CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 48
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS (MR) Mark NICKNAME LAST GONZALE	A SUFFIX	OFFICE USE ONLY Date Received FILED FOR RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE		CITY; STATE; ZIP GODE	OCT 11 2016 KARA SANDS CLERK COUNTY COLFT NECES COUNTY TEXAS BY Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) FIRST JOHN NICKNAME LAST GILMOCO	MI	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE . 78401
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (341) 882 - 43	PEXTENSION PROPERTY.	
9 REPORT TYPE	January 15 30th day before of 30th day before eld		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	. Month Day Year O7 / 01 / 2016	THROUGH 09	29 / 2014
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE 201	6-153	13 OFFICE SOUGHT (If known	

Forms provided by Texas Etnics Commission

www.ethics.state.tx.us

Revised 9/8/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Mark	A.	90	nzalez	,	15 Filer I	D (Ethics Commission File	ers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IDATE / OFFIC NSENT. CAND	EHOLDER. THI	ESE EXPENDITURES N	IAY HAVE BEEN MAD	E WITHOUT THE	DE BY POLITICAL COMMITTEE E CANDIDATE'S OR OFFICEHOLI. ITION ONLY IF THEY RECEIVE NO	DER'S
	COMMITTEE TYPE	COMMITTE	E NAME	11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		NOT THE REAL PROPERTY.		
	GENERAL						00-11-30	
	SPECIFIC	COMMITTE	E ADDRESS					
Additional Dagge	,	COMMITTE	E CAMPAIGN	TREASURER NAME				
Additional Pages		DOLL WITTE	E GAMBAIGN	TREASURED AND	DEGO.			
		COMMITTE	E CAMPAIGN	TREASURER ADD	несо			
17 CONTRIBUTION TOTALS				TIONS OF \$50 OF		AN EMIZED	\$ 4070.	00
	t comment comments and comments and comments and comments are comments are comments and comments are comments are comments and comments are comments and comments are comments and comments are comments are comments and comments are comments and comments are comments are comments are comments and comments are comments		L CONTRIE DGES, LOA	BUTIONS NS. OR GUARAN	TEES OF LOANS	S)	\$ 4070. \$ 55, 98	1.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED							
	4. TOTAL POLITICAL EXPENDITURES \$44, 594, 63							
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$44,594,63 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$11,386.37							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$							
18 AFFIDAVIT	The second second second second				22	200 40 3043	Section 19	15 50
VELMA SANTOS My Commission Expires February 28, 2018 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 Gode. Signature of the didate or Officeholder								
AFFIX NOTARY STAN			A 1	, A		ı		
0 4							, this the 11 the	
day of Octob	cr, 20 \ \ \ ,	to certify	which, wit	ness my hand	and seal of off	ice.	,	
Signature of officer a	administering oath	V	e Me	Sant of officer admini	V S stering oath	Not	y State of e of officer administering	CX A

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Le life to (Life Continuosion)				
	Mark A. Gonzalez				
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
٦.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$52,491.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3490.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS	*	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$44,594.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$43-98		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$			
10.	D. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURETURNED TO FILER	TIONS	\$		

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. Gonzal	ez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
8/13/16	Craig Sico 6 Contributor address; City; State; 802 W. Chrancahu	; Zip Code	250.00
8 Principal occur		9 Employer (See Instruc	
	orney At Law		mployed
Date	Full name of contributor ut-of-state PAC		Amount of contribution (\$)
9/14/16	Contributor address; City; State	ely Almanziu; Zip Code	500.00
. , , , , ,	4833 Saratoga ((11/18917)
Principal occup	Dation / Job title (See Instructions) Memployacl	Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
9/2/16	Contributor address; City; State 521 Starr St. CC. T		10,000,00
0 11	pation / Job title (See Instructions)	Employer (See Instruc	nployed
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
d	Belinda Velliun		
18/13/16	PO Box 260262 (C.	74.78424	1,000,00
1 2	pation / Job title (See Instructions)	Employer (See Instruc	1 0
Ho	usewife	une	employed)
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see inst		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Date 7 Amount of contribution (\$) Date Amount of contribution (\$) 500 00 Alice TX 78332 Employer (See Instructions) Amount of contribution (\$) 500 00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Bishop Principal occupation / Job title (See Instructions) Wilder

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	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
615 N. Upper Broadway CCTX-7840	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self amp	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/23/16 Contributor address; City; State; Zip Code 3518 Armitage CC TX 78418	275.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	itions)
Date Full name of contributor out-of-state PAC (ID#:) Huerta Guerra Beam PLLC Contributor address; City; State; Zip Code 924 Leopard St. CC TX 7 8 401	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-1	employed
Date Full name of contributor Ruben Antonio Bonilla Farmer's Insurance Operating Acct. Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor address; City; State; Zip Code 2727 Morgan Ave. CCTX 78405 Ste. 30	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Self	Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor DBA Sons, Inc. DBA VIP Carwash Superlube 6 Contributor address; City; State; Zip Code 4 Date 7 Amount of contribution (\$) Portland, TX 78374 500.00 118 Lang Rd. 8 Principal occupation / Job title (See Instructions) CARUMSH Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 1000.00

