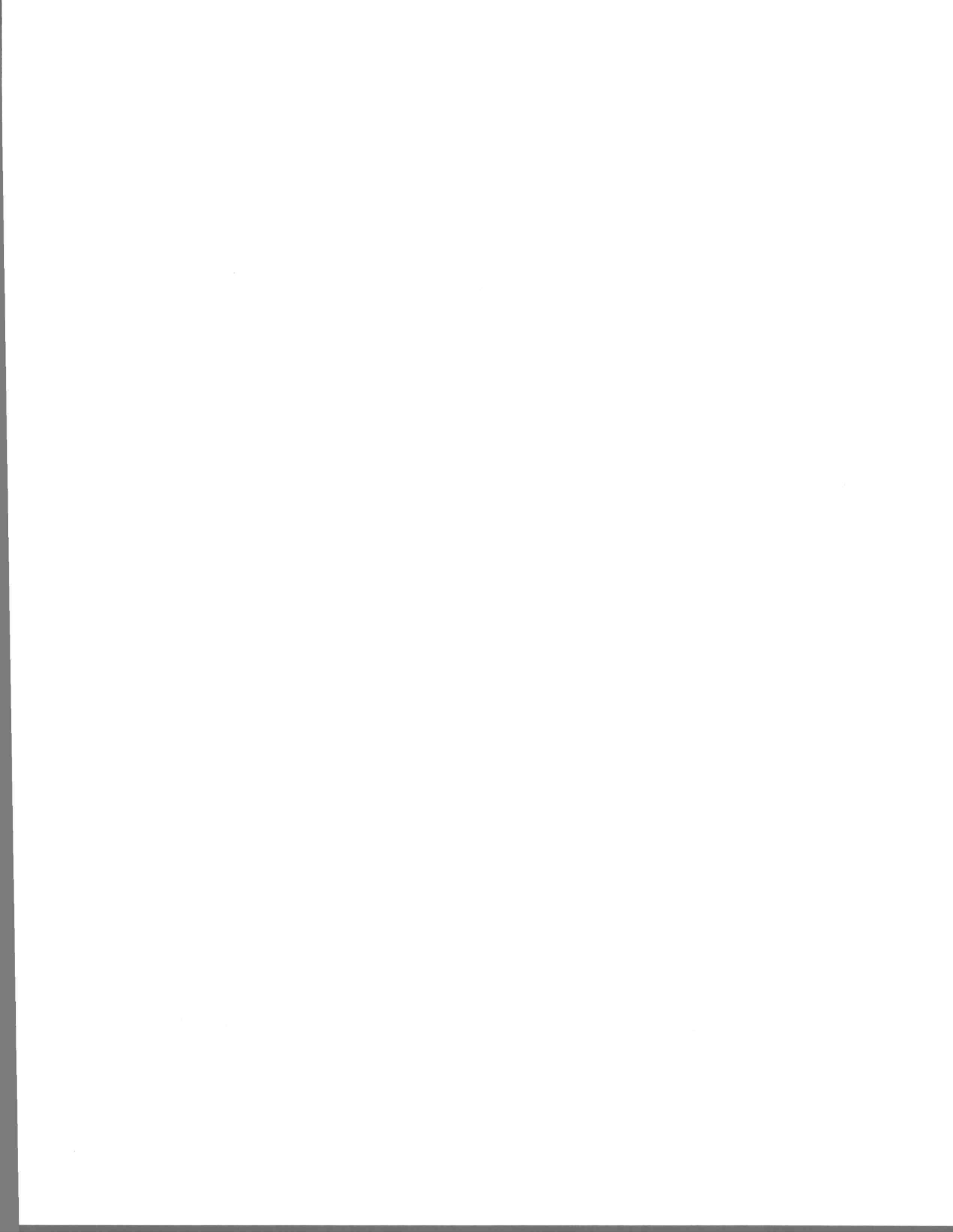
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mark Gonzalez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Gonzalez, this the 15th day of July, 2020, to certify which, witness my hand and seal of office.

