# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

AREA CODE PHONE NUMBER EXTENSION    CAMPAIGN TREASURER NAME	The C/OH Instruction G	uide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
OFFICEROLDER NAME  CANDIDATE / OFFICEROLDER ALAST  GONZALCZ  GONZA		_ , ,	OFFICE USE ONLY
GONZALEZ  4 CANDIDATE/ OFFICEHOLDER ADDRESS /PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE MALLING ADDRESS  5 CANDIDATE/ OFFICEHOLDER ADDRESS  6 CAMPAIGN TREASURER NAME  7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER ADDRESS (Residence or Business)  9 REPORT TYPE  January 15 January	SECTION OF THE PROPERTY OF THE	Mark A.	
A CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX: AFT SUITE #: CITY; STATE: ZIP CODE MAILING ADDRESS  924		0 1	FILED FOR RECORD
OFFICEHOLDER MAILING ADDRESS  Change of Address  Change of Address  AREA CODE PHONE NUMBER PHONE  AREA CODE PHONE NUMBER PHONE  CAMPAIGN TREASURER NAME  STREET ADDRESS (Residence or Business)  REPORT TYPE  January 15  July 15  J	a CANDIDATE /	Transportation productions at a statistic members of a second second second second	AT 4 OD PM
Candidate   Cand	OFFICEHOLDER MAILING	department of the company of the com	KARA SANDS
Date Hand-delivered or Date Postmarked PHONE  6 CAMPAIGN TREASURER NAME  7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  8 CAMPAIGN TREASURER ADDRESS (Residence or Business)  9 REPORT TYPE  January 15  July 15  Bith day before election  Bith day before election  COVERED  Month Day Year  Primary Runoff  Runoff  Exceeded \$500 limit  Final Report (Altach C/OH - FR)  THROUGH  12 OFFICE  OFFICEHOLD (it any)  Date Processed  Date			DEDUTO.
TREASURER NAME  NICKNAME  LAST  GI MORE  TABLE TADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  RESIDENCE (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  John  Month  Day  Year  Month  Day  Month  Day  Year  Month  Day  Month  Day  Year  Month  Day  Month  Day  Month  Day  Year  Month  Day  Month  Day  Year  Month  Day  Month  Day  Month  Mont	OFFICEHOLDER	A STATE A STATE AND ADDRESS OF THE PARTY OF	Date Hand-delivered or Date Postmarked
NAME  NICKNAME  LAST  Gilmore  Teasurer ADDRESS (Residence or Business)  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  TREASURER ADDRESS (Residence or Business)  AREA CODE PHONE NUMBER  EXTENSION  PHONE  AREA CODE PHONE NUMBER EXTENSION  Stift day after campaign teasurer appointment (Officeholder Only)  July 15  Bith day before election Exceeded \$500 limit Final Report (Attach CICH - FR)  THROUGH  THROUGH  THROUGH  THROUGH  THROUGH  THROUGH  THROUGH  THROUGH  TO OTHER  OFFICE OFFICE HELD (If amy)  TO OFFICE OFFICE HELD (If amy)  TO COVERED  OTHER SUFFIX  Date Processed  Date Processed  Date Processed  Date Processed  Date Imaged  Dat		The state of the s	Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  July 15  Sth day before election  But day before election  When the day before election  THROUGH  10 PERIOD COVERED  10 PERIOD COVERED  11 ELECTION DATE  Month Day Year  Special  12 OFFICE  OFFICE OFFICE OFFICE DELECTION (if known)			Date Processed
TREASURER ADDRESS (No PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION  AREA CODE PHONE NUMBER EXTENSION  PHONE  15th day after campaign treasurer appointment (cofficience)		Gilmore	Date Imaged
TREASURER PHONE  301 882 - 4378  9 REPORT TYPE  January 15  July 15  Sth day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)  10 PERIOD COVERED  Month  Day  Year  Month  Day  Year  Primary  Runoff  Bunoff  Day  Year  OH  Primary  Runoff  Other  Description  12 OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)	TREASURER ADDRESS	CONTROL CONTRO	
January 15  January 15  January 15  Sth day before election  Bunoff  Runoff  Sth day after campaign treasurer appointment (Officeholder Only)  Buly 15  Sth day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)  THROUGH  Primary  Runoff  Bunoff  THROUGH	TREASURER		
THROUGH  11 ELECTION  ELECTION DATE  Month Day Year Primary Runoff Description  12 OFFICE  OFFICE HELD (if any)  THROUGH  THROUGH  THROUGH  THROUGH  OTHER Description  THROUGH  THROUG	9 REPORT TYPE		treasurer appointment (Officeholder Only)
Month Day Year Primary Runoff Other Description  12 OFFICE OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)		ng /20 /11.	Table 1
	11 ELECTION	Month Day Year Primary Runoff Other Description	
AV	12 OFFICE	September 1997 1997 1997 1997 1997 1997 1997 199	
District Attorney		District	Attorney