0/3/10	924 Leopard St. CC TX	78401	(,000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	Attorney.	Self	employed
Date	Full name of contributor	7.5	Amount of contribution (\$)
8/1/6	Pure Energy Fitness 24, Contributor address; City; State	; Zip Code	500.00
and the second s	1006 US. Hwy 181 Portland	J TX 78374	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Mileson & 250 c. Men de descriptor	Gym	Self &	mologed
Date	Full name of contributor Out-of-state PAC Law Office of Dale Kasofsky	C (ID#:)	Amount of contribution (\$)
8/10/16	 	e: Zip Code	500.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CO	ONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to co	mplete this form.	1 Total pages Schedule A1:
2 FILER NAME Mark A.	Gonzalez	3 Filer ID (Ethics Commission Filers)
6	ut-of-state PAC (ID#:)	7 Amount of contribution (\$)
8/10/16 Clement Petroleum 6 Contributor address; 711 Carancahua St. Ste.	Tnc. City; State; Zip Code 206 C.C. TX 78401	1,000.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Engeneering) o	It employeu
Rose Harrison, Kose Mi		Amount of contribution (\$)
8/11/16 Contributor address; 400 Marin St. Ste. 700	City; State; Zip Code	100.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
Afforney		*
Date Full name of contributor DBA Chapa Auto Insu Diana H. Chapa Contributor address;	out-of-state PAC (ID#:) Arance Agency	Amount of contribution (\$)
8/12/16 Contributor address; 4245McArdleAd.	City; State; Zip Code	200.00
Principal occupation / Job title (See Instructions) Thurance A	Employer (See Instruc	tions)
Date Full name of contributor Rock's Discount Vita	out-of:state PAC (ID#:)	Amount of contribution (\$)
10/14/10	City; State; Zip Code	1,500.00
Principal occupation / Job title (See Instructions)	Employer (See Instruction Self L	indayod
		,
	Ti de la companya de	
The particular of the particul	L COPIES OF THIS SCHEDULE AS N	

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 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
8/10/16 Tony Perez 8/10/16 6 Contributor address; City; State; Zip Code 4011 Baldwin Blvd. C.C. TX 78405	500.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of state PAC (ID#:) Rail Busters Bail Bonds	Amount of contribution (\$)
7/22/16 Bail Busters Bail Bonds Contributor address; City; State; Zip Code 1024 Leopard St. Ste. B CC, TX 78401	500.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	employed
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7/21/16 Alfred L. Luna, Diana Luna Contributor address; City; State; Zip Code 8154 Barrogate CC, TX 78409	100.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor Diane Chapa	Amount of contribution (\$)
8/4/16 Contributor address; City; State; Zip Code 4245 Mc Ardle, Rd. TX 78411	200.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	etions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date out-of-state PAC (ID#: 7 Amount of contribution (\$) Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID# Date Amount of contribution (\$) 261.00 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) 1,000.00 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 00.00 PO Box 1553 Freer, TX 78357 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 5,000.00 123 N. Carrizost. 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorner Date Amount of contribution (\$) 8/18/16 Contributor address; City; State; Zip Code 350.00 410 Peoples St Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 150.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) 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.

MONET	ARY 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	5 Full name of contributor out-of-state PAC (ID#:) Law Office of Garcia, Quintanilla + Palacios	7 Amount of contribution (\$)
8/10/16	6 Contributor address; City; State; Zip Code	500.00
	5526 N. 10th St. McAllen TX 78504	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
	Attorney	
Date	Full name of contributo out-of-state PAC (ID#:) Rabalais Constructors, LLC	Amount of contribution (\$)
8/12/16	Contributor address; City; State; Zip Code	400.00
	P.O.BOX 10366 CL. TX 78460	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
8/12/16	Arrow Bros Drilling, LLC contributor address; City; State; Zip Code PO Box 527 Benavides TX 78341	1,000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor Out-of-state PAC (ID#: Pric. J. Cantu, Cars 4 Credit	Amount of contribution (\$)
8/13/16	Contributor address; City; State; Zip Code	2,500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional	

MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The I	nstruction 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	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of contribution (\$)
8/13/16	Joel Radriguez, Bianca Medina 6 Contributor address; City; State; Zip Code 1134 Shepard CC. TX 78412		500.00
8 Principal occup	Attorney 9 Employer (See Instructions)	tions	5)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
8/10/16	Contributor address; City; State; Zip Code POBOX 941 C.C. TX 78403	55	500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ctions	5)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
7/28/16	He ctor lapez Tr. Contributor address; City; State; Zip Code 1714 Harvard St. C.C. TX 78416		100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instru-	ctions	5)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
8/16/16	Allstar's Auto Transport of Towing Contributor address; City; State; Zip Code PO Box 613 Benavides, TX 78341		500.00
	ration / Job title (See Instructions) Employer (See Instru	ction	s)
			g 8
		**	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Mark A. Gomaler	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:) Law Office of Jason Wolf PLLC	7 Amount of contribution (\$)
8/12/16 6 Contributor address; City; State; Zip Code 410 Peoples St. C.C. TX 78401	2,500,00
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date Full name of contributor . \(\square\) out-of-state PAC (ID#:) Nelda Z. Garcia	Amount of contribution (\$)
8/13/16 Contributor address; City; State; Zip Code 5418 Hulen Dr. C.C. TX 18413	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/3/16 John M. Howard Contributor address; City; State; Zip Code 14500 Blanco Rd. San Antonio TX 78216 Act 932	1,000.00
Principal occupation / Job title (See Instructions) Self employed Employer (See Instru	ctions)
Date Full name of contributor. out-of-state PAC (ID#:	Amount of contribution (\$)
9/28/16 Retention, Strough Inc. Contributor address; City; State; Zip Code 5/8 Peoples St. CC. TX 78401	5,000.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS No struction is out-of-state PAC, please see instruction guide for additional contributor is out-of-state.	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gonzalez Miguel Antonio Calderon, Maria Angelica Calderon Contributor address; 4 Date 7 Amount of contribution (\$) 500.00 POBOX 1995 Principal occupation / Job title (See Instructions) Employer (See Instructions) Unemploye Full name of contributor out-of-state PAC (10#:_ Law Office of Northan Burkett Date Amount of contribution (\$) 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) S+G's Stores LLC 1500.00 7301 Candy Ridge Rd. Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 1,000.00 Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#: Contributor address; 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Date 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.

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Mark A. Gonzale	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	\$ 300.00
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description 100.00 Fee Chest 11 Employer (FOR NON-JUDICIAL) (See Instructions) 11 A. Gonzalez
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 Full name of contributor out-of-state PAC (ID#:	Amount of . In-kind contribution description \$. description 200.00
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Salon Palomo
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	n guide for additional reporting requirements.

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Mark A. GONZULEZ	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$ 550,00
5 Date 6 Full name of contributor Dout-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description 150.00 Wheel yourd Auto-Feed Trap Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	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 Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description 400.00 Left Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	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)	S
	*
ATTACH ADDITIONAL COPIES OF T	

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Wark A. Granzalo	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$ 300.00
	8 Amount of 9 In-kind contribution description Contribution \$ description 160.00 Let Rounbuc 2 Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	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)	e e
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description 200.00 Guide of Fishing Trip Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	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)	
	5
ATTACH ADDITIONAL COPIES OF	

TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS TOTAL OF TUNING CONTRIBUTIONS T		
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS TO Principal occupation (FOR JUDICIAL) To Principal-recupation / Job title (FOR NON-JUDICIAL) (See Instructions) To Principal-recupation / Job title (FOR NON-JUDICIAL) (See Instructions) To Principal-recupation (FOR JUDICIAL) To Contributor's principal occupation (FOR JUDICIAL) To Law firm of contributor's spouse (If any) (FOR JUDICIAL) To Law firm of contributor's spouse (If any) (FOR JUDICIAL) To Contributor address: City: State: Zip Code State Description Amount of Contribution & In-kind contribution description Contributor address: City: State: Zip Code State Description The Contributor address: City: State: Zip Code State Description The Contributor address: City: State: Zip Code State Description Contributor address: City: State: Zip Code State Description The Contributor address: City: State: Zip Code State Description Contributor's principal occupation (FOR JUDICIAL) The Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (If any) (FOR JUDICIAL) Law firm of contributor's spouse (If any) (FOR JUDICIAL) Law firm of contributor's spouse (If any) (FOR JUDICIAL)	The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
Solution	2 FILER NAME Mark A. GONZALEZ	
Revin Gray Contributor address City State Zip Code Check it travel outside of Texas. Complete Schedule T.	4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$ 2,340,00
### 10 Principal-oscupation / Job title (FOR NON-JUDICIAL) (See Instructions) ### 12 Contributor's principal occupation (FOR JUDICIAL) ### 13 Contributor's pot 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) ### 16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ### 16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ### 17 Date	5 Date 6 Full name of contributor out-of-state PAC (ID#:	
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's pob 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 Full name of contributor oul-of-state PAC (IDE: Amount of Contribution & description Edward Luncu SHO NO VISIO TV S154 Burrogate CC TX 78409 Check it ravel outside of Texas. Complete Schedule T Principal eccupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) It contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:	12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
Date Full name of contributor out-of-state PAC (IDE: Amount of Contribution & description	14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Edward Lunw Contributor address; City; State; Zip Code S154 barragate CC TX-78409 Check it travel outside of Texas. Complete Schedule T Principal eccupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) It contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Contributor's employer/law firm of parent(s) (if any) (FOR JUDICIAL) Contributor's employer/law firm of parent(s) (if any) (FOR JUDICIAL)	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
ATTACH ADDITIONAL CODIES OF THIS SCHEDIN E AS MEEDED	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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ATTACH ADDITIONAL CODIES OF THIS SCHEDIN E AS MEEDED	E.	
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME Mark A. Gonza	3 Filer ID (Ethics Commission Filers)
4 Date 8/18/16	5 Payee name DM Productions	
6 Amount (\$) 200.00	Payee address; City; State; Zip Code POBOX 71803 CC. TX	78467
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adversing - Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	3
8/16/16	DM Productions	
Amount (\$)	Payee address; City; State; Zip Code	D
885.00	POBOX 71803 CC. T.	X 78467
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Avertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
7/31/16 ·	DM Productions	*
Amount (\$)	Payee address; City; State; Zip Code	
75.00	POBOX 71803 C.C. TX	78467
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Political Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME OF A. GOV	12462 3 Filer ID (Ethics Commission Filers)
4 Date 7/22/16	5 Payee name DM Productions	
6 Amount (\$) 220.00	PO Box 71803 CC TX	78467
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 7/29/16 Amount (\$) 73.61	Payee name Mira's, Sports 4 N Payee address; City; State; Zip Code 6006 Ayers C.C. TX	Nove 78415
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 8/16/16	Arrow Display Signs	Inc.
1,568.38	Payee address; City; State; Zip Code 1343 S. Staples C.C.	t x.78404
PURPOSE OF EXPENDITURE	Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

