

# 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: <b>48</b> |           |           |                |  |             |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME   | MS / MRS / <u>MR</u> FIRST MI<br><b>Mark A.</b><br>NICKNAME LAST SUFFIX<br><b>Gonzalez</b>  | <div style="text-align: center; border: 1px solid black; padding: 5px;"><b>OFFICE USE ONLY</b></div> <p>Date Received</p> <div style="text-align: center; color: blue; font-weight: bold;">FILED FOR RECORD<br/>AT M</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">OCT 11 2016</div> <p style="text-align: center; color: blue; font-weight: bold; font-size: 0.8em;">KARA SANDS<br/>CLERK, COUNTY CLERK, MEXES COUNTY TEXAS</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 0.8em;">BY <u>[Signature]</u> DEPUTY</p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> |                                | Receipt # | Amount \$ | Date Processed |  | Date Imaged |  |
| Receipt #  | Amount \$   |  |                                |           |           |                |  |             |  |
| Date Processed   |   |  |                                |           |           |                |  |             |  |
| Date Imaged  |   |  |                                |           |           |                |  |             |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input checked="" type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>924 Leopard St. CC TX 78401</b>  |  |                                |           |           |                |  |             |  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br><b>(361) 444-6572</b>   |  |                                |           |           |                |  |             |  |
| <b>6</b> CAMPAIGN TREASURER NAME   | MS / MRS / <u>MR</u> FIRST MI<br><b>John</b><br>NICKNAME LAST SUFFIX<br><b>Gilmore</b>  |  |                                |           |           |                |  |             |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>622 S. Tancahuac C.C. TX. 78401</b>   |  |                                |           |           |                |  |             |  |
| <b>8</b> CAMPAIGN TREASURER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br><b>(361) 882-4378</b>   |  |                                |           |           |                |  |             |  |
| <b>9</b> REPORT TYPE   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><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) |  |                                |           |           |                |  |             |  |
| <b>10</b> PERIOD COVERED   | Month Day Year     Month Day Year<br><b>07 / 01 / 2016</b> THROUGH <b>09 / 29 / 2016</b>  |  |                                |           |           |                |  |             |  |
| <b>11</b> ELECTION   | ELECTION DATE     ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><b>11 / 08 / 16</b> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special   |  |                                |           |           |                |  |             |  |
| <b>12</b> OFFICE   | OFFICE HELD (if any)  | <b>13</b> OFFICE SOUGHT (if known)<br><b>District Attorney</b>   |                                |           |           |                |  |             |  |

**2016-153**

**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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 4070.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 55,981.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 44,594.63

CONTRIBUTION  
BALANCE

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

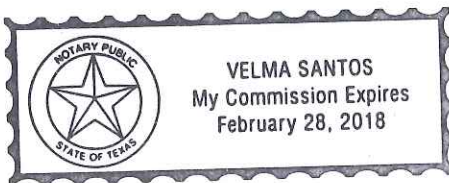
\$ 11,386.37

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark A. Gonzalez, this the 11th day of October, 2016, to certify which, witness my hand and seal of office.

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<br><i>Mark A. Gonzalez</i>  |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>52,491.00</i>                    |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ <i>3490.00</i>                      |
| 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   | \$ <i>44,594.00</i>                    |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ <i>43.98</i>                        |
| 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: **13**

2 FILER NAME

**Mark A. Gonzalez**

3 Filer ID (Ethics Commission Filers)

4 Date

**8/13/14**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Craig Sico**

7 Amount of contribution (\$)

**250.00**

6 Contributor address; City; State; Zip Code

**802 N. Carancahua CC TX 78401**

8 Principal occupation / Job title (See Instructions)

**Attorney at Law**

9 Employer (See Instructions)

**Self employed**

Date

**9/14/14**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Ulises G. Almanza, Ardy Almanza**

Amount of contribution (\$)

**500.00**

Contributor address; City; State; Zip Code

**4833 Saratoga CC TX 78413**

Principal occupation / Job title (See Instructions)

**Unemployed**

Employer (See Instructions)

Date

**9/2/14**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Law Office Thomas J. Henry**

Amount of contribution (\$)

**10,000.00**

Contributor address; City; State; Zip Code

**521 Starr St. CC TX 78401**

Principal occupation / Job title (See Instructions)

**Attorney**

Employer (See Instructions)

**Self-employed**

Date

**8/13/14**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Belinda Valliva**

Amount of contribution (\$)

**1,000.00**

Contributor address; City; State; Zip Code

**PO Box 260262 CC TX 78426**

Principal occupation / Job title (See Instructions)

**Housewife**

Employer (See Instructions)

**Unemployed**

**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 FILER NAME<br><i>Mark A. Gonzalez</i>  |   | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><i>8/4/16</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Cervantes Electric Inc.</i>                 | 7 Amount of contribution (\$)<br><i>500.00</i>        |
| 6 Contributor address; City; State; Zip Code<br><i>5109 Springbrook Dr. CC TX 78413</i>  |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><i>Electrician</i>  |   | 9 Employer (See Instructions)<br><i>Self employed</i> |
| Date<br><i>8/13/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Anselmo Rodriguez, Jr. Janie C. Rodriguez</i> | Amount of contribution (\$)<br><i>500.00</i>          |
| Contributor address; City; State; Zip Code<br><i>124 Arena TRL Alice TX 78332</i>  |   |   |
| Principal occupation / Job title (See Instructions)<br><i>unemployed</i>   |   | Employer (See Instructions)                           |
| Date<br><i>8/13/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jonathan Paul Piotrowski</i>                  | Amount of contribution (\$)<br><i>500.00</i>          |
| Contributor address; City; State; Zip Code<br><i>5317 Fox Glove Ln. CC TX 78413</i>  |   |   |
| Principal occupation / Job title (See Instructions)<br><i>unemployed</i>   |   | Employer (See Instructions)                           |
| Date<br><i>8/13/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Roscoe Zamora</i>                             | Amount of contribution (\$)<br><i>110.00</i>          |
| Contributor address; City; State; Zip Code<br><i>Bishop TX</i>   |   |   |
| Principal occupation / Job title (See Instructions)<br><i>Welder</i>   |   | Employer (See Instructions)<br><i>Self employed</i>   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mark A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

