

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) <i>N/A</i>	2 Total pages filed: <i>8</i>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
		<i>Anna E.</i>		Date Received			
		<i>Lisa Gonzales</i>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	<i>410 Grant Place Corpus Christi TX 78411</i>						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
	<i>(361) 549-5222</i>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
		<i>Anna E.</i>		Date Hand-delivered or Date Postmarked			
		<i>Lisa Gonzales</i>					
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	<i>410 Grant Place Corpus Christi, TX 78411</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
	<i>(361) 549-5222</i>						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<i>07 / 01 / 2021</i>				<i>12 / 31 / 2021</i>		
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
			<i>03 / 01 / 2022</i>			<input type="checkbox"/> General <input type="checkbox"/> Special	
			<i>General: 11-8-22</i>				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	<i>Judge Nueces County Court at Law No. 2</i>			<i>Judge, Nueces County Court at Law No. 2</i>			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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					
	<input type="checkbox"/> GENERAL						
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS						

FILED FOR RECORD
AT 11:46 PM

JAN 10 2022

KARA SANDS
CLERK, COUNTY COURT, NUECES COUNTY, TEXAS
BY: *[Signature]* DEPUTY

GO TO PAGE 2

2022-0003

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 2**

15 JC/OH NAME <i>Anna E. "Lisa" Gonzales</i>		16 Filer ID (Ethics Commission Filers) <i>N/A</i>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>-0-</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4,275.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>-0-</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,500.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>29,758.87</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>-0-</i>

18 SIGNATURE 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.

Anna Elisabet "Lisa" Gonzales
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is *Anna Elisabet "Lisa" Gonzales*, and my date of birth is *March 24, 1962*.

My address is *410 Grant Place, Corpus Christi, TX 78411, U.S.A.*
(street) (city) (state) (zip code) (country)

Executed in *Nueces* County, State of *Texas*, on the *10th* day of *January*, 20 *22*.
(month) (year)

Anna Elisabet "Lisa" Gonzales
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Anna E. "Lisa" Gonzales</i>		20 Filer ID (Ethics Commission Filers) <i>N/A</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,275.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>1,300.00</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,500.00</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3
2 FILER NAME Anna E. "Lisa" Gonzales		3 Filer ID (Ethics Commission Filers) N/A
4 Date 07-09-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Hoblit Darling Ralls Hernandez & Hudlow LLP	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 802 N. Carancahua Ste 2000 Corpus Christi TX 78401	
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 07-13-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Fred McCutcheon	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 344 University Dr. Corpus Christi TX 78412	
Contributor's principal occupation Attorney		Contributor's job title Attorney/Shareholder
Contributor's employer/law firm Wood Boykin & Wolter, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 07-17-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Leslie Cassidy	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code P.O. Box 941 Corpus Christi TX 78403	
Contributor's principal occupation Attorney		Contributor's job title Attorney / Partner
Contributor's employer/law firm Cassidy Delgado & Olivarez		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3
2 FILER NAME Anna E. "Lisa" Gonzales		3 Filer ID (Ethics Commission Filers) N/A
4 Date 07-26-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ The Burkett Law Firm / David Burkett	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 538 S. Tancanhua Street Corpus Christi TX 78401	
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney / Founding Partner
10 Contributor's employer/law firm The Burkett Law Firm		11 Law firm of contributor's spouse (if any) The Burkett Law Firm
12 If contributor is a child, law firm of parent(s) (if any)		

Date 09-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Thomas J. Henry Law P.C.	Amount of contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code P.O. Box 696025 San Antonio, TX 78269	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 10-20-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Amanda m. Lesinski	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 15614 Finistere St. Corpus Christi TX 78418	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Hoblit, Darling, Ralls, Hernandez & Hudlow, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3
2 FILER NAME Anna E. "Lisa" Gonzales		3 Filer ID (Ethics Commission Filers) N/A
4 Date 11-1-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jeanne Chastain P.C.	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code PO Box 2175 Corpus Christi, TX 78403		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Jeanne Chastain P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12-8-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tina V. Peña	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code 4401 Coventry Ln. Corpus Christi TX 78411		
Contributor's principal occupation retired		Contributor's job title retired
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): <u>1</u>	
2 FILER NAME <u>Anna E. "Lisa" Gonzales</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <u>- 0 -</u>	
5 Date <u>7-1-21</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brenda Baker</u>	8 Amount of Pledge \$ <u>\$1,000.00</u>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <u>5350 S. Staples St. Ste 203 Corpus Christi TX 78411</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Pledgor's principal occupation <u>Attorney</u>		11 Pledgor's job title <u>Attorney / Partner</u>	
12 Pledgor's employer/law firm <u>Baker & Baker</u>		13 Law firm of pledgor's spouse (if any) <u>Baker & Baker</u>	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date <u>11-18-21</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sarah Klager</u>	Amount of Pledge \$ <u>\$300.00</u>	In-kind contribution description
Pledgor address; City; State; Zip Code <u>5934 S. Staples Street Suite 206 Christi, TX 78413</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Pledgor's principal occupation <u>Attorney</u>		Pledgor's job title <u>Attorney</u>	
Pledgor's employer/law firm <u>Law Office of Sarah Klager</u>		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Anna E. "Lisa" Gonzales	3 Filer ID (Ethics Commission Filers) N/A
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4 Date 11-18-21	5 Payee name Nueces County Democratic Party
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6 Amount (\$) \$1,500.00	7 Payee address; 2701 Morgan Ave. #600 Corpus Christi, TX	City;	State;	Zip Code 78405
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description candidate filing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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