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: 18
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Joe	A	Date Received
	Gonzalez		FILED FOR RECORD
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 4009 Oak Forest D	CITY; STATE; ZIP CODE	JUL 17-2017
Change of Address	Corpus Christi, Tx 78413		KARA SANDS CLERK: COUNTY SQUAR, HUBBES ZOUNTY TEXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 945-3551	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	Mr. Aldefino	SUFFIX	Date Processed
	Fino Palacios	Jr.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / 4009 Peoples Street, Suite A Corpus Christi, Tx 78401	SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 884-8322	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Dáy Year 1 / 1 / 2017	THROUGH 6	Day Year 2017
11 ELECTION	ELECTION DATE Month Day Year Primal Gener	Description	
12 OFFICE	OFFICE HELD (if any) Nueces County Commissioner,	Pct 2 2017	7-057
	GO TO	O PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		11	5 Filer ID (Ethics Commission Filers)
Joe A. Gonzalez			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT IDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
·	SPECIFIC		
			er men en e
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		- SSIMINITE - STATE -	
17 CONTRIBUTION	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	iN a
TOTALS	PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	ED \$ 0.
	2. TOTAL	POLITICAL CONTRIBUTIONS	¢ 0.125.00
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,135.00
EXPENDITURE	3. TOTAL I	POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 548.29
TOTALS		S ITEMIZED	\$ 548.29
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,427.29
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 10,699.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
	SANDRA B SAN Notary Public STATE OF TEXAS My Comm. Exp. 09-30	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me
	~~~~	Signature of Cano	didate or Officeholder
AFFIX NOTARY STAM	1P/SEALABOVE		
		hutha and Ine A Gonzalez	, this the17
T., 1,		by the said	
day of July	, 20]7,	to certify which, witness my hand and seal of office.	
Sanda p	& Santo	Sandra B. Santos	Notary Public
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Comm	nission Filers)
	Joe A. Gonzalez	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,135.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ .
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,427.29
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,651.32
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 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 Joe A. Gonzalez 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:__ 5/21/2017 Robert Adler \$250.00 6 Contributor address; City; State; Zip Code P.O. box 5405, Corpus Christi, Tx 78465 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Date TexStar Wrecker Services 5/31/2017 \$200.00 Contributor address: City; State; Zip Code 3041 Holly Rd, Corpus Christi, Tx 78465 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) Cecilia G. Akers 5/22/2017 Contributor address; City; State; Zip Code \$250.00 2014 Encino Vista, San Antonio, Tx 78259 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ Antonia G. Runkle 5/31/2017 \$200.00 Contributor address; City; State; Zip Code 6635 S. Staples, #812, Corpus Christi, Tx 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Joe A. Gonzalez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Rene M. Pena 5/18/2017 \$100.00 6 Contributor address; City; State; Zip Code 13333 Scenic Cir, Corpus Christi, Tx 78410 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#: Date Amount of contribution (\$) Antonio Arredondo, Jr. 5/20/2017 City; State; Zip Code \$100.00 Contributor address; 1924 Brennan, Corpus Christi, Tx 78408 Employer (See Instructions) Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#: Date Full name of contributor Amount of contribution (\$) Ben Grande, Jr. 5/31/2017 Contributor address; City; State; Zip Code \$150.00 1021 Chamberlain, Corpus Christi, Tx 78404 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:___ **Ortiz Properties** 5/31/2017 \$500.00 Contributor address: City; State; Zip Code 4237 Baldwin Blvd, Corpus Christi, Tx 78405 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Joe A. Gonzalez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Torres Law Firm 6/1/2017 6 Contributor address; \$150.00 City; State; Zip Code 1122 Elizabeth, Corpus Christi, Tx 78404 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:_ Full name of contributor Date Amount of contribution (\$) Linebarger, Goggan, Blair & Sampson, LLP 5/20/2017 \$1,000.00 City; State; Zip Code Contributor address; P.O. Box 17428, Corpus Christi, Tx 78760 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) 6/1/2017 Adriana Ortiz \$800.00 Contributor address; City; State; Zip Code P.O. Box 6352, Corpus Christi, Tx 78466 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Paul D. Chapa 5/31/2017 \$500.00 Contributor address; City; State; Zip Code 8022 Saint Laurent, Corpus Christi, Tx 78414 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Joe A. Gonzalez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Jaime Garcia 5/31/2017 \$500.00 6 Contributor address; City; State; Zip Code 6310 Grandvilliers, Corpus Christi, Tx 78414 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Robert M. Viera 5/31/2017 City; State; Zip Code \$500.00 Contributor address; 6914 Aaron Drive, Corpus Christi, tx 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Dan S. Leyenecker Contributor address; 5/31/2017 \$500.00 City; State; Zip Code 15222 Cane Harbor Blvd, Corpus Christi, Tx 78418 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#: Eric Trejo 5/31/2017 \$500.00 Contributor address: City; State; Zip Code 5334 Timbergate, Corpus Christi, Tx 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe A. Gonzalez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Belinda Flores 5/31/2017 6 Contributor address; \$500.00 City; State; Zip Code 6409 Legacy Point, Corpus Christi, Tx 78414 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#; Amount of contribution (\$) Ernest R. Garza 6/2/2017 \$500.00 Contributor address; City; State; Zip Code 10201 Leopard St., Corpus Christi, Tx 78410 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Julio C. Reyes 6/5/2017 Contributor address; \$500.00 City; State; Zip Code 52 W Bar Le Doc Dr, Corpus Christi, Tx 78414 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Rachel Canales 6/12/2017 \$800.00 Contributor address; City; State; Zip Code 1374 Sandpiper, Corpus Christi, Tx 78412 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Joe A. Gonzalez 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 6/13/2017 Carlos and Olga Perez \$100.00 6 Contributor address; City; State; Zip Code 10111 Pemcrest, San Antonio, Tx 78240 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date City; State; Zip Code Contributor address: 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) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

ccounting/Banking onsulting Expense ontributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing	vernead/Hental Expense Expense Expense /Wages/Contract Labor	Transportation Equipment & Helated Expense Travel In District Travel Out Of District Other (enter a category not listed above)
edit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
Date 5/22/2017	5 Payee name Maria Valdez		
Amount (\$)	7 Payee address; City; State; Zip Code		
294.00	2550 Tierra Poniente, Corpus Christi	, 1X /8413	
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	Food Expense	Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5/29/2017	Felix Valdez		· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code		
135.00	2550 Tierra Poniente, Corpus Christi,	, Tx 78415	
	Category (See Categories listed at the top of this schedule)	Description	,
PURPOSE OF EXPENDITURE	Food Expense	1	outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/1/2017	Joe A. Gonzalez		
Amount (\$)	Payee address; City; State; Zip Code	3	
200.00	4009 "D" Oak Forest, Corpus Christ	i, Tx 78413	
PURPOSE	Category (See Categories listed at the top of this schedule)		l outside of Texas. Complete Schedule T.
OF EXPENDITURE	Reimbursement	Check if Au	stin, TX, officeholder living expense
	1	1	· Control of the cont

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gitt/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

Candidate/Officeholder/Political	Committee Legal Services Salaries	Wages/Contract Labor	Other (enter a category not listed above)
edit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
	5 Payee name		
/14/2017	Joe A. Gonzalez		
Amount (\$)	7 Payee address; City; State; Zip Code		
150.00	4009 "D" Oak Forest, Corpus Christ	i, Tx 78413	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE	Reimbursement	L Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/20/2017	Joe A. Gonzalez		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.	4009 "D" Oak Forest, Corpus Christi	, Tx 78413	·
PURPOSE OF · EXPENDITURE	Category (See Categories listed at the top of this schedule)  Reimbursement		utside of Texas. Complete Schedule T.
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4 - 1.			