8/4/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Harold Charles Kaffie

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

615 N. Upper Broadway CCTX 78401

8 Principal occupation / Job title (See Instructions)

Investor

9 Employer (See Instructions)

Self employed

Date

8/23/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lillia Sharp, Kevin Sharp

Amount of contribution (\$)

275.00

Contributor address; City; State; Zip Code

3518 Armitage CCTX 78418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/10/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Huerta Guerra Beam PLLC

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

924 Leopard St. CCTX 78401

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self employed

Date

7/21/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ruben Antonio Bonilla Farmer's Insurance  
Operating Acct.

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2727 Morgan Ave. CCTX 78405  
Ste. 30

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mark A Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

8/11/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JBA Sons, Inc. DBA VIP Carwash Superlube

6 Contributor address; City; State; Zip Code  
118 Lang Rd. Portland, TX 78374

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Carwash

9 Employer (See Instructions)

Self employed

Date

8/3/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Patrick Beam

Contributor address; City; State; Zip Code  
924 Leopard St. CC TX 78401

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self employed

Date

8/11/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Pure Energy Fitness 24, LLC

Contributor address; City; State; Zip Code  
1006 US Hwy 181 Portland TX 78374

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Gym

Employer (See Instructions)

Self employed

Date

8/10/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Law Office of Dale Kasofsky

Contributor address; City; State; Zip Code  
501 W. Nolana Ave Ste 321 McAllen TX 78504

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self employed

**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 FILER NAME

Mark A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

8/10/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Clement Petroleum Inc.

6 Contributor address; City; State; Zip Code

711 Carancahua St. Ste. 206 CC. TX 78401

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

Engineering

9 Employer (See Instructions)

Self employed

Date

8/11/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rose Harrison, Rose Meza Harrison Atty at Law

Contributor address; City; State; Zip Code

400 Mann St. Ste. 700 C.C. TX 78401

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

8/12/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DBA Chapa Auto Insurance Agency  
Diana H. Chapa

Contributor address; City; State; Zip Code

4245 McArdle Rd. CC. TX 78411

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Date

8/12/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rock's Discount Vitamins N' More #1

Contributor address; City; State; Zip Code

5634 Weber Rd CC. TX 78411

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Health Shop

Employer (See Instructions)

Self employed

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 FILER NAME

Mark A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

8/10/16

5 Full name of contributor

Tony Perez

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

4011 Baldwin Blvd. C.C. TX 78405

8 Principal occupation / Job title (See Instructions)

Unemployed

9 Employer (See Instructions)

Date

7/22/16

Full name of contributor

Bail Busters Bail Bonds

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1024 Leopard St. Ste B C.C. TX 78401

Principal occupation / Job title (See Instructions)

Bondsman

Employer (See Instructions)

Self employed

Date

7/21/16

Full name of contributor

Alfred L. Luna, Diana Luna

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

8154 Barrogate C.C. TX 78409

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/16

Full name of contributor

Diane Chapa

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

4245 Mc Ardle Rd. TX 78411

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 FILER NAME

Mark A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

8/16/16

5 Full name of contributor

Frank Gonzales

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

920.00

6 Contributor address;

924 Leopard

City; State; Zip Code

CC TX 78401

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self employed

Date

8/1/16

Full name of contributor

Enrique Q. Gonzalez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

261.00

Contributor address;

PO Box 454 Agua Dulce TX 78330

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/13/16

Full name of contributor

Arturo A. Ramirez, Yvonne A. Ramirez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address;

6122 Jakes Wakes Run CC. TX 78414

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self employed

Employer (See Instructions)

Date

8/11/16

Full name of contributor

Johanna Hasette

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

PO Box 1553 Freer, TX 78357

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Housewife

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 FILER NAME<br><i>Mark A. Gonzalez</i>  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>8/11/16</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Wigington Rumley Dunn, &amp; Blair, LLP</i><br>6 Contributor address; City; State; Zip Code<br><i>123 N. Carrizost. CC. TX 78401</i> | 7 Amount of contribution (\$)<br><i>5,000.00</i> |
| 8 Principal occupation / Job title (See Instructions)<br><i>Attorney</i>   |  | 9 Employer (See Instructions)                    |
| Date<br><i>8/18/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Law Office of Scott M. Ellison PLLC</i><br>Contributor address; City; State; Zip Code<br><i>410 Peoples St. CC. TX 78401</i>           | Amount of contribution (\$)<br><i>350.00</i>     |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>   |  | Employer (See Instructions)                      |
| Date<br><i>8/16/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Arnold De La Paz, Nelda De La Paz</i><br>Contributor address; City; State; Zip Code<br><i>1891 County Rd. 26 CC. TX 78415</i>          | Amount of contribution (\$)<br><i>250.00</i>     |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| Date<br><i>8/13/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Tobias Trevino</i><br>Contributor address; City; State; Zip Code<br><i>CC TX</i>   | Amount of contribution (\$)<br><i>205.00</i>     |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                      |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mark A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

8/10/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Law Office of Garcia, Quintanilla + Palacios

6 Contributor address; City; State; Zip Code  
5526 N. 10th St. McAllen TX 78504

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

8/12/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Rabalais Constructors, LLC

Contributor address; City; State; Zip Code  
P.O. Box 10366 CC, TX 78460

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/12/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Arrow Bros Drilling, LLC

Contributor address; City; State; Zip Code  
PO Box 527 Benavides TX 78341

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Oil Field

Employer (See Instructions)

Date

8/13/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Eric J. Cantu, Cars 4 Credit

Contributor address; City; State; Zip Code  
PO Box 271477 CC, TX 78427

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Towing Co.