4 Date 9/18/16 THM Productions 6 Amount (\$) 7 Payee address; City; State; Zip Code 178.00 3209 Foley Dr. CC. TX 7846 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense	Candidate/Officeholder/Political Credit Card Payment	The Instruction Guide explains how to co	9
## Amount (\$)	1 Total pages Schedule F1:	2 FILER NAME OF A GOI	3 Filer ID (Ethics Commission Filers)
Total Payee address: Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check It Austin, TX, officeholder in thing expenses Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder Taxas. Complete Schedule T. Check It Austin, TX, officeholder T	9/18/16	TYM Production	5
PURPOSE OF EXPENDITURE Page name S/15/16 Page name S/15/16 Page address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit CiOH Category (See Categories listed at the top of this schedule) Date Complete ONLY if direct expenditure Complete ONLY if direct expenditure Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure Condidate / Officeholder name Office sought Office held Office Sought Office Sought Office Sought Office Noted it Austin, Tx, officeholder living expense Complete ONLY if direct Complete ONLY if direct Complete ONLY if direct expenditure Office sought Office sought Office held Office held	6 Amount (\$)		tx 78415
Date SIJ5/Ib Date SUBJECT Signature Events Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Complete ONLY if direct Amount (\$) Payee address; City; State; Zip Code Candidate / Office holder name Office sought Office held Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose Office held Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate / Office holder Inving expense Complete ONLY if direct Candidate / Office holder name Office sought Office held	OF		Check if travel outside of Texas. Complete Schedule T.
Amount (\$) Payee address; City; State; Zip Code 552.51 S826 Wooldridge Rd. CC. TX 78414 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Date 9/20/16 Ruben Bon Ua Insurance Arrount (\$) Payee address; City; State; Zip Code Arrount (\$) Payee address; City; State; Zip Code OF Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Candidate / Office holder name Office sought Office hold Purpose OF EXPENDITURE Candidate / Office holder name Office sought Office sought Office holder Iving expense	Complete ONLY if direct expenditure to benefit C/Ol		Office sought Office held
Amount (\$) Payee address; City; State; Zip Code 552.51 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code Amount (\$) Payee address; City; State; Zip Code Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name City; State; Zip Code Complete ONLY if direct Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Butler Signature t	Events
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Payee address; City; State; Zip Code 5826 Wooldridge Rd.	C.C. TX 78414
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee name Payee address; City; State; Zip Code 2727 Morgan Ave #300 CC. TX 78 405 Purpose OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name	OF		Check if travel outside of Texas. Complete Schedule T.
Amount (\$) Payee address; City; State; Zip Code 2727 Morgan Ave #300 CC. TX 78405 PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name City; State; Zip Code 2727 Morgan Ave #300 CC. TX 78405 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		*** Tooley William And William Control of the Contr	
Amount (\$) Payee address; City; State; Zip Code 2727 Morgan Ave #300 CC. TX 78405 PURPOSE OF EXPENDITURE Payee address; City; State; Zip Code 2727 Morgan Ave #300 CC. TX 78405 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date 9/20/16 .		Surance
PURPOSE OF EXPENDITURE EVENT EXPENSE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name	1	Pavee address: City: State: Zip Code	100 m
Complete ONLY if direct Cardidate / Circonolder Harris	OF		Check if travel outside of Texas. Complete Schedule T.
		A CONTROL OF THE CONT	Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Mark A. GO	MZ4162 3 Filer ID (Ethics Commission Filers)
4 Date 9/15/16	5 Payer name - Morales	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
2,555.16	4437 Greengrove C	r. CCT4.78414
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	0 n à.	Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	Salary	Check if Austin, TX, officeholder living expense
EXPENDITORE	<i>y</i>	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/29/14	Maria Morales	
Amount (\$)	Payee address; City; State; Zip Code	· ·
920.00	4437 Greengrove	Dr. CC. TX. 78416
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Wages	Check if Austin, TX, officeholder living expense
LAF LINDII OIL	10 a 7 w	# #
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/O		
	* Y	₹·
Date	Payee name	181
9/21/16.	First Community Ba	in k
Amount (\$)	Payee address; City; State; Zip Code	
66.05	416 N. Wester St. CC	TX. 78401
	Category (See Categories listed at the top of this schedule)	Description ,
PURPOSE	1 Acari Balin	Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	Accounting / Banking	Check if Austin, TX, officeholder living expense
EVERDIIONE		W 1491
		•
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held
3 9	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILEFINAME A. GONZ	3 Filer ID (Ethics Commission Filers)
4 Date 9/7/16	5 Payon name Lupe Guerra	
6 Amount (\$) 140.00	7 Payee address; City; State; Zip Code 1914 Spencer CC TX	78414
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salay	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 9/9/16 Amount (\$) 160.00	Payee name Epi Menio Ysassi Payee address; City; State; Zip Code 201 Chandler In. CC	TX 78404
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
9/12/16 ·	Payee name KITI TV	
Amount (\$)	Payee address; City; State; Zip Code POBox 660919 Dallas	TX 75266
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candid Contributions/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Gard Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME GOV. A. GOV.	3 Filer ID (Ethics Commission Filers)
4 Date 9/6/16	Language and the second	inrance
6 Amount (\$) 400,60	7 Payee address; City; State; Zip Code 2727 Morgan Ave #30	00 CC TX 78405
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 9/6/16	Epimenio Sassi Payee address; City; State; Zip Code	
Amount (\$) 25.00	Payee address; City; State; Zip Code 201 Chandler Ln. OC T	X 78404
PURPOSE OF EXPENDITURE	Gas Reimbursement	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 9/6/16 .	Velma Santos	*
Amount (\$) 1500.00	Payee address; City; State; Zip Code 4051 Kullarmet CC T	X 78413
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
\$1 m	ATTACH ADDITIONAL CODICE OF THE	COUEDINE ACMEEDED