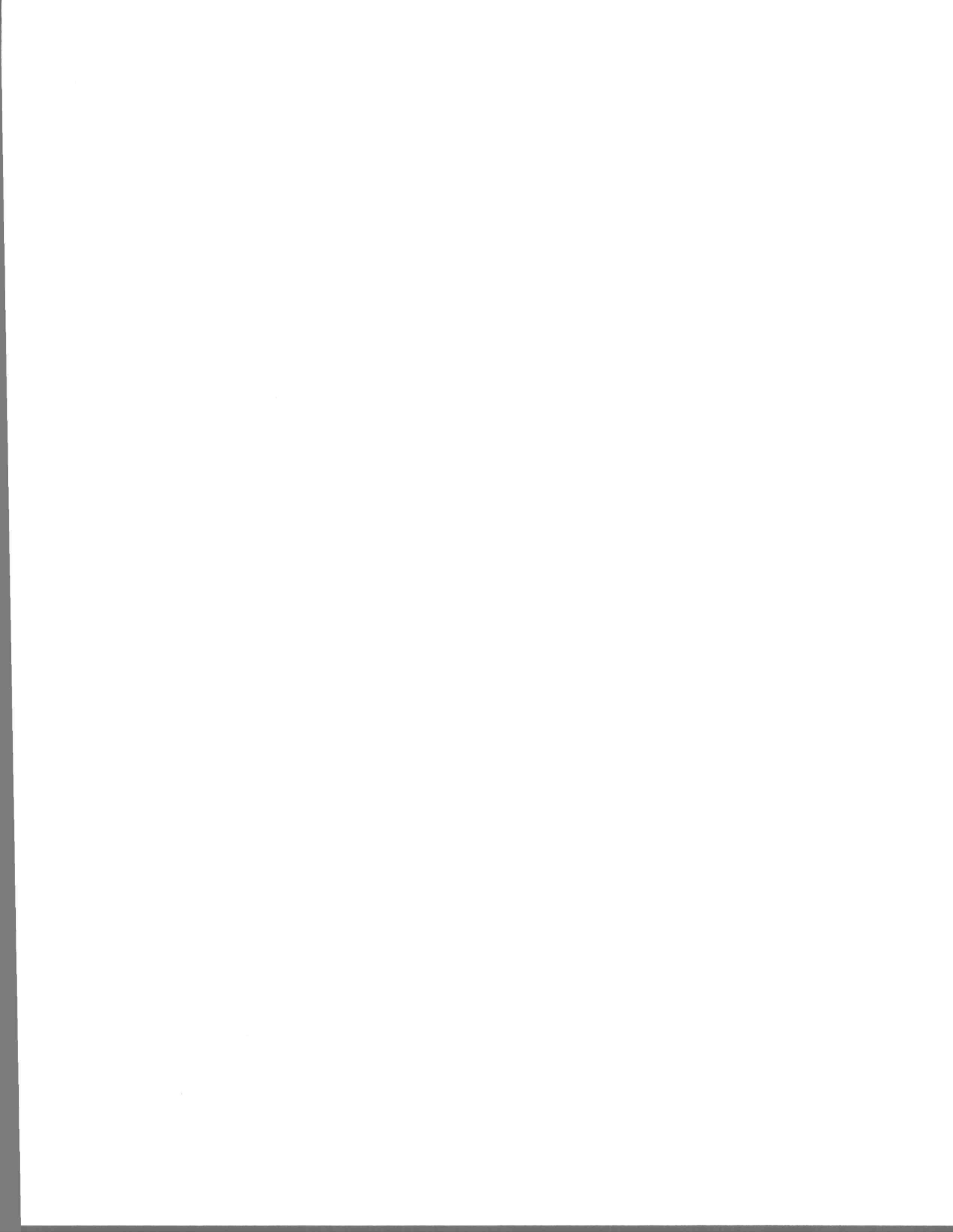
Linda Figueroa Linda Figueroa
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mark A. Gonzalez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$23,250.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$3,742.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 3

2 FILER NAME

Mark A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

01/07/20

5 Full name of contributor

out-of-state PAC (ID#: _____)

Timbacho, LLC

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

4810 SPID

Corpus Christi TX 78411

\$5000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/20/20

Full name of contributor

out-of-state PAC (ID#: _____)

John W. Taylor

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

PO Box 270965 Corpus Christi TX 78427

\$2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

Taylor Services

Date

01/21/20

Full name of contributor

out-of-state PAC (ID#: _____)

Clifton Bradshaw

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

PO Box 4789 Corpus Christi TX 78469

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

Nueces Farm Center

Date

02/14/20

Full name of contributor

out-of-state PAC (ID#: _____)