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			utside of Texas. Complete Schedule T. n, TX, officeholder living expense
-		Office accepts	Office held
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office field

### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Зу ral Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contra	Travel In Dist Travel Out O ct Labor Other (enter a	
Candidate/Oniceriolder/Politic Credit Card Payment	а Сопшнасс	The Instruction Guide explain:	<del>-</del>		
Total pages Schedule G:	2 FILER NA				(Ethics Commission Filers)
Total pages scriedule G.	Joe A. C	ionzalez			,
Date 1/31/2017	5 Payee nar Baldwin	ne Printing			
Amount (\$)	7 Payee ad	dress; City; State; Zip	Code		
605.00  Reimbursement from political contributions intended	5125 Ca	rroll Lane, Corpus Chris	sti, Tx 78415		
	(a) Category	(See Categories listed at the top of this sch	[		
PURPOSE OF EXPENDITURE	Printing	Expense	! ==	ck if travel outside of Texas. Comple ock if Austin, TX, officeholder li	
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name	Office sou	ught	Office held
Date	Payee na	me			
2/1/2017	Postma	ster			
Amount (\$)	Payee ad	ldress; City; State; Zip	p Code		
185.00 Reimbursement from political contributions intended	6742 W	eber Rd, Corpus Christi,	Tx 78413		
BUBBOOK	Category	(See Categories listed at the top of this so		•	
PURPOSE OF EXPENDITURE	Office I	Expense/mailout		eck if travel outside of Texas. Compl eck if Austin, TX, officeholder li	
Complete ONLY if direct expenditure to benefit C/6		date / Officeholder name	Office so	ught	Office held
Date	Payee na	ıme			
3/15/2017	Sam's C				
Amount (\$)	Payee ac	ddress; City; State; Zi	p Code		
6.98	4833 SI	PD, Corpus Christi, Tx 7	8411		
Reimbursement from political contributions intended		, ,			
PURPOSE	Category	(See Categories listed at the top of this so	1		<del>-</del>
OF EXPENDITURE	Food Ex	kpense/meeting		eck if travel outside of Texas. Comp eck if Austin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/		date / Officeholder name	Office so	ught	Office held
	АТТ	ACH ADDITIONAL COPIES C	OF THIS SCHEDUL	E AS NEEDED	

### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made   Candidate/Officeholder/Politic	· ·	nting Expense aries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho	<del>-</del>	
Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
4/2/2017	Carlos Vargas		
Amount (\$)	7 Payee address; City; State; Zip Coo	de	
200.00	4305 Odel, Corpus Christi, Tx 7841	13	
Reimbursement from political contributions intended	1303 Odol, Colpus Cillian, IX 7013		
DUDDOCE	(a) Category (See Categories listed at the top of this schedule		=
PURPOSE OF	Event Expense		ide of Texas. Complete Schedule T.
EXPENDITURE	•	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
4/7/2017	Spohn Gift Shop		
Amount (\$)	Payee address; City; State; Zip Co	de	
35.70	600 Elizabath Carrya Christi Ty	7804	
Reimbursement from political contributions intended	600 Elizabeth, Corpus Christi, Tx		
	Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF	Other/Floral		ide of Texas, Complete Schedule र.
EXPENDITURE	Other/Tioral	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
4/24/2017	My Favorite Muffin		
Amount (\$)	Payee address; City; State; Zip Co		
13,06	3264 S. Alameda, Corpus Christi,	Гх 78404	
Reimbursement from political contributions intended			
DUBBOSE	Category (See Categories listed at the top of this schedul		
PURPOSE OF	Meeting/Food Expense	-	side of Texas. Complete Schedule T.
EXPENDITURE	1	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI II E AS MEE	:DED
	ATTACH ADDITIONAL COPIES OF T	I IIO SOI ILDOLL AO REL	- to - to- to-

# SCHEDULE G

#### **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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (Applicable Control of Control

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries	s/Wages/Contract Labor	Other (enter a category not listed above)
Gredit Card Faymeri	The Instruction Guide explains how to	complete this form.	
Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
5/22/2017	Sam's Club		
Amount (\$)	7 Payee address; City; State; Zip Code		
59.10 Reimbursement from political contributions intended	4833 SPID, Corpus Christi, Tx 78414		
DUDDOOF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	=
PURPOSE OF	Event Expense		ide of Texas. Complete Schedule T.
EXPENDITURE	Dvone Daponoo	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
5/24/2017	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
5.98 Reimbursement from political contributions intended	308 E. Main, Robstown, Tx 78380		
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Meeting Expense	<del>                                    </del>	side of Texas, Complete Schedule T.
EXPENDITURE	Wieding Emperior	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	. Office held
Date	Payee name		
5/26/2017	Wildcat Donuts		
Amount (\$)	Payee address; City; State; Zip Code		
12.00	14241 Northwest Blvd, Corpus Chris	sti. Tx 78410	•
Reimbursement from political contributions intended	17211 Northwest Bive, Corpus Clark		
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Meeting Expense		side of Texas. Complete Schedule T.