SCHEDULE

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME ark A. Gon	24/e2 3 Filer ID (Ethics Commission Filers)
4 Date ///	5 Payon name Arleen Santos	a viš
6 Amount (\$) [0]. 80	7 Payee address; City; State; Zip Code PO Box 244 Refugio	TX 78377
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salary	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	· Payee name	
9/5/16	Cindy Guerra	÷
Amount (\$) 55.00	Payee address; City; State; Zip Code 1914 Spencer CC TX	78414
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
Date 9 / (a / 1 ()	Mesquite Street Co	medy Club
114/16	D 11 0: 0: 0: 1: 0: 1:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1500.00	Col7 N. Mesquite St. C.C.	C. T.X 78401
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Great Gard's Symons	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME AVK A. GOO	3 Filer ID (Ethics Commission Filers)
4 Date 9/2/16	5 Payee name Epimenio Ysassi	2 34
380.00	7 Paybe address; City; State; Zip Code 201 Chandler Ln. C.C.	TX 78404
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salary	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date 9 / (/ (6 Amount (\$)	Payee name Epimenio Ysassi Payee address; City; State; Zip Code	Time of Ind
100.00	201 Chandler Ln. CC Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Equipment Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 9/3/16	Bay Flea Sports	
Amount (\$) 523.93	Payee address; City; State; Zip Code 4701 Hyers (CT) Ste. 103	78415
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.	
1 Total pages Schedule F1:	2 FILERINAME A. GONZ	ALEZ 3 Filer I	D (Ethics Commission Filers)
4 Date 8/24/16	5 Payee name Miras Sports		State of the State
6 Amount (\$)	7 Payee address; City; State; Zip Code	20.115	
73.61	6006 Ayers CC. TX	18413	
.8	, , , , , , , , , , , , , , , , , , , ,	(b) Description	O FILLT
PURPOSE OF EXPENDITURE	Expense Reimbursement	Check if travel outside of Texas. Check if Austin, TX, officeho	for the same
	100		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		7
8/24/16	Epimenio Ysassi		
Amount (\$)	Payee address; City; State; Zip Code	t) (0 1 1 1	
180.00	201 Chandler Ln. CCT	X 18404	
	Category (See Categories listed at the top of this schedule)	Description	* ,
PURPOSE OF	$\leq l_{\alpha} m$	Check if travel outside of Texas Check if Austin, TX, officeh	CONTRACTOR OF THE STATE OF THE CONTRACTOR OF THE STATE OF
EXPENDITURE	Salary	0.0000, 1.000, 1.7, 0.1.00	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		to the state of th
8/30/16	Susie luna C Ca	use	
Amount (\$)	Payee address; City; State; Zip Code	/	4
275.00	4639 Corona Sty CC.	TX. 78491	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense	Check if travel outside of Texa Check if Austin, TX, office	
EXPENDITURE		Onesia ii Addini, 1Aj Onice	and orbane
			•
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	12