**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		
		Sommittee on the Alay Mexicontent Name		
Additional Pages				
×.		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4050,00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 18,570.11			
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ \[ \8  \570 \cdot \1 \]  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \[ \\$  \5  \05\alpha \cdot \95 \]			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT			CHI SEC 015 175 3	
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.				
My Commission Expires February 28, 2018				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Mark A. Gonzalez , this the 31st				
day of, 20, to certify which, witness my hand and seal of office.				
Vela St Velma Santos Notary State of Texas				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

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SU		AL	0	- (	٠/٧	OF	٦

# FORM C/OH COVER SHEET PG 3

19					
	Mark A. Gonzalez				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	e 0	\$6,050.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	5	\$		
4.	SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CA	ONTRIBUTIONS	\$ 18,570.11		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURETURNED TO FILER	\$ —			

# 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 5 Full name of contributor out-of-state PAC (ID#: 7 A Borulla Investments 9/30/16 6 Contributor address; City; State; Zip Code 2727 Morgan Avet 300 CC T& 408 8 Principal occupation / Job title (See Instructions) 5014 Small 7 Amount of contribution (\$) 700.00 Self Employed Insurance out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) Gowan Elizondo LLP Contributor address; City; State; Zip Code 555 N. Carancahua CCTX 78401 500.00 Principal occupation / Job title (See Instructions) self employed Date Full name of contributor out-of-state PAC (ID#: Che Isea's Pub & Grill Contributor address; City; State; Zip Code 2732 SPID #135 CC TX 78415 Amount of contribution (\$) 350.00 cipal occupation / Job title (See Instructions) MSHAUMUT MIGNIM: Principal occupation / Job title (See Instructions) Employer (See Instructions) magnt Date out-of-state PAC (ID#: Amount of contribution (\$) Patrick L Beam Contributor address; City; State; Zip Code 924 Lopard CC TX 78401 2,500.00 Principal occupation / Job title (See Instructions) 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.

MONET	ARY POLITICAL CONTRII	BUTIONS	SCHEDULE A1
The	nstruction Guide explains how to complete this	form.	Total pages Schedule A1:
2 FILER NAME	Mark A. Gonzal	ez 3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC  Maria Martinez  6 Contributor address; City; State;  6048 Ocean Dr CCTX	Zip Code 78412	2,060.00
8 Principal occur		9 Employer (See Instruction	employed.
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
er er	Contributor address; City; State;	Zip Code	*
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor ut-of-state PAC  Contributor address; City; State;	(ID#:) Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full rame of contributor out-of-state PAC  Contributor address; City; State	(ID#:) ; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES O		