EXPENDITURE	Meeting Expense	Check If Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

#### SCHEDULE G

# 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

Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Expense s/Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
Date 5/26/2017	5 Payee name Stripes		
Amount (\$) 6.78 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 14901 Northwest Blvd, Corpus Christ		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Meeting Expense		of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
5/30/2016	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
33.90 Reimbursement from political contributions intended	3033 S. Port, Corpus Christi, Tx 7840	5	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
5/31/2017	Dollar Tree		
Amount (\$)	Payee address; City; State; Zip Code	•	
8.66  Reimbursement from political contributions intended	1620 SPID, Corpus Christi, Tx 7841	6	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	<del>                                    </del>	le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEED	DED

### SCHEDULE G

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office/holder/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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Expense s/Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)			
Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)			
Date	5 Payee name					
5/31/2017	Postmaster					
Amount (\$)	7 Payee address; City; State; Zip Code					
147.00 Reimbursement from political contributions intended	6742 Weber Rd, Corpus Christi, Tx 78					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF	Office Postage Expense		e of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, 12	K, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
Date	Payee name					
6/7/2017	HEB					
Amount (\$)	Payee address; City; State; Zip Code					
67.00	3500 Leopard, Corpus Christi, Tx 784	ብ <b>ջ</b>				
Reimbursement from political contributions intended	3300 Leopard, Corpus Christi, 1x 764					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event/Food Expense		le of Texas. Complete Schedule T. X. officeholder living expense			
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held			
Date 6/12/2017	Payee name					
0/12/2017	Gemini Printing					
Amount (\$)	Payee address; City; State; Zip Code	1				
178.61	4212 Kostoryz, Corpus Christi, Tx 7	8415				
Reimbursement from political contributions intended						
	Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF	Printing Expense		de of Texas. Complete Schedule T.			
EXPENDITURE	Trump Sapense	Check if Austin, 7	IX, officeholder living expense			
Complete ONLY if direct expenditure to benefit Complete to benefit Complete to be a complet		Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED			

### SCHEDULE G

#### **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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Anthur a setting and Institute of Proceedings)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarie	s/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
Total pages Schedule G:	2 FILER NAME Joe A. Gonzalez		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		-
6/14/2017	Church's Chicken		
Amount (\$)	7 Payee address; City; State; Zip Code		
22.05  Reimbursement from political contributions intended	5149 Weber Rd, Corpus Christi, Tx	·	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Expense	<u> </u>	e of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
6/20/2017	McDonalds		
Amount (\$)	Payee address; City; State; Zip Code		
16.67 Reimbursement from political contributions intended	2021 Morgan, Corpus Christi, Tx 784	05	
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Expense/Meeting	1 -	le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
6/25/2017	Stripes		
Amount (\$)	Payee address; City; State; Zip Code		
20.53	COLORIDO COMO CILITA FORMA		
Reimbursement from political contributions intended	601 SPID, Corpus Christi, Tx 78405		
DUDDOCE	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		Check if travel outside	de of Texas. Complete Schedule T.
EXPENDITURE	Other/Fuel	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

### SCHEDULE G

# **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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Service			Wages/Contract Labor complete this form.	Other (enter a categ	gory not listed above)
		the mstru	iction duide ext	JIBINS NOW to	complete tina toriii.		
Total pages Schedule G:	Joe A. C	ame Gonzalez				3 Filer ID (Ethic	cs Commission Filers)
Date	5 Payee na	me					
6/26/2017	Sam's cl	ub					
Amount (\$)	7 Payee ad	dress;	City; State;	Zip Code	-		
27.30	4833 SF	PID. Corp	us Christi, T	x 78411			
Reimbursement from political contributions intended	1000 81						
	(a) Category	(See Categories	listed at the top of th	nis schedule)	(b) Description		
PURPOSE OF	Event E	xpense				side of Texas. Complete Sch	
EXPENDITURE	Dvone	крепос			Check if Austin,	TX, officeholder living ex	rpense
Complete ONLY if direct expenditure to benefit C/		date / Officel	nolder name		Office sought		Office. held
Date	Payee na	me					
Amount (\$)	Payee ac	dress;	City; State;	Zip Code			
Reimbursement from political contributions intended	-	•					
PURPOSE	Category	(See Categories	s listed at the top of t	his schedule)	(b) Description		
OF						side of Texas. Complete Sch	
EXPENDITURE					Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/		date / Office	holder name		Office sought		Office held
Date ·	Payee na	ame					
Amount (\$)	Payee a	ddress;	City; State;	; Zip Code			
Reimbursement from political contributions intended			·				
	Category	/ (See Categorie	s listed at the top of	this schedule)	(b) Description		
PURPOSE OF					Check if travel out	tside of Texas. Complete Sc	hedule T.
EXPENDITURE			•		Check if Austin	, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit Co		idate / Office	eholder name		Office sought		Office held
	ΑП	ACH ADDIT	FIONAL COPII	ES OF THIS	SCHEDULE AS NEI	EDED	