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (entry a category not listed above)

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 1,500.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Others (astronomy not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Zip Code Robstown TX 78380 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name oadway St. CC TX 78401 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Kldvert151 Check if Austin, TX, officeholder living expense OF EXPENDITURE pense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) State; Zip Code 100.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By andidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME ark A. Gon	2 (1e2 3 Filer ID (Ethics Commission Filers)
8/13/16 6 Amount (\$)	7 Payee address/ City; State; Zip Code	is .
1,200.06	1236 S. Staples 5.	+ CC. TX. 78404
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date & / 13 / 16 Amount (\$)	Payee name J. Cantu Payee address; City; State; Zip Code	ę
700.00		
PURPOSE OF EXPENDITURE	EVENT Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 8/15/16	Payee name Edward Galvan	
Amount (\$) 215.00	Payee address; City; State; Zip Code	n TX 78380
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to con	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME AIR GONZ	3 Filer ID (Ethics Commission Filers)
4 Date 8/11/16 6 Amount (\$)	5 Payee name Velma Santos 7 Payee address; City; State; Zip Code 405/Killarmet CC TX	1 78413
300.00	709/ /Com/ 1/102/ CC 1/1	70-703
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	- Payee name	
8/13/16	Clarissa Serna	N
Amount (\$)	Payee address; City; State; Zip Code	•
1,000.00	4637 Corona CCT	x. 78413
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	*
8/13/16	Robert Rey Molina	
Amount (\$)	Payee address; City, State; Zip Code	€
1,000.00	1715 E. Main St. aux	·TX· 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EX PENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NEEDED

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 Giff/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

Contributions/Donations Made By Candidate/Officeholder/Political	Giff/Awards/Memonals Expense Printing Exp Committee Legal Services Salaries/Wa	ges/Contract Labor Other	(enter a category not listed above)
Credit Card Payment	The instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME WYK A. Gonz	1 200 10 100	er ID (Ethics Commission Filers)
8/3/16	5 Payse name Caller Times		- Committee - Comm
6 Amount (\$)	7 Payee address; City; State; Zip Code	CC TX 78	1/01
400.00	J *	-	401
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of	Texas. Complete Schedule T.
PURPOSE	Advertising Expense	And the second s	fficeholder living expense
EXPENDITURE	<i>J</i> .		
		O#	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	. Office field
Date	Payee name		* "
814/16	Zumela, Zapata		The second secon
Amount (\$)	Payee address; City; State; Zip Code	+ V . 7000	*
25.00	630 Huisache Robistowi	1 11 18386	0
	Category (See Categories listed at the top of this schedule)	Description	T Oleb Osbable T
PURPOSE	Gas Reimbursement		Texas. Complete Schedule T. officeholder living expense
EXPENDITURE	gas and		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	e e		€.
Date	Payee name	,	*
8/11/16	Staples Meat Mark	et	
Amount (\$)	Payee address; City; State; Zip Code	CoTX	701/12
400.00	7626 S. Staples St#111	, CC TX	18413
8	Category (See Categories listed at the top of this schedule)	Description	of Tourn Complete Policy Ind. T
PURPOSE	Event Expense		of Texas, Complete Schedule T. officeholder living expense
EXPENDITURE			5 at .
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDE	D
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date 15.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) 150.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Event Expense PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Amount (\$ CC TX .78413 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political	Committee	Legal Services		ages/Contract Labor	Other (enter a cat	egory not listed above)
Credit Card Payment		The Instruction Guide exp	plains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER	Mark A.	Gon	21/02	3 Filer ID (Et	hics Commission Filers)
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6 Amount (\$)	7 Payee a	16 1.56 1.56 1.56 1.56 1.56 1.56 1.56 1.	; Zip Code			
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8	(a) Catego	ory (See Categories listed at the top o	f this schedule)	(b) Description	a. D	5 7
PURPOSE		1 -		1 -	outside of Texas. Compl	****
. OF	EVE	ent Expenses	5	Check if Aust	tin, TX, officeholder li	ving expense
EXPENDITURE						
9 Complete ONLY if direct	Cand	didate / Officeholder name	F3	Office sought		Office held
expenditure to benefit C/OI	Н					# 18
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Date	Payee					
7/24/16	Ar	Leen Santo	S		-	
Amount (\$)	Payee	address; City; Stat	e; Zip Code	¢.		14
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	/ E	ory (See Categories listed at the top	v.	Description		L O.L. J. T
PURPOSE	Lerr	nbursement n	uileaso		outside of Texas. Comp	
OF EXPENDITURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Check if Aus	stin, TX, officeholder I	iving expense
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Complete ONLY if direct	Can	didate / Officeholder name	-	Office sought		Office held
expenditure to benefit C/C	H					€.
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Date	Payee	e name	39		¥	
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Amount (\$)	Payee	address; City; Sta	ite; Zip Code			
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64.95	Ste	1 Hyers C	CIX	78415		
	Categ	gory (See Categories listed at the top	p of this schedule)	Description	*	
PURPOSE	Till	entExpense		Check if trave	el outside of Texas, Com	plete Schedule T.
OF	EVE	Ju Cxporesc		Check if Au	ustin, TX, officeholder	living expense
EXPENDITURE						es u
7		* 1			*	
OI-I- ONLY # Jima	Car	ndidate / Officeholder name	av n 9	Office sough	t	Office held
Complete ONLY if direct expenditure to benefit C/		,		**		
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		ATTACH ADDITIONAL CO	OPIES OF THI	SSCHEDULEAS	NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Mark A Gonza		(Ethics Commission Filers)
4 Date 8/23/16	Epimenio Ysassi		
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 201 Chandler Ln. CC T	X 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Check if travel outside of Texas. Co Check if Austin, TX, officehold	A 10 1000 10 10 10 10 10 10 10 10 10 10 1
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
7/19/16	Payee name Velma, Santos Payee address; City; State; Zip Code		-
Amount (\$)	Payee address; City; State; Zip Code 4051 Killarmet CC	TX 78413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary	Description Check if travel outside of Texas. Co	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 7/24/16	Arleen Santos	407	
38.00	Payee address; City; State; Zip Code POBOX 244 Refugio T)	(78377	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary	Description Check if travel outside of Texas. C	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagnes/Contract Labor