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 FILER NAME<br><b>Mark A. Gonzalez</b>   |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>8/13/16</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Joel Rodriguez, Bianca Medina</b><br>6 Contributor address; City; State; Zip Code<br><b>1134 Shepard CC. TX 78412</b>          | 7 Amount of contribution (\$)<br><b>500.00</b> |
| 8 Principal occupation / Job title (See Instructions)<br><b>Attorney</b>  |  | 9 Employer (See Instructions)                  |
| Date<br><b>8/10/16</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Leslie Cassidy</b><br>Contributor address; City; State; Zip Code<br><b>PO Box 941 CC. TX 78403</b>                               | Amount of contribution (\$)<br><b>500.00</b>   |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>  |  | Employer (See Instructions)                    |
| Date<br><b>7/28/16</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Hector Lopez Jr.</b><br>Contributor address; City; State; Zip Code<br><b>1714 Harvard St. CC. TX 78416</b>                       | Amount of contribution (\$)<br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br><b>8/16/16</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Allstar's Auto Transport &amp; Towing</b><br>Contributor address; City; State; Zip Code<br><b>PO Box 613 Benavides, TX 78341</b> | Amount of contribution (\$)<br><b>500.00</b>   |
| Principal occupation / Job title (See Instructions)<br><b>Towing Co.</b>  |  | Employer (See Instructions)                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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 FILER NAME<br><i>Mark A. Gonzalez</i>  |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>8/12/16</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Law Office of Jason Wolf PLLC</i>                                 | 7 Amount of contribution (\$)<br><i>2,500.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>410 Peoples St. C.C. TX 78401</i>               |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Attorney</i>                           |   | 9 Employer (See Instructions)                    |
| Date<br><i>8/13/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Nelda Z. Garcia</i>   | Amount of contribution (\$)<br><i>100.00</i>     |
| Contributor address; City; State; Zip Code<br><i>5418 Hulen Dr. C.C. TX 78413</i>                  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                      |
| Date<br><i>8/13/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>John M. Howard</i>  | Amount of contribution (\$)<br><i>1,000.00</i>   |
| Contributor address; City; State; Zip Code<br><i>14500 Blanco Rd. San Antonio TX 78216 Apt 933</i> |   |  |
| Principal occupation / Job title (See Instructions)<br><i>Self employed</i>                        |   | Employer (See Instructions)                      |
| Date<br><i>9/25/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Centurion Medical Liability Protective Risk Retention Group Inc</i> | Amount of contribution (\$)<br><i>5,000.00</i>   |
| Contributor address; City; State; Zip Code<br><i>518 Peoples St. C.C. TX 78401</i>                 |   |  |
| Principal occupation / Job title (See Instructions)<br><i>Insurance</i>                            |   | Employer (See Instructions)                      |

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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 FILER NAME

Mark A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

8/10/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Miguel Antonio Calderon, Maria  
Angelica Calderon

6 Contributor address; City; State; Zip Code

PO Box 1995 CC. TX 78403

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Unemployed

9 Employer (See Instructions)

Date

8/4/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Law Office of Nathan Burkett

Contributor address; City; State; Zip Code

PO Box 3189 CC. TX 78463

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

8/15/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

S+G's Stores LLC

Contributor address; City; State; Zip Code

7301 Candy Ridge Rd. CC. TX 78413

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Cigarette shop

Employer (See Instructions)

Date

8/10/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

South Texas Brain & Spine Institute

Contributor address; City; State; Zip Code

1227 3rd St. CC. TX 78404

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Specialist - Brain

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 FILER NAME

Mark A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

8/4/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Harold Charles Keffie

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

802 N. Carancahua St. 1460 CCTX 78401

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/13/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

David Huerta

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

924 Leopard St. CC TX. 78401

Principal occupation / Job title (See Instructions)

Attorney

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)

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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.                                   |   | 1 Total pages Schedule A2: <b>4</b>   |
| 2 FILER NAME<br><b>Mark A. Gonzalez</b>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                       |   | \$ <b>300.00</b>  |
| 5 Date<br><b>8/13/16</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Chris Charles</b><br>7 Contributor address; City; State; Zip Code<br><b>203 W. Ailsie Kingsville TX 78363</b> | 8 Amount of Contribution \$ <b>100.00</b> 9 In-kind contribution description<br><b>Ice Chest</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Student</b> |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Mark A. Gonzalez</b>  |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                 |   |   |

|  |   |   |
|--|---|---|
| Date<br><b>8/13/16</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Salon Palomo</b><br>Contributor address; City; State; Zip Code<br><b>2033 Airline CC TX 78412</b> | Amount of Contribution \$ <b>200.00</b> In-kind contribution description<br><b>Salon Palomo Products</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Salon</b> |   | Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Salon Palomo</b>   |
| Contributor's principal occupation (FOR JUDICIAL)                                      |   | Contributor's job title (FOR JUDICIAL) (See Instructions)   |
| Contributor's employer/law firm (FOR JUDICIAL)   |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)               |   |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|  |   |   |   |
|--|---|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A2:  |   |
| 2 FILER NAME<br><b>Mark A. Gonzalez</b>  |   | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$ <b>550.00</b>  |   |
| 5 Date<br><b>8/13/16</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Johanna Hassett</b> | 8 Amount of Contribution \$<br><b>150.00</b>                                    | 9 In-kind contribution description<br><b>Wheelbird Auto-Feed Trap</b> |
| 7 Contributor address; City; State; Zip Code<br><b>Freer TX 78357 Po Box 1553</b>  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>unemployed</b>   |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>unemployed</b>          |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)   |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |   |   |   |
| Date<br><b>8/13/16</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Debby Quintanilla</b> | Amount of Contribution \$<br><b>400.00</b>                                      | In-kind contribution description<br><b>Yeti</b>                       |
| Contributor address; City; State; Zip Code<br><b>1641 Nile Apt 611 CC TX 78412</b>   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Counselor</b>   |   | Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Tx. Workforce Comm.</b>    |   |
| Contributor's principal occupation (FOR JUDICIAL)  |   | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |   |
| Contributor's employer/law firm (FOR JUDICIAL)   |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |   |



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A2:  |  |
| 2 FILER NAME<br><i>Mark A. Gonzalez</i>   |   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$ <i>300.00</i>  |  |
| 5 Date<br><i>8/13/16</i>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Janna Ramirez</i> | 8 Amount of Contribution \$<br><i>100.00</i>                                    | 9 In-kind contribution description<br><i>Yeti Rambus</i><br><i>2</i> |
| 7 Contributor address; City; State; Zip Code<br><i>349 S. Helen Moore San Benito TX # 8105 78586</i>    |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><i>Pharmaceutical Rep.</i> |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                             |   |   |  |

|  |   |   |  |
|--|---|---|--|
| Date<br><i>8/13/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jose Pineda</i> | Amount of Contribution \$<br><i>200.00</i>                                      | In-kind contribution description<br><i>Guided Fishing Trip</i> |
| Contributor address; City; State; Zip Code<br><i>1287 Co Rd. 1155 Rivera TX 78379</i>            |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><i>Self employment</i> |   | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |  |
| Contributor's principal occupation (FOR JUDICIAL)  |   | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |  |
| Contributor's employer/law firm (FOR JUDICIAL)   |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                         |   |   |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|  |  |   |   |
|--|--|---|---|
| The Instruction Guide explains how to complete this form.                                      |  | 1 Total pages Schedule A2:  |   |
| 2 FILER NAME<br><i>Mark A. Gonzalez</i>  |  | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$ <i>2,340.00</i>  |   |
| 5 Date<br><i>8/13/16</i>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Kevin Gray</i> | 8 Amount of Contribution \$<br><i>2,000.00</i>                                  | 9 In-kind contribution description<br><i>Rifle Gun</i>  |
| 7 Contributor address; City; State; Zip Code<br><i>4301 Tim West Bellaire TX 77401</i>         |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><i>Pharmacist</i> |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)   |  | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                    |  |   |   |
| Date<br><i>8/13/14</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Edward Lunw</i>  | Amount of Contribution \$<br><i>340.00</i>                                      | In-kind contribution description<br><i>Visio TV 50"</i> |
| Contributor address; City; State; Zip Code<br><i>8154 Barrogate CC. TX 78409</i>               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><i>Paralegal</i>     |  | Employer (FOR NON-JUDICIAL) (See Instructions)<br><i>A. Thsano</i>              |   |
| Contributor's principal occupation (FOR JUDICIAL)  |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |   |
| Contributor's employer/law firm (FOR JUDICIAL)   |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                       |  |   |   |

**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  
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:<br><b>26</b> | 2 FILER NAME<br><b>Mark A. Gonzalez</b> | 3 Filer ID (Ethics Commission Filers) |
|---|---|---------------------------------------|

|                          |                                       |
|--------------------------|---------------------------------------|
| 4 Date<br><b>8/18/16</b> | 5 Payee name<br><b>DM Productions</b> |
|--------------------------|---------------------------------------|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><b>200.00</b> | 7 Payee address; City; State; Zip Code<br><b>PO Box 71803 CC. TX 78467</b> |
|--------------------------------|--|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/16/16</b> | Payee name<br><b>DM Productions</b> |
|------------------------|-------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>885.00</b> | Payee address; City; State; Zip Code<br><b>PO Box 71803 CC. TX 78467</b> |
|------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>7/31/16</b> | Payee name<br><b>DM Productions</b> |
|------------------------|-------------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><b>75.00</b> | Payee address; City; State; Zip Code<br><b>PO Box 71803 CC. TX 78467</b> |
|-----------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 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 FILER NAME<br><b>Mark A. Gonzalez</b>  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>7/22/16</b>                                     | 5 Payee name<br><b>DM Productions</b>  |   |
| 6 Amount (\$)<br><b>220.00</b>                               | 7 Payee address; City; State; Zip Code<br><b>PO Box 71803 CC. TX 78467</b>                     |   |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>7/29/16</b>                                     | Payee name<br><b>Mira's Sports &amp; More</b>   |   |
| Amount (\$)<br><b>73.61</b>                                | Payee address; City; State; Zip Code<br><b>6006 Ayers C.C. TX 78415</b>                 |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/16/16</b>                                     | Payee name<br><b>Arrow Display Signs Inc.</b>   |   |
| Amount (\$)<br><b>1568.38</b>                              | Payee address; City; State; Zip Code<br><b>1343 S. Staples C.C. TX 78404</b>            |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 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<br><b>Mark A Gonzalez</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

|                          |  |
|--------------------------|--|
| 4 Date<br><b>9/18/16</b> | 5 Payee name<br><b>T&amp;M Productions</b> |
|--------------------------|--|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><b>178.00</b> | 7 Payee address; City; State; Zip Code<br><b>3209 Foley Dr. C.C. TX 78415</b> |
|--------------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/15/16</b> | Payee name<br><b>Butler Signature Events</b> |
|------------------------|--|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>552.51</b> | Payee address; City; State; Zip Code<br><b>5826 Wooldridge Rd. C.C. TX 78414</b> |
|------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/20/16</b> | Payee name<br><b>Ruben Bonilla Insurance</b> |
|------------------------|--|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>400.00</b> | Payee address; City; State; Zip Code<br><b>2727 Morgan Ave #300 C.C. TX 78405</b> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 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 FILER NAME<br><b>Mark A. Gonzalez</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |                                      |
|--------------------------|--------------------------------------|
| 4 Date<br><b>9/15/16</b> | 5 Payee name<br><b>Maria Morales</b> |
|--------------------------|--------------------------------------|

|                                  |   |
|----------------------------------|---|
| 6 Amount (\$)<br><b>2,555.16</b> | 7 Payee address; City; State; Zip Code<br><b>4437 Greengrove Dr. CC TX. 78414</b> |
|----------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Salary</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/29/16</b> | Payee name<br><b>Maria Morales</b> |
|------------------------|------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>920.00</b> | Payee address; City; State; Zip Code<br><b>4437 Greengrove Dr. CC. TX. 78414</b> |
|------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Wages</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/21/16</b> | Payee name<br><b>First Community Bank</b> |
|------------------------|---|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><b>66.05</b> | Payee address; City; State; Zip Code<br><b>416 N. Water St. CC TX. 78401</b> |
|-----------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Accounting/Banking</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |                                    |
|--------------------------|------------------------------------|
| 4 Date<br><i>9/17/16</i> | 5 Payee name<br><i>Lupe Guerra</i> |
|--------------------------|------------------------------------|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><i>140.00</i> | 7 Payee address; City; State; Zip Code<br><i>1914 Spencer CC TX 78414</i> |
|--------------------------------|---|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/19/16</i> | Payee name<br><i>Epimenio Ysassi</i> |
|------------------------|--------------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>160.00</i> | Payee address; City; State; Zip Code<br><i>201 Chandler Ln. CC TX 78404</i> |
|------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/12/16</i> | Payee name<br><i>KIII TV</i> |
|------------------------|------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>600.00</i> | Payee address; City; State; Zip Code<br><i>PO Box 660919 Dallas TX 75266</i> |
|------------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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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# 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<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                         |  |
|-------------------------|--|
| 4 Date<br><i>9/6/16</i> | 5 Payee name<br><i>Ruben Bonilla Insurance</i> |
|-------------------------|--|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><i>400.00</i> | 7 Payee address; City; State; Zip Code<br><i>2727 Morgan Ave #300 CC TX 78405</i> |
|--------------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/6/16</i> | Payee name<br><i>Epimenio Tsassi</i> |
|-----------------------|--------------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><i>25.00</i> | Payee address; City; State; Zip Code<br><i>201 Chandler Ln. CC TX 78402</i> |
|-----------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Gas Reimbursement</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/6/16</i> | Payee name<br><i>Velma Santos</i> |
|-----------------------|-----------------------------------|

|                               |   |
|-------------------------------|---|
| Amount (\$)<br><i>1500.00</i> | Payee address; City; State; Zip Code<br><i>4051 Killarmet CC TX 78413</i> |
|-------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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<br><b>Mark A. Gonzalez</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                         |                                      |
|-------------------------|--------------------------------------|
| 4 Date<br><b>9/5/16</b> | 5 Payee name<br><b>Arleen Santos</b> |
|-------------------------|--------------------------------------|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><b>101.80</b> | 7 Payee address; City; State; Zip Code<br><b>PO Box 244 Refugio TX 78377</b> |
|--------------------------------|--|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Salary</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/5/16</b> | Payee name<br><b>Cindy Guerra</b> |
|-----------------------|-----------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><b>55.00</b> | Payee address; City; State; Zip Code<br><b>1914 Spencer CC TX 78414</b> |
|-----------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Salary</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/6/16</b> | Payee name<br><b>Mesquite Street Comedy Club</b> |
|-----------------------|--|

|                               |   |
|-------------------------------|---|
| Amount (\$)<br><b>1500.00</b> | Payee address; City; State; Zip Code<br><b>617 N. Mesquite St. CC. TX 78401</b> |
|-------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |  |
|--------------------------|--|
| 4 Date<br><i>9/12/16</i> | 5 Payee name<br><i>Epimenio Ysassi</i> |
|--------------------------|--|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><i>380.00</i> | 7 Payee address; City; State; Zip Code<br><i>201 Chandler Ln. CC TX 78404</i> |
|--------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/1/16</i> | Payee name<br><i>Epimenio Ysassi</i> |
|-----------------------|--------------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>100.00</i> | Payee address; City; State; Zip Code<br><i>201 Chandler Ln. CC TX 78404</i> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Equipment Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/13/16</i> | Payee name<br><i>Bay Area Sports</i> |
|------------------------|--------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>523.93</i> | Payee address; City; State; Zip Code<br><i>4701 Ayers Ste. 103 CC TX 78415</i> |
|------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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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# 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<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |                                     |
|--------------------------|-------------------------------------|
| 4 Date<br><i>8/24/16</i> | 5 Payee name<br><i>Miras Sports</i> |
|--------------------------|-------------------------------------|

|                               |  |
|-------------------------------|--|
| 6 Amount (\$)<br><i>73.61</i> | 7 Payee address; City; State; Zip Code<br><i>6006 Ayers CC. TX 78413</i> |
|-------------------------------|--|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>Expense Reimbursement</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/24/16</i> | Payee name<br><i>Epimenio Ysassi</i> |
|------------------------|--------------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>180.00</i> | Payee address; City; State; Zip Code<br><i>201 Chandler Ln. CC TX 78404</i> |
|------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/30/16</i> | Payee name<br><i>Susie Luna C Cause</i> |
|------------------------|---|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>275.00</i> | Payee address; City; State; Zip Code<br><i>4639 Corona St. CC. TX. 78401 #5</i> |
|------------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 FILER NAME<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |                                     |
|--------------------------|-------------------------------------|
| 4 Date<br><i>8/23/16</i> | 5 Payee name<br><i>Velma Santos</i> |
|--------------------------|-------------------------------------|

|                                  |   |
|----------------------------------|---|
| 6 Amount (\$)<br><i>1,500.00</i> | 7 Payee address; City; State; Zip Code<br><i>4051 Killarnet CC TX 78413</i> |
|----------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/25/16</i> | Payee name<br><i>DM Productions</i> |
|------------------------|-------------------------------------|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><i>1,085.00</i> | Payee address; City; State; Zip Code<br><i>Po Box 71803 CC TX 78467</i> |
|--------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/25/16</i> | Payee name<br><i>Linda Figueroa</i> |
|------------------------|-------------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><i>93.00</i> | Payee address; City; State; Zip Code<br><i>201 Chandler Ln. CC TX 78404</i> |
|-----------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |                                     |
|--------------------------|-------------------------------------|
| 4 Date<br><i>8/15/16</i> | 5 Payee name<br><i>Nilda Galvan</i> |
|--------------------------|-------------------------------------|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><i>215.00</i> | 7 Payee address; City; State; Zip Code<br><i>605 Lincoln Ave. Robstown TX 78380</i> |
|--------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/19/16</i> | Payee name<br><i>Caller Times</i> |
|------------------------|-----------------------------------|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><i>7,917.95</i> | Payee address; City; State; Zip Code<br><i>820 Lower Broadway St. CC TX 78401</i> |
|--------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/22/16</i> | Payee name<br><i>Diana Rios</i> |
|------------------------|---------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>100.00</i> | Payee address; City; State; Zip Code<br><i>CC TX</i> |
|------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:         | <b>2</b> FILER NAME<br><i>Mark A. Gonzalez</i>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>8/13/16</i>           | <b>5</b> Payee name<br><i>Jerry &amp; Roughnecks</i>  |  |
| <b>6</b> Amount (\$)<br><i>1,200.00</i>   | <b>7</b> Payee address; City; State; Zip Code<br><i>1236 S. Staples St. CC TX 78404</i>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br><i>8/13/16</i>                    | Payee name<br><i>J. Cantu</i>   |  |
| Amount (\$)<br><i>700.00</i>              | Payee address; City; State; Zip Code  |  |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br><i>8/15/16</i>                    | Payee name<br><i>Edward Galvan</i>  |  |
| Amount (\$)<br><i>215.00</i>              | Payee address; City; State; Zip Code<br><i>605 Lincoln Ave Robstown TX 78380</i>  |  |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See Categories listed at the top of this schedule)<br><i>Salary</i>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |

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# 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 FILER NAME<br><b>Mark A Gonzalez</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

|                          |                                     |
|--------------------------|-------------------------------------|
| 4 Date<br><b>8/11/16</b> | 5 Payee name<br><b>Velma Santos</b> |
|--------------------------|-------------------------------------|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><b>300.00</b> | 7 Payee address; City; State; Zip Code<br><b>4051 Killarmet CC TX 78413</b> |
|--------------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/13/16</b> | Payee name<br><b>Clarissa Serna</b> |
|------------------------|-------------------------------------|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><b>1,000.00</b> | Payee address; City; State; Zip Code<br><b>4637 Corona CC TX 78413</b> |
|--------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/13/16</b> | Payee name<br><b>Robert Rey Molina</b> |
|------------------------|--|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><b>1,000.00</b> | Payee address; City; State; Zip Code<br><b>1715 E. Main St. Aue. TX 78332</b> |
|--------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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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# 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<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |                                     |
|--------------------------|-------------------------------------|
| 4 Date<br><i>8/13/16</i> | 5 Payee name<br><i>Caller Times</i> |
|--------------------------|-------------------------------------|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><i>400.00</i> | 7 Payee address; City; State; Zip Code<br><i>820 Lower Broadway St. CC TX 78401</i> |
|--------------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/14/16</i> | Payee name<br><i>Zumela Zapata</i> |
|------------------------|------------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><i>25.00</i> | Payee address; City; State; Zip Code<br><i>630 Huisache Robstown TX 78380</i> |
|-----------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Gas Reimbursement</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/11/16</i> | Payee name<br><i>Staples Meat Market</i> |
|------------------------|--|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>400.00</i> | Payee address; City; State; Zip Code<br><i>7626 S. Staples St #111, CC TX 78413</i> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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 FILER NAME<br><b>Mark A. Gonzalez</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                         |                                       |
|-------------------------|---------------------------------------|
| 4 Date<br><b>8/3/16</b> | 5 Payee name<br><b>DM Productions</b> |
|-------------------------|---------------------------------------|

|                               |   |
|-------------------------------|---|
| 6 Amount (\$)<br><b>75.00</b> | 7 Payee address; City; State; Zip Code<br><b>PO Box 71803 CC TX 78467</b> |
|-------------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/2/16</b> | Payee name<br><b>Elevated Screen Printing</b> |
|-----------------------|---|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>250.00</b> | Payee address; City; State; Zip Code<br><b>2626 Nogales CC TX 78416</b> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/3/16</b> | Payee name<br><b>Velma Santos</b> |
|-----------------------|-----------------------------------|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><b>1,500.00</b> | Payee address; City; State; Zip Code<br><b>4051 Kellarmet CC TX 78413</b> |
|--------------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Salary</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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 FILER NAME<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |   |
|--------------------------|---|
| 4 Date<br><i>7/28/16</i> | 5 Payee name<br><i>Elevated Screen Printing</i> |
|--------------------------|---|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><i>250.00</i> | 7 Payee address; City; State; Zip Code<br><i>2626 Nogales C.C. TX 78414</i> |
|--------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Event Expenses</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>7/24/16</i> | Payee name<br><i>Arleen Santos</i> |
|------------------------|------------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><i>46.80</i> | Payee address; City; State; Zip Code<br><i>PO Box 244 Refugio TX 78377</i> |
|-----------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Reimbursement mileage</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>7/29/16</i> | Payee name<br><i>Bay Area Sports</i> |
|------------------------|--------------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><i>64.95</i> | Payee address; City; State; Zip Code<br><i>4701 Ayers Ste 103 CC TX 78415</i> |
|-----------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 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 FILER NAME<br><i>Mark A. Gonzalez</i>   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><i>8/23/16</i>                                   | 5 Payee name<br><i>Epimenio Ysassi</i>  |   |
| 6 Amount (\$)<br><i>50.00</i>                              | 7 Payee address; City; State; Zip Code<br><i>201 Chandler Ln. CC TX 78404</i>           |   |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                         | (a) Category (See Categories listed at the top of this schedule)<br><i>Food Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH                            |   |
| Date<br><i>7/19/16</i>                                     | Candidate / Officeholder name<br><i>Velma Santos</i>                                    |   |
| Amount (\$)<br><i>1,500.00</i>                             | Payee address; City; State; Zip Code<br><i>4051 Killarnet CC TX 78413</i>               |   |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><i>Salary</i>           | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | Candidate / Officeholder name<br><i>Velma Santos</i>                                    |   |
| Date<br><i>7/24/16</i>                                     | Payee name<br><i>Arleen Santos</i>  |   |
| Amount (\$)<br><i>38.00</i>                                | Payee address; City; State; Zip Code<br><i>PO Box 244 Refugio TX 78377</i>              |   |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><i>Salary</i>           | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | Candidate / Officeholder name<br><i>Arleen Santos</i>                                   |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |

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 FILER NAME<br><b>Mark A. Gonzalez</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |                                  |
|--------------------------|----------------------------------|
| 4 Date<br><b>9/23/16</b> | 5 Payee name<br><b>Sams Club</b> |
|--------------------------|----------------------------------|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><b>700.00</b> | 7 Payee address: City; State; Zip Code<br><b>4833 SPID C.C. TX 78411</b> |
|--------------------------------|--|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/24/16</b> | Payee name<br><b>Velma Santos</b> |
|------------------------|-----------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>214.44</b> | Payee address; City; State; Zip Code<br><b>4051 Killarney CC TX 78413</b> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/23/16</b> | Payee name<br><b>SAMS</b> |
|------------------------|---------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>218.11</b> | Payee address; City; State; Zip Code<br><b>4833 SPID CC TX 78411</b> |
|------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Other</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |                                     |
|--------------------------|-------------------------------------|
| 4 Date<br><i>9/20/16</i> | 5 Payee name<br><i>Velma Santos</i> |
|--------------------------|-------------------------------------|

|                                  |   |
|----------------------------------|---|
| 6 Amount (\$)<br><i>1,500.00</i> | 7 Payee address; City; State; Zip Code<br><i>4051 Killarmet CC TX 78413</i> |
|----------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/22/16</i> | Payee name<br><i>Edward Luna</i> |
|------------------------|----------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>393.00</i> | Payee address; City; State; Zip Code<br><i>8154 Barrogate Dr. CC TX 78409</i> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>6/17/16</i> | Payee name<br><i>Arleen Santos</i> |
|------------------------|------------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><i>50.00</i> | Payee address; City; State; Zip Code<br><i>PO Box 244 Refugio TX 78377</i> |
|-----------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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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# 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 FILER NAME<br><b>Mark A. Gonzalez</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                         |                                    |
|-------------------------|------------------------------------|
| 4 Date<br><b>9/7/16</b> | 5 Payee name<br><b>Lupe Guerra</b> |
|-------------------------|------------------------------------|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><b>140.00</b> | 7 Payee address; City; State; Zip Code<br><b>1914 Spencer CC TX 78414</b> |
|--------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Salary</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/14/16</b> | Payee name<br><b>Dairy Queen Social</b> |
|------------------------|---|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>914.18</b> | Payee address; City; State; Zip Code<br><b>3606 Ayers CC TX 78405</b> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/11/16</b> | Payee name<br><b>Dairy Queen</b> |
|------------------------|----------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>780.00</b> | Payee address; City; State; Zip Code<br><b>6163 Saratoga CC TX 78413</b> |
|------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expenses</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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 FILER NAME<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                         |   |
|-------------------------|---|
| 4 Date<br><i>9/1/16</i> | 5 Payee name<br><i>Dairy Queen Social</i> |
|-------------------------|---|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><i>495.96</i> | 7 Payee address; City; State; Zip Code<br><i>1101 Leopard C.C. TX 78410</i> |
|--------------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/15/16</i> | Payee name<br><i>Cindy Guerra</i> |
|------------------------|-----------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><i>55.00</i> | Payee address; City; State; Zip Code<br><i>1914 Spencer C.C. TX 78414</i> |
|-----------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/15/16</i> | Payee name<br><i>Arleen Santos</i> |
|------------------------|------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>101.80</i> | Payee address; City; State; Zip Code<br><i>PO Box 244 Refugio TX 78377</i> |
|------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Salary</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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 FILER NAME<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |  |
|--------------------------|--|
| 4 Date<br><i>8/25/16</i> | 5 Payee name<br><i>C.C. Caller Times</i> |
|--------------------------|--|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><i>400.00</i> | 7 Payee address; City; State; Zip Code<br><i>820 Lower Broadway St. C.C. TX 78401</i> |
|--------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Expenses</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/23/16</i> | Payee name<br><i>Bay Area Sports</i> |
|------------------------|--------------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>427.58</i> | Payee address; City; State; Zip Code<br><i>4701 Ayers Ste. 103 CC. TX 78415</i> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Printing Expenses</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/28/16</i> | Payee name<br><i>Mesquite Street Pizza</i> |
|------------------------|--|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>311.00</i> | Payee address; City; State; Zip Code<br><i>617 N. Mesquite St. CC. TX 78401</i> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Food/Beverage Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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 FILER NAME<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |                                     |
|--------------------------|-------------------------------------|
| 4 Date<br><i>8/16/16</i> | 5 Payee name<br><i>CoachesWorld</i> |
|--------------------------|-------------------------------------|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><i>549.91</i> | 7 Payee address; City; State; Zip Code<br><i>4701 Ayers Ste. 103 C.C. TX 78415</i> |
|--------------------------------|--|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/12/16</i> | Payee name<br><i>Coache's World</i> |
|------------------------|-------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>151.55</i> | Payee address; City; State; Zip Code<br><i>4701 Ayers Ste. 103 C.C. TX 78415</i> |
|------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/19/16</i> | Payee name<br><i>Coache's World</i> |
|------------------------|-------------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><i>81.18</i> | Payee address; City; State; Zip Code<br><i>4701 Ayers Ste. 103 C.C. TX 78415</i> |
|-----------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 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<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |                                      |
|--------------------------|--------------------------------------|
| 4 Date<br><i>7/18/16</i> | 5 Payee name<br><i>Coach's World</i> |
|--------------------------|--------------------------------------|

|                               |  |
|-------------------------------|--|
| 6 Amount (\$)<br><i>21.65</i> | 7 Payee address; City; State; Zip Code<br><i>4701 Ayers Ste. 103 C.C. TX 78415</i> |
|-------------------------------|--|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/31/16</i> | Payee name<br><i>Bay Area Sports</i> |
|------------------------|--------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>105.54</i> | Payee address; City; State; Zip Code<br><i>4701 Ayers Ste. 103 C.C. TX 78415</i> |
|------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>8/16/16</i> | Payee name<br><i>Bay Area Sports</i> |
|------------------------|--------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>124.48</i> | Payee address; City; State; Zip Code<br><i>4701 Ayers Ste. 103 C.C. TX 78415</i> |
|------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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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# 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 FILER NAME<br><b>Mark A Gonzalez</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

|                         |  |
|-------------------------|--|
| 4 Date<br><b>8/8/16</b> | 5 Payee name<br><b>Bay Area Sports</b> |
|-------------------------|--|

|                               |  |
|-------------------------------|--|
| 6 Amount (\$)<br><b>40.59</b> | 7 Payee address; City; State; Zip Code<br><b>4701 Ayers Ste. 103 C.C. TX 78415</b> |
|-------------------------------|--|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/12/16</b> | Payee name<br><b>Bay Area Sports</b> |
|------------------------|--------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>297.69</b> | Payee address; City; State; Zip Code<br><b>4701 Ayers Ste. 103 C.C. TX 78415</b> |
|------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>printing expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/11/16</b> | Payee name<br><b>Fast Signs</b> |
|------------------------|---------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>160.74</b> | Payee address; City; State; Zip Code<br><b>1220 Airline Rd. C.C. TX 78412 Ste. 170</b> |
|------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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 FILER NAME<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                         |  |
|-------------------------|--|
| 4 Date<br><i>8/2/16</i> | 5 Payee name<br><i>T&amp;M Productions</i> |
|-------------------------|--|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><i>110.00</i> | 7 Payee address; City; State; Zip Code<br><i>3209 Foley Dr. CC. TX 78415</i> |
|--------------------------------|--|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>7/28/16</i> | Payee name<br><i>T&amp;M Productions</i> |
|------------------------|--|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>110.00</i> | Payee address; City; State; Zip Code<br><i>3209 Foley Dr. CC. TX 78415</i> |
|------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>7/24/16</i> | Payee name<br><i>KFII TV</i> |
|------------------------|------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>459.00</i> | Payee address; City; State; Zip Code<br><i>PO Box 660919 Dallas TX 75266</i> |
|------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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 Expenses |
| 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<br><i>Mark A. Gonzalez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |   |
|--------------------------|---|
| 4 Date<br><i>9/22/16</i> | 5 Payee name<br><i>First Community Bank</i> |
|--------------------------|---|

|                              |   |
|------------------------------|---|
| 6 Amount (\$)<br><i>3.50</i> | 7 Payee address; City; State; Zip Code<br><i>416 N. Water St. CC TX 78401</i> |
|------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Accounting/Banking</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:<br>1                             | <b>2</b> FILER NAME<br>Mark A. Gonzalez  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  | \$ 43.98   |
| <b>5</b> Date<br>9/14/14   | <b>6</b> Payee name<br>Party City  |  |
| <b>7</b> Amount (\$)<br>21.99                                      | <b>8</b> Payee address; City; State; Zip Code<br>5425 S. Padre Island Dr. CC TX 78411    |  |
| <b>9</b> TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political     |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>11</b> Complete ONLY if direct expenditure to benefit C/OH      | Candidate / Officeholder name  | Office sought      Office held   |

|   |  |   |             |
|---|--|---|-------------|
| Date<br>9/12/14                                     | Payee name<br>Party City   |   |             |
| Amount (\$)<br>21.99                                | Payee address; City; State; Zip Code<br>5425 SPID CC-TX, 78411                       |   |             |
| TYPE OF EXPENDITURE                                 | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |   |             |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)                         | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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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