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

Cleditoda aymen	The Instruction Guide explains how to com	plete this form.	_ A
1 Total pages Schedule F1:	2 FILER NAME Mark A. Gonzalez	_	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/16	Boy Area Sports		7
6 Amount (\$)	7 Payee andress; City; State; Zip Code		~
711.09	4701 Ayers Ste 103 CC	TX 78	3.415
.8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	*		utside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Expense	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	- Payee name		7
10/3/16	H-E-B.		
Amount (\$)	Payee address; City; State; Zip Code	· ·	
178.39	5801 Weber CC TX 78	413	si a a
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/14/14	AT+T		
Amount (\$)	Payee address; City; State; Zip Code		72
132.22	P.O. Box 6443 CArol St.	ream Il	- 60197 - 6463
	Category (See Categories listed at the top of this schedule)	Description	*
PURPOSE	4		outside of Texas. Complete Schedule T.
EXPENDITURE	Solicitation	L Check if Aus	tin, TX, officeholder living expense
-	201107101-1		10 P
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NI	FEDED

## 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 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) 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 Gonzalez 5 Payee name 4 Date PUBOX 71803 CC TX 78467 (050 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 sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) 229.63 Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$ Morgan Ave. #600 CC. TX 78405 Category (See Categories listed at the top of this schedule) 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)** Loan Repayment/Reimbursement Event Expense Advertising Expense Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expens Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District 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) 2 FILER NAME 1 Total pages Schedule F1: 4 Date 10/12/14 Broadway St. C.C. TX. 78401 1,115.00 (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 Advertising **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Communications City; State; Zip Code Amount (\$) (.C. TX-78401 Artesian St. 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 Advertisina EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 4. Payee name Arrow Display Signs, Inc. Payee address; City; State; Zip Code Amount (\$) 1343 S. Staples, C.C. TX. 78404 568.31 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Printina OF Check if Austin, TX, officeholder living expense EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

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

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

Candidate/Officeholder/Political	Committee Legal Services Salaries/	Wages/Contract Labor Other (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Mark A. Gonzal	3 Filer ID (Ethics Commission Filers)		
4 Date 10/20/14	5 Payoo name Vulnu Santus			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
1500.00	4051 Killarmet Dr-	CC:TX: 78413		
.8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	8	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	wazer	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			
10/20/14	Cindy, Guerra			
Amount (\$)	Payee address; City; State; Zip Code	e		
55.00	1914 Spencer Dr.	C.C. TX. 78414		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
EXPENDITURE	Wages	Sheek ii Adduit, 12, dincenducer iivilig expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	Н	₹·		
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10/21/14.	Coleb Sanche	2_		
Amount (\$)	Payee address; City; State; Zip Code	ī		
150.00	4541 Castenon,	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	1411005	Check if Austin, TX, officeholder living expense		
	wages.			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expens Accounting/Banking Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gonzalez Mark 4 Date 10112110 C.C. TX. 78415 327.84 (b) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Printing Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Velma SAntos City; State; Zip Code Payee address: Amount (\$) 4051 Killarmet Dr. CC.TX- 78413 1500,00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Wages EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 5. Payee name Date 10/12/14. City; State; Zip Code Amount (\$) P.O. BOX 640 919 Dallas. TX. 75266 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense OF Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Office sought

Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expens Polling Expense Consulting Expense Contributions/Donations Made By Travel In District 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 4 Date SPID, Suito. 31, C.C. TX. 78411 (b) Description (a) 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 Advertising EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Pavee address; Dr. CC. Tx. 78416 18.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Wages EXPENDITURE Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; St. Ste. 103 CC TX. 7845 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

Candidate / Officeholder name

Office sought

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 Candidate/Officeholder/Political Committee **Event Expense** 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 (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 Gonzalez 1012 6 Amount (\$) Ayers St. Ste. 103 CC. TX. (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 Amount (\$) D. Drawer 260994 85.00 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 Expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) St. #300 · C.C. TX. 78401 180.00 600152 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

## 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 Gifft/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 complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gonzalez 4 Date 5 Payee name Advance 10 McArdle Rd. CC. TX. 78411 (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 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; 75.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Wuges **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) St. St. 103; C.C. TX-78415 Category (See Categories listed at the top of this schedule) 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