Candidate/Officeholder/Political Credit Card Payment	I Committee Legal Services Salanes/vv The Instruction Guide explains how to c	complete this form.	ny not isted above)
1 Total pages Schedule F1:	A		s Commission Filers)
4 Date 9/23/16	5 Payee name Sam5 - Club 7 Payee address: City; State; Zip Code		3
6 Amount (\$)		TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete: Check if Austin, TX, officeholder living	*2
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 8/24/16 Amount (\$) 214,44	Payee name Velma Santos Payee address; City; State; Zip Code 4051 Killarmet CC T	x 18413	F 9
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
8/23/16	Payee name Sams		-
Amount (\$) 218.11	Payee address; City; State; Zip Code 4833 SPID CC	TX. 78416	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
		O COLUEDULE ACAIEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expense)

Candidate/Officeholder/Political	Committee Legal Services	Salaries/Wages/Contract Labo	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guid	e explains how to complete this form	i.
1 Total pages Schedule F1:	2 FILER NAME Wark A.	Gonzalez	3 Filer ID (Ethics Commission Filers)
9/20/16	5 Payee name Velma Sar	rtos	
6 Amount (\$) 1,500.00	7 Payee address; City; 4051 Killarmet	State; Zip Code CC. TX 1841	3 .
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Salary	Check if	n travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder nam	e Office sou	ght Office held
8 /2/16	· Payee name Edward, Lun	a	
Amount (\$) 393.00	Payee address; City; 8154 Barrogat	State; Zip Code e Dr. CCTX	78409
PURPOSE OF EXPENDITURE	Event Expe	Check	n travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder nan	ne Office sou	ght Office held
Date 6/17/16	Payee name Arleen San	tos:	
Amount (\$) 50.00	Payee address; City; POBOX 244	State; Zip Code Refugio TX 78	377
PURPOSE OF EXPENDITURE	Category (See Categories listed at t	Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na H	ame Office so	ught Office held
100	ATTACH ADDITIONAL	CODIES OF THIS SCHEDING	AC MEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expense)

Candidate/Officeholder/Political Credit Card Payment		Salaries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Fayment	The Instruction Guide explains	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 9/7/16	5 Payee name Lupe Guerra	
6 Amount (\$)	7 Payee address; City; State; Zig	Code
140.00	1914 Spencer CCT	TX 78414.
8	(a) Category (See Categories listed at the top of this so	1 /10
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Sulary	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	× ×
Date /	· Payee name	
9/14/16	Dairy Queen Soc Payee address; City; State; Zi 3606 Ayers CC 7	cial
Amount (\$)	Payee address; City; State; Zi	p Code
914.18	3606 Hyers CC 7	X 18405
11	Category (See Categories listed at the top of this s	
PURPOSE	Front Erons	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE	Event Expens	Check if Austri, 1A, diffice folder living expense
	8 1	24
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	H	ŧ.
Date	Payee name	
8/11/16.	Dairy Queen	
Amount (\$)		Tip Code
780.00	6163 Saratoga CC	TX 78413
	Category (See Categories listed at the top of this	
PURPOSE	Export Exposes	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		D 50
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
- Liv	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Giff/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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
Total pages Schedule F1:	2 FILER NAME Mark A. GONZA	3 Filer ID (Ethics Commission Filers)
9/1/16	5 Payee name Dairy Queen Social	ž.
495. 9.6	7 Payee address; City; State; Zip Code 11/01 Leopard CCTX 78	410
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	- Payee name	
9/5/16	Cindy Guerra Payee address; City; State; Zip Code	
Amount (\$)	Payee address; City; State; Zip Code	20111
55.00	1914 Spencer C.C. T.	X 18414
2	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Salary	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	*
9/5/16.	Arleen Santos	
Amount (\$)	Payee address; City; State; Zip Code	4
101.80	POBOX 244 Refugio T.	X 78377
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	S. D. a. I	Check if Austin, TX, officeholder living expense
EXPENDITURE	salary	M
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense **Event Expense** Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Poiling Expense Travel In District Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Zip Code 6 Amount (\$) 7 Payee address; 820 Lower Broadway St 00.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Fxpenses Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; City; State: Amount (\$) (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/C