Watts Guerra, LLC

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

4 Dominion Dr San Antonio TX 78257

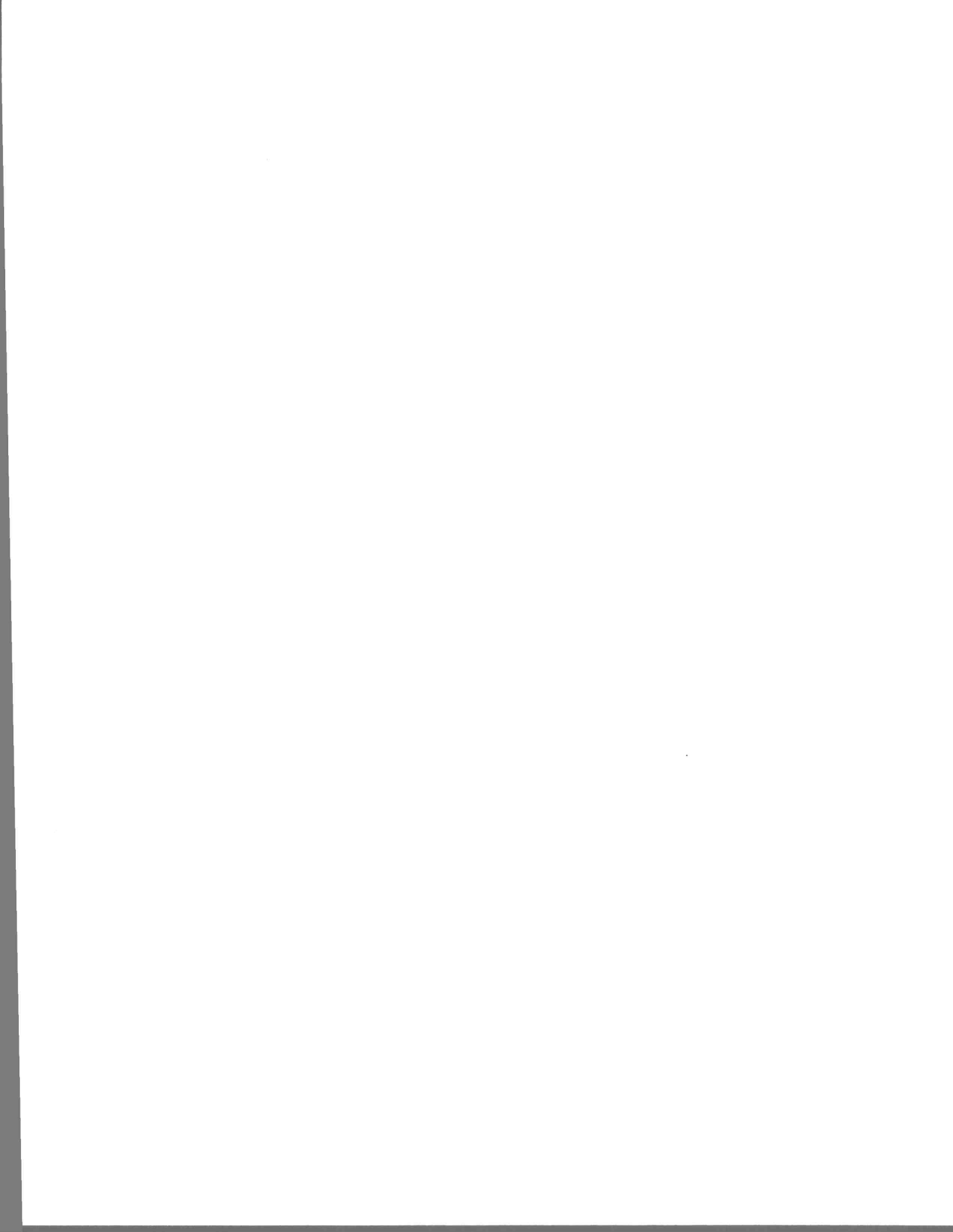
\$1000.00

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.



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 3

2 FILER NAME

Mark A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

02/18/20

5 Full name of contributor

out-of-state PAC (ID#: _____)

Law Office of Rene A. Flores, PLLC

6 Contributor address;

City;

State;

Zip Code

403 N. Conway Av Mission Tx 78572

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/24/20

Full name of contributor

out-of-state PAC (ID#: _____)

George A. Finley, III

Contributor address;

City;

State;

Zip Code

3360 Ocean Dr Corpus Christi TX 78411

Amount of contribution (\$)

\$5000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

02/28/20

Full name of contributor

out-of-state PAC (ID#: _____)

Baldemar Gutierrez

Contributor address;

City;

State;

Zip Code

700 E 3rd St Alice Tx 78332

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self

Date

03/01/20

Full name of contributor

out-of-state PAC (ID#: _____)

720 Interdiction Strategies, LLC

Contributor address;

City;

State;

Zip Code

2805 W. Mount Dr. Corpus Christi Tx 78414

Amount of contribution (\$)

\$500.00

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.



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 3

2 FILER NAME

Mark A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

02/18/20

5 Full name of contributor

Rene D. Rodriguez

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$5000.00

6 Contributor address;

City;

State; Zip Code

209 Jackson Pl Corpus Christi Tx 78411

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

self

Date

02/25/20

Full name of contributor

Anthony Lamantia

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1250.00

Contributor address;

City;

State; Zip Code

4130 Ocean Dr Corpus Christi Tx 78411

Principal occupation / Job title (See Instructions)

Partner

Employer (See Instructions)

L & F Distributors

Date

05/06/20

Full name of contributor

Law Office of Rene A. Flores, PLLC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State; Zip Code

403 N. Conway Av. Mission Tx 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

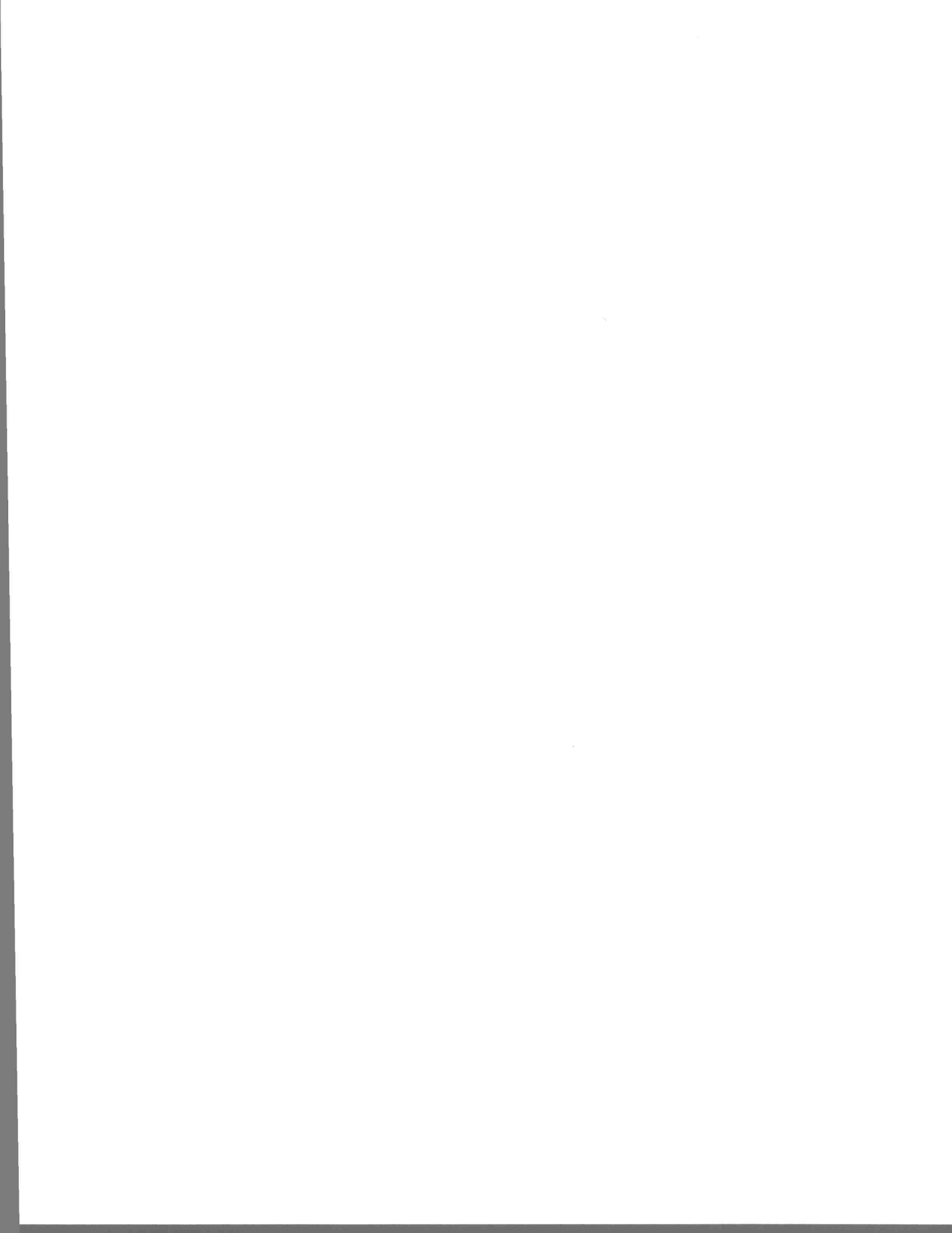
State; Zip Code

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mark A. Gonzalez	3 Filer ID (Ethics Commission Filers)
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4 Date 01/22/20	5 Payee name Susan Reeves
--------------------	------------------------------

6 Amount (\$) \$96.88	7 Payee address; 3618 Topoka Corpus Christi Tx 78411
--------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description prepare TEC report
	(c) <input type="checkbox"/> Check 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
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Date 02/06/20	Payee name DM Productions
------------------	------------------------------

Amount (\$) \$175.00	Payee address; PO Box 71803 Corpus Christi Tx 78467
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Photography
	<input type="checkbox"/> Check 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
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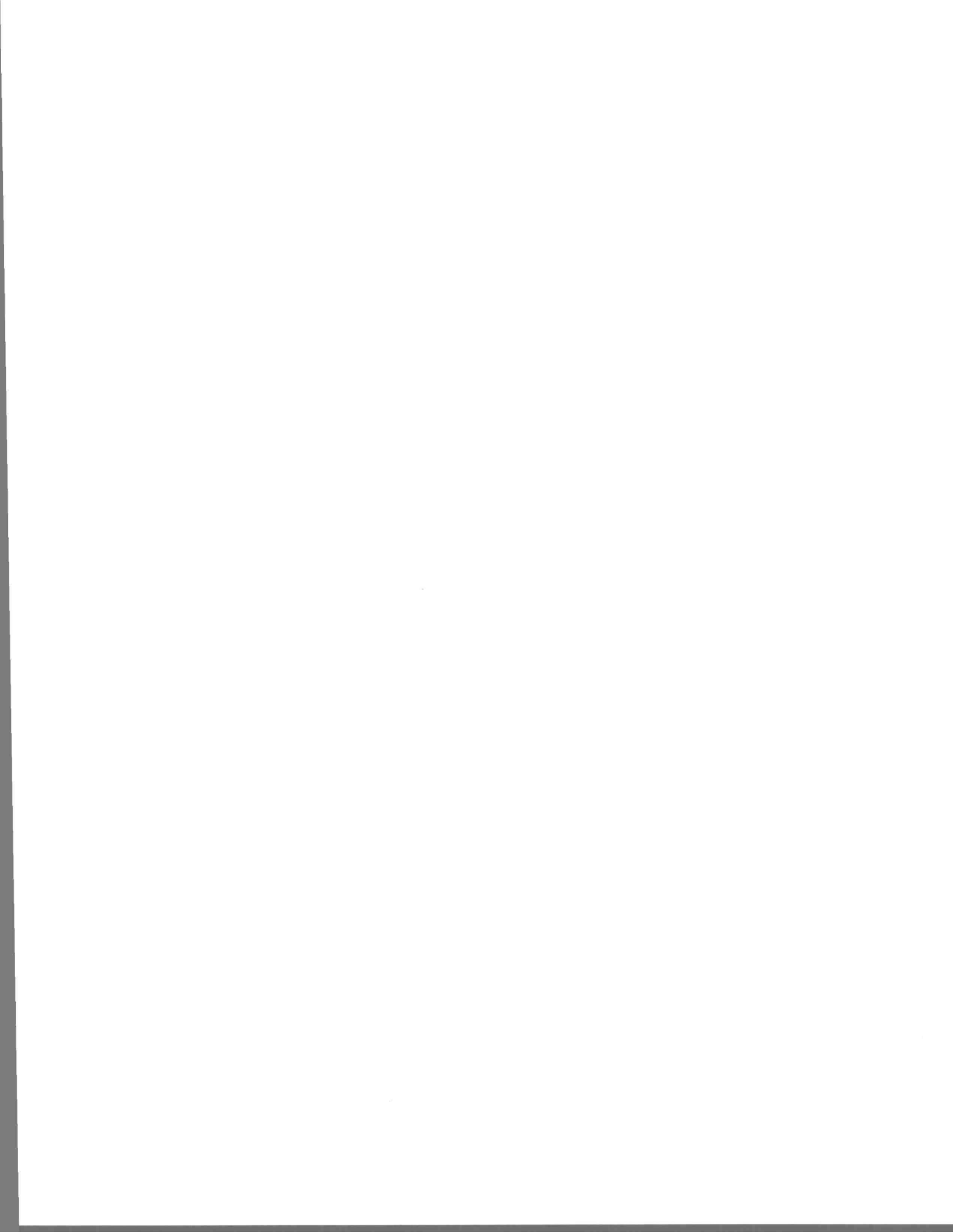
Date 02/06/20	Payee name Kiwanis Club of Corpus Christi Bay
------------------	--

Amount (\$) \$150.00	Payee address; PO Box 71803 Corpus Christi Tx 78467
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Program Ad
	<input type="checkbox"/> Check 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/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 Mark A Gonzalez	3 Filer ID (Ethics Commission Filers)
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4 Date 02/06/20	5 Payee name LULAC Council #1
--------------------	----------------------------------

6 Amount (\$) \$875.00	7 Payee address; City; State; Zip Code PO Box 10307 Corpus Christi Tx 78460
---------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Scholarship Sponsor
	(c) <input type="checkbox"/> Check 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
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Date 02/19/20	Payee name Rotary Club of Corpus Christi
------------------	---

Amount (\$) \$1000.00	Payee address; City; State; Zip Code 921 N. Chaparral Ste. 210 Corpus Christi Tx 78401
--------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Table Sponsorship
	<input type="checkbox"/> Check 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
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Date 03/10/20	Payee name River Hills Country Club
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 4225 River Hill Dr. Corpus Christi Tx 78410
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Deposit for Golf Tournament
	<input type="checkbox"/> Check 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/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 Mark A. Gonzalez	3 Filer ID (Ethics Commission Filers)
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4 Date 04/03/20	5 Payee name HEB #413
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6 Amount (\$) \$3.91	7 Payee address; 3133 S Alameda	City; Corpus Christi	State; Tx	Zip Code 78411
--------------------------------	---	--------------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Drinks
	(c) <input type="checkbox"/> Check 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
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Date 04/18/20	Payee name HEB #413
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Amount (\$) \$219.80	Payee address; 3133 S. Alameda	City; Corpus Christi	State; Tx	Zip Code 78411
--------------------------------	--	--------------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Gift Cards - Covid Relief
	<input type="checkbox"/> Check 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
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Date 04/18/20	Payee name Moody's Quality Meats
-------------------------	--

Amount (\$) \$100.00	Payee address; 6486 Holly Rd.	City; Corpus Christi	State; Tx	Zip Code 78412
--------------------------------	---	--------------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Gift Cards - Covid Relief
	<input type="checkbox"/> Check 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 04/19/20		5 Payee name HEB #413			
6 Amount (\$) \$125.46		7 Payee address; 3133 S. Alameda		City; Corpus Christi	State; Zip Code Tx 78411
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food & Gift Cards- Covid Relief		
	(c) <input type="checkbox"/> Check 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 06/24/20		Payee name Light House Graphics			
Amount (\$) \$649.50		Payee address; 3046 S Padre Island Dr		City; Corpus Christi	State; Zip Code Tx 78415
9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Shirts		
	<input type="checkbox"/> Check 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		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check 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



Kara Sands

From: Susan Reeves <susanr516@sbcglobal.net>
Sent: Thursday, July 16, 2020 12:12 AM
To: County Elections
Subject: Ethics Commission Report, Mark A. Gonzalez
Attachments: TEC June 30 report Mark Gonzalez07162020.pdf

Attached is the June 30 TEC Campaign Finance Report for Mark A. Gonzalez.