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment		ges Contract Labor Other (enter a category	iotisted above)
Great Gardi dymon	The Instruction Guide explains how to co		
1 Total pages Schedule F1:	2 FILER NAME WAYK A. GONZAL	3 Filer ID (Ethics C	commission Filers)
4 Date 8/6/16	5 Payee name Coaches World	· ·	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
549.91	4701 Ayers CC. TX.7	8415	· · · · · · · · · · · · · · · · · · ·
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	245 W28
PURPOSE		Check if travel outside of Texas. Complete Sch	64.00
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living ex	репѕе
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought C	Office held
expenditure to benefit C/O	4		
Date 8/12/16	· Payee name Coache's World		11
Amount (\$)	Payee address; City; State; Zip Code	ę	
151.55	4701 Ayers C.C. TX 78	8415	i 2
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living ex	
Complete ONLY if direct	Candidate / Officeholder name	Office sought (Office held
expenditure to benefit C/O	Н		€-
Date	Payee name	49.	
8/19/16.	Coache's World		
Amount (\$)	Payee address: City; State; Zip Code		
81.18	Ste. 103 C.C. TX	78415	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	5	Check if travel outside of Texas, Complete So	
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living of	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL CORIES OF THIS	S SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries We The Instruction Guide explains how to co		legory not isled above)
1 Total pages Schedule F1:	2 FILER NAME		thics Commission Filers)
	Mark A. Gonza	ez	
7/18/16	S Paixee name Coache's World	<u></u>	
6 Amount (\$) 21, 65	516.105	78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
S/31/16	Bay Area Sports	e s	<i>a</i>
Amount (\$) 105,54	Payee address; City; State; Zip Code 4701 Ayers Ste. 103	78415	d a 2 W
PURPOSE OF EXPENDITURE	Printing Expense	Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 8/16/16	Bay Flrea Sports		
Amount (\$)	Payee address; City; State; Zip Code 4701 Ayers	78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Con Check if Austin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CORIES OF THIS	SCHEDIII E AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By didate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Coan Repayment Meintousement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	(1 .26)
1 Total pages Schedule F1:	2 FILER NAME WARK A FRONZA	3 Filer ID (Ethic	s Commission Filers)
4 Date 8/8/16	5 Payee name Area Sports		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
40.59	4701 Hyers Ste. 103 C.C. TX	78415	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	· Payee name		
9/12/16	Bay Area Sports	5 x 4	
Amount (\$)	Payee address; City; State; Zip Code	9	
297.69	1701 Ayers (C. T	X 78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	T		h _e .
S/(1/16 ·	Fast Signs	*	
Amount (\$)	Payee address; City; State; Zip Code	- 26.1.2	2
160.74	1220 Airline Rd. CC. Ste. 170	TX 78412	
	Category (See Categories listed at the top of this schedule)	Description .	
PURPOSE OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complet Check if Austin, TX, officeholder livi	
		Ossina navaht	Office hold
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
4 00	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By andidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME Mark A- Gonza	3 Filer ID (Ethics Commission Filers)
4 Date 8/12/16 6 Amount (\$)	5 Payee name The Production S 7 Payee address; City; State; Zip Code	
110.00	3209 Foley Dr. CC.	TX 78415
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) A dvertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7/28/16	TAM Roductions	
Amount (\$)	Payee address; City; State; Zip Code	•
110.00	3209 Foley Dr. C.C.	TX 78415
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
7/24/16 ·	Payee name KTII TV	
Amount (\$) 459,00	Payee address; City; State; Zip Code POBox 660919 Dalla	s TX 75266
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
у у	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District

Candidate/Officenoider/Political Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
Total pages Schedule F1:	2 FILER NAME Mark A. Gonza	3 Filer ID (Ethics Commission Filers
9/22/16	5 Payee name First Community Bon	K
3.50	7 Payee address; City; State, Zip Code 416 N. Water St. CCT)	× 78401
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	5. S.
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
, , , ,	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Committee 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 F4:	2 FILER NAME A. GONZALEZ 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	zed expenditures charged to a credit card \$ 43.98
5 Date 9 114 114	6 Payee name Party City
7 Amount (\$) 21,99	8 Payee address; City; State; Zip Code 5425 S. Padre Island Dr. CCTX 78411
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held
Date G 12 1 4 Amount (\$)	Payee name City Payee address; City; State; Zip Code
21.99	Payee address; City; State; Zip Code 5425 SPID (C-TX: 7841)
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
ê	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED