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JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				M JC/OH HEET PG 1	
The JC/OH Instruction Gu	UIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE# 1 of 26		
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Mrs/Mr First Mr. David	MI	DHE DESORPAR	YGE QNLYCOUNTY TIMENT OF ELECTION	IS &
	NICKNAME LAST Gonzales	SUFFIX III	V	JAN 07 2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P. O. Box 1632 Brownsville, TX 78522	CITY; STATE; ZIP CODE	Date Hand-deliven		11.5
Change of Address					
			Receipt #	Amount	
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Processed		
NAME	Mr. Armando		Date Imaged		
	NICKNAME LAST Sanchez	s∪ffix Sr.			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (NO PO BOX PLEASE); APT / SU 113 New Valencia Bayview, TX 78566	TITE#; CITY; STATE;	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 455-8275	EXTENSION			
8 REPORT TYPE	X January 15 30th day before elec	ction Runoff		campaign treasurer officeholder only)	
	July 15 Sth day before elect	ion Exceeded \$500 limit	Final report (A	Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year	Month Day	Year		
	07/01/2014	12/31/20	914		
10 ELECTION	ELECTION DATE ELECTION TO Month Day Year Prima 11/04/2014		General	Special	
11 OFFICE	OFFICE HELD (if any) Cameron County Court at Law 3	12 OFFICE SOUGHT (if known))		
GO TO PAGE 2					

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

13 C/OH NAME Gonz	ales, David III (Mr.)		14 ACCOUNT # (Et	hics Commission filers)
15 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the ca rout the candidate's or officeholder's knowledge or consent. Candidat by receive notice of such expenditures	ndidate / officeholder. The es and officeholders are re	se expenditures may equired to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	····-	······		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	21,515.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	5,210.19
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	15,924.53
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00
Not Not	ROSA NELLY SANCH lary Public, State of My Commission Exp June 23, 2015	Texas ires	all information require	d to be reported by
Sworn to and subscri	1 🖂	.	, this the	7th day
North Aug Signature of officer adn		osa Nelly Sanchez Notary Print name of officer administering oath	<u>7 in and for</u> Title of officer admini	State of Tex stering oath

OTTIEN	THAN I LLDGES ON EGA	0000			
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/1	4 Report: 3/26	
2 FILER NAME	Gonzales, David III (Mr.)		3 ACCOUNT#(Ethics Commission filers)	
			00000001		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Barrera, Ricardo (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Christmas Basket	
12/11/2014	6 Contributor address; City; State; Zip Code P.O. Box 2817 Harlingen, TX 78551		\$20.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Contributor's (Attorney	principal occupation	10 Contributor's job	title		
11 Contributor's of Private Prac	employer / law firm tice Attorney	12 Law firm of cont	ributor's spouse (if a	ny)	
13 If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/16/2014	Contributor address; City; State; Zip Code 2401 Wildflower Brownsville, TX 78520		\$1,000.00	; 	
			(If travel outside of	Texas, complete Schedule T)	
Contributor's Attorney at	Drincipal occupation Law	Contributor's job Managing Par			
Contributor's Begum Law	employer / law firm Offices	Law firm of con	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	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) christmas basket	
12/10/2014	Contributor address; City; State; Zip Code 1018 East Tyler Harlingen, TX 78550		\$25.00	 	
	Taxaning on the same of the sa		(If travel outside o	f Texas, complete Schedule T)	
Contributor's Attorney	principal occupation	Contributor's jo Municipal Jud			
Contributor's City of Harli	employer / law firm ngen	Law firm of con	tributor's spouse (if a	nny)	
If contributor	is a child, law firm of parent(s) (if any)			114,700	

			<u> </u>	<i>,</i>	···
	O			1 PAGE#	
I ne i NSTRUCTIO	on Guide explains how to complete this form.			Schedule: 2/1	4 Report: 4/26
2 FILER NAME	Gonzales, David III (Mr.)			3 ACCOUNT# (Ethics Commission filers)
				00000001	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# C. Frank Wood PC	ŧ)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/23/2014	6 Contributor address; City; State; Zip Code 3505 Boca Chica			\$250.00	
	Brownsville, TX 78521			(if travel outside of	Texas, complete Schedule T)
9 Contributor's	principal occupation	10	Contributor's job	·····	
Attorney	micipal occupation		Owner		
11 Contributor's of Self	employer / law firm	12	Law firm of contr	ibutor's spouse (if a	ny)
13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/2014	Contributor address; City; State; Zip Code			\$1,000.00	<u> </u>
				(If travel outside of	Texas, complete Schedule T)
	principal occupation on Clinic Owner		Contributor's job	title	
Contributor's	employer / law firm	Law firm of contributor's spouse (if any)			
If contributor	s a child, law firm of parent(s) (if any)	<u> </u>	,		
Date	Full name of contributor	#	_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/24/2014	Contributor address; City; State; Zip Code 711 N. Sam Houston San Benito, TX 78586			\$500.00	!
				(If travel outside o	FTexas, complete Schedule T)
Contributor's Attorney	principal occupation		Contributor's job Sole Proprieto		
	employer / law firm of Adolfo E. Cordova Jr.		Law firm of cont	ributor's spouse (if a	nny)
If contributor	is a child, law firm of parent(s) (if any)	•			

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The learning	ON GUIDE explains how to complete this form.		1 PAGE#		
The INSTRUCTION	Golde explains now to complete this form.		Schedule: 3/14 Report: 5/26		
2 FILER NAME	Gonzales, David III (Mr.)		3 ACCOUNT # (Ethics Commission filers)		
			0000001		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# David C. Garza P.C.	!)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)		
11/20/2014	6 Contributor address; City; State; Zip Code P. O. Box 2025 Brownsville, TX 78522		\$600.00 		
			(If travel outside of Texas, complete Schedule T)		
9 Contributor's p Attorney	orincipal occupation	10 Contributor's job Partner	title		
	employer / law firm Garza Law Firm	12 Law firm of contr	ibutor's spouse (if any)		
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor ☐ out-of-state PAC (ID# De Coss, Rene (Mr.)	‡)	Amount of In-kind contribution contribution (\$) description (if applicable)		
10/10/2014	Contributor address; City; State; Zip Code 914 E. Van Buren Brownsville, TX 78520		\$1,000.00 		
			(If travel outside of Texas, complete Schedule T)		
Contributor's p Attorney	orincipal occupation	Contributor's job	title		
	employer / law firm of Rene De Coss	Law firm of cont	contributor's spouse (if any)		
If contributor i	s a child, law firm of parent(s) (if any)	A STATE OF THE STA			
Date	Full name of contributor	#)	Amount of In-kind contribution contribution (\$) description (if applicable)		
12/23/2014	Contributor address; City; State; Zip Code 3505 Boca Chica		\$500.00		
	Brownsville, TX 78521		(If travel outside of Texas, complete Schedule T)		
		Contributor's job Owner	Contributor's job title Owner		
Contributor's employer / law firm Law firm of contributor's spouse (if any) Self			ributor's spouse (if any)		
If contributor	is a child, law firm of parent(s) (if any)				

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1	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 4/1	4 Report: 6/26
2 F	ILER NAME	Gonzales, David III (Mr.)		3 ACCOUNT# (I	Ethics Commission filers)
				00000001	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≴ Ezell & Ezell PLLC	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0	7/24/2014	6 Contributor address; City; State; Zip Code 312 E Van Buren Harlingen, TX 78550		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Contributor's p Attorney	principal occupation	10 Contributor's job Partner	title	
	Contributor's e Julie Ezell	employer / law firm	12 Law firm of contr	ributor's spouse (if ar	ny)
13 If contributor is a child, law firm of parent(s) (if any)					
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable) Breakfast for staff
1	2/03/2014	Contributor address; City; State; Zip Code 1000 E Van Buren Brownsville, TX 78520		\$25.00)
			I	(If travel outside of Texas, complete Schedule T)	
	Attorn-	orincipal occupation	Contributor's job	tille	
	Contributor's	employer/law firm Fice of Paul Fart	Law firm of contributor's spouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)		-	
**************************************	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(08/14/2014	Contributor address; City; State; Zip Code 422 E. Harrison Ave.		\$500.00	! !
		Harlingen, TX 78550		(If travel outside of	Texas, complete Schedule T)
	Contributor's Attorney	principal occupation	Contributor's jot	o title	
	Contributor's Self	employer / law firm	Law firm of cont	tributor's spouse (if a	ny)
	If contributor	is a child, law firm of parent(s) (if any)			

			1 PAGE#		
The Instruction	on Guide explains how to complete this form.		Schedule: 5/14 Report: 7/26		
2 FILER NAME	Gonzales, David III (Mr.)		3 ACCOUNT # (Ethics Commission filers)		
	· · · · · · · · ·		00000001		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#	£)	7 Amount of 8 In-kind contribution		
4 Duto	Garcia, Noemi (Ms.)	/	contribution (\$) description (if applicable)		
	, , ,				
11/04/2014	6 Contributor address; City; State; Zip Code		\$250.00		
	P. O. Box 5861		į		
	Brownsville, TX 78523				
			(If travel outside of Texas, complete Schedule T)		
,	orincipal occupation	10 Contributor's job	title		
Attorney					
11 Contributor's	employer / law firm	12 Law firm of cont	ributor's spouse (if any)		
	a, Attorney at Law				
13 If contributor i	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	¥ \	Amount of In-kind contribution		
Date	Garza & Garza LLP	,	contribution (\$) description (if applicable)		
			Fruit Cake		
12/23/2014	Contributor address; City; State; Zip Code	. ,	\$20.00		
	680 East St Charles		ĺ		
	Brownsville, TX 78522		<u> </u>		
			(If travel outside of Texas, complete Schedule T)		
	principal occupation	Contributor's job	title		
Attorneys at	Law	Partner			
Contributor's	employer / law firm	Law firm of cont	tributor's spouse (if any)		
Reynaldo G					
If contributor i	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor ut-of-state PAC (ID	#)	Amount of In-kind contribution		
Date	Gault, Nye & Quintana L.L.P.		contribution (\$) description (if applicable)		
			i		
11/19/2014	Contributor address; City; State; Zip Code		\$500.00		
	114 W. Jefferson				
	Suite A Brownsville, TX 78520		_		
			(If travel outside of Texas, complete Schedule T)		
	principal occupation	Contributor's job	b title		
Attorneys at	Law	Partner			
Contributor's employer / law firm Law firm Law firm		Law firm of conf	tributor's spouse (if any)		
Bill Gault	omproyou / Million				
If contributor	is a child, law firm of parent(s) (if any)				

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The Instruction	אס Guide explains how to complete this form.			1 PAGE#	
		Schedule: 6/14 Report: 8/26			
2 FILER NAME	Gonzales, David III (Mr.)			3 ACCOUNT # (Ethics C	ommission fliers)
				00000001	
4 Date 12/03/2014	Gonzales, Norma (Mrs.)		contribution (\$) des	n-kind contribution cription (if applicable) ler Appreciation sorship	
9 Contributor's BISD Couns	orincipal occupation elor		Contributor's job Counselor	title	
11 Contributor's Brownsville	employer / law firm Indeopendent School District	12	Law firm of contri	butor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	#)		n-kind contribution scription (if applicable)
12/01/2014	Contributor address; City; State; Zip Code 117 East Price Brownsville, TX 78521		, , , , , , ,	\$250.00 	
:				(If travel outside of Texas, c	omplete Schedule T)
Contributor's Attorney	principal occupation		Contributor's job Sole Proprietor		
	employer / law firm of Chester Gonzalez		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	#)		In-kind contribution scription (if applicable)
07/24/2014	Contributor address; City; State; Zip Code 17853 Mulberry County Rd. Lyford, TX 78569			\$250.00 	
				(If travel outside of Texas, o	complete Schedule T)
Contributor's Attorney	principal occupation		Contributor's job	title	
Contributor's Self	employer / law firm		Law firm of conti	ibutor's spouse (if any)	
If contributor	is a child, law firm of parent(s) (if any)				

The Lucrous	ON GUIDE explains how to complete this form.		1 PAGE#	1 PAGE#		
THE INSTRUCTION	M Golde explains now to complete this form.		Schedule: 7/14 Report: 9/26			
2 FILER NAME	Gonzales, David III (Mr.)		3 ACCOUNT # (Ethics Commission filers)			
			00000001			
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID≴)	7 Amount of	8 In-kind contribution		
	Hemphill, Paul (Mr.)		contribution (\$)	description (if applicable)		
0714450044			#250.00	I		
07/14/2014	6 Contributor address; City; State; Zip Code		\$250.00	I		
	815 Ridgewood St Brownsville, TX 78520					
	2.5111.511.61, 17(1.55		(If travel outside of	Texas, complete Schedule T)		
• • • • • •		40 Combaile séasta in la	<u> </u>	Texas, complete schedule 1/		
9 Contributor's p Attorney	principal occupation	10 Contributor's job Attorney	title			
7 morney		, morno,				
11 Contributor's	employer / law firm	12 Law firm of cont	ributor's spouse (if a	ny)		
Self						
13 If contributor is	s a child, law firm of parent(s) (if any)					
10 II contributor is	s a clina, law little of parchigo, (if any)					
:						
Date	Full name of contributor 🔲 out-of-state PAC (ID))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Hernandez Lawfirm LLP		CORTUDATION (\$)	description (it applicable)		
12/01/2014			\$500.00	1		
12/01/2014	Contributor address; City; State; Zip Code		ψ500.00			
	222 E. Van Buren Street Suite 700			Į.		
	Harlingen, TX 78550		(If travel outside of	Texas, complete Schedule T)		
Contributor's	I principal occupation	Contributor's job				
Attorney	Simolpai occupation	Owner	. 1110			
·						
	employer / law firm	Law firm of contributor's spouse (if any)				
Moises Herr	andez					
If contributor i	s a child, law firm of parent(s) (if any)					
			T			
Date	Full name of contributor out-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Herrera, Ruben (Mr.)			Breakfast for staff		
12/05/2014			\$30.00			
12/00/2011	Contributor address; City; State; Zip Code 37 West Elizabeth		, , , , , ,	1		
	Brownsville, TX 78520			l		
			(If travel outside of	Texas, complete Schedule T)		
Contributor's	principal occupation	Contributor's job	o title			
Attorney		Owner				
1	employer / law firm of Ruben Herrera	Law firm of conf	iributor's spouse (if a	ny)		
Law Onice (n Nubeli Belleta					
If contributor	is a child, law firm of parent(s) (if any)					

The Luc-	ON GUIDE explains how to complete this form.			1 PAGE#	
THE INSTRUCTION	A GOIDE EXPIRITIS HOW to complete this form.			Schedule: 8/14 Report: 10/26	
2 FILER NAME	Gonzales, David III (Mr.)			3 ACCOUNT# (Ethics Commission filers)
				00000001	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Hodge & James	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/11/2014	6 Contributor address; City; State; Zip Code 115 E. Van Buren Ave.			\$500.00	
	Ste. 300 Harlingen, TX 78550			(If travel outside of	Texas, complete Schedule T)
9 Contributor's p Attorneys at	l principal occupation Law	10	Contributor's job Partner	title	· · · · · · · · · · · · · · · · · · ·
11 Contributor's e Tony James	employer / law firm	12	Law firm of contr	ibutor's spouse (if a	ny)
13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/29/2014	07/29/2014 Contributor address; City; State; Zip Code P.O. Box 231 Harlingen, TX 78521			\$300.00	1
				(If travel outside of	Texas, complete Schedule T)
Contributor's Attorney	orincipal occupation		Contributor's job Managing Part		
Contributor's Jason R. Ma	employer / law firm ann		Law firm of contributor's spouse (if any)		
If contributor i	s a child, law firm of parent(s) (if any)			1 446.0	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/30/2014	Contributor address; City; State; Zip Code			\$500.00]
	Brownsville, TX 78520			(If travel outside of	Texas, complete Schedule T)
Contributor's principal occupation Attorney			Contributor's job title Attorney at Law		
Contributor's Edmund Cy	employer / law firm ganiwics		Law firm of cont	ributor's spouse (if a	iny)
If contributor	is a child, law firm of parent(s) (if any)	•			

The Instruction	ON GUIDE explains how to complete this form.			1 PAGE#		
	-			Schedule: 9/14 Report: 11/26		
2 FILER NAME	Gonzales, David III (Mr.)			3 ACCOUNT# (Ethics Commission filers)	
				00000001		
4 Date	5 Full name of contributor	<u> </u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Restaurant Food Credit	
12/23/2014	6 Contributor address; City; State; Zip Code 702 W Expressway 83 Weslaco, TX 78596			\$100.00	 - 	
	vvosidos, 1707000			(If travel outside of	Texas, complete Schedule T)	
9 Contributor's p Attorney	orincipal occupation	10	Contributor's job Owner	title		
11 Contributor's e Self	employer / law firm	12	Law firm of contr	ibutor's spouse (if a	ny)	
13 If contributor is a child, law firm of parent(s) (if any)						
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/12/2014	424 E. Jefferson			\$50.00	1 	
	Brownsville, TX 78520			(If travel outside of Texas, complete Schedule T)		
Contributor's Attorney	principal occupation		Contributor's job Owner	title		
Contributor's Gary Ortega	employer / law firm		Law firm of contributor's spouse (if any)			
If contributor i	is a child, law firm of parent(s) (if any)	J		,		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/06/2014	Contributor address; City; State; Zip Code 854 E Van Buren Brownsville, TX 78520			\$1,500.00	! 	
	DIOWITOVIIIC, TA 10020			(If travel outside o	Texas, complete Schedule T)	
Contributor's Attorney at	principal occupation Law		Contributor's job Owner	title		
Contributor's Leo Rincone	employer / law firm es		Law firm of cont	ributor's spouse (if a	iny)	
If contributor	is a child, law firm of parent(s) (if any)	'				

The I NSTRUCT	ION GUIDE explains how to complete this form.	,		1 PAGE#	(44 Panerti 42/25
<u> </u>	OI DIII (Mr.)				(14 Report: 12/26
2 FILER NAME	Gonzales, David III (Mr.)		İ	•	Ethics Commission filers)
				00000001	
4 Date	5 Full name of contributor out-of-state PAC (ID#	<u>+</u>		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Law Office of Noe D. Garza			20	,
10/09/2014				\$1,000.00	!
10/00/2011	6 Contributor address; City; State; Zip Code 854 E. Van Buren			, .,	
	Brownsville, TX 78520				Į
				(If travel outside of	Texas, complete Schedule T)
9 Contributor's	principal occupation	10	Contributor's job	title	
Lawyer	**************************************		Attorney		
	employer / law firm	12	Law firm of contr	ibutor's spouse (if a	ny)
Self					
13 If contributor	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor ut-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Law Office of Robert Garza			(+)	, , , ,
10/01/2014				\$500.00	1
10/01/2011	Contributor address; City; State; Zip Code 1200 E. Harrison			,	
	Brownsville, TX 78520				1
				(If travel outside of	Texas, complete Schedule T)
Contributor's	principal occupation		Contributor's job	title	
Attorney			Partner		
		_	Law Swar of contr	ib. Harla anavaa (if a	mil
Contributor's Robert Gai	employer / law firm		Law firm of contributor's spouse (if any)		
Robert Car					
If contributo	is a child, law firm of parent(s) (if any)				
6.1	Full and a familiarity Fig. 1.4 - Field BAO (ID		<u> </u>	Amount of	In-kind contribution
Date	Full name of contributor	#		contribution (\$)	description (if applicable)
	Law Office of Valetie Mr. Carola				1
10/10/2014	Contributor address; City; State; Zip Code	• •		\$250.00	1
	8418 Summerview Court				1
	Harlingen, TX 78552				I
				(If travel outside of	f Texas, complete Schedule T)
Contributor's	s principal occupation		Contributor's job	title	
Attorney			Owner		
Contributed	comployer / law firm	\vdash	I aw firm of cont	ributor's spouse (if a	anv)
Valerie M.	s employer / law firm García		Law mill of cord	пьито з ароизе (я с	··· <i>y</i> ;
Laiono IVI.					
If contributo	r is a child, law firm of parent(s) (if any)				
1					

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The Lucrougroup Chart evaluing how to complete this form				1 PAGE#		
The INSTRUCTION GUIDE explains how to complete this form.			Schedule: 11/14 Report: 13/26			
2 FILER NAME	2 FILER NAME Gonzales, David III (Mr.)			3 ACCOUNT # (Ethics Commission filers)		
			00000001			
4 Date	5 Full name of contributor ut-of-state PAC (ID# Lawler, Marion (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
09/16/2014	09/16/2014 6 Contributor address; City; State; Zip Code 805 Media Luna		\$1,500.00	! 		
	Ste. 620 Brownsville, TX 78520			(If travel outside of	Texas, complete Schedule T)	
9 Contributor's p	tor's principal occupation 10 Contributor's job Attorney			title		
11 Contributor's e Self	Contributor's employer / law firm 12 Law firm of contributor's employer / law firm of			ibutor's spouse (if a	ny)	
13 If contributor is a child, law firm of parent(s) (if any)						
Date	Full name of contributor			Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/18/2014	Contributor address; City; State; Zip Code 1728 Boca Chica Blvd			\$500.00		
Brownsville, TX 78520			(If travel outside of Texas, complete Schedule T)			
Contributor's Attorney at I	principal occupation _aw		Contributor's job	title		
Contributor's employer / law firm Self			Law firm of contributor's spouse (if any)			
If contributor	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Breakfast for Staff	
12/15/2014	Contributor address; City; State; Zip Code 805 Old Port Isabel Road Brownsville, TX 78520			\$55.00	1	
				(If travel outside o	f Texas, complete Schedule T)	
Contributor's principal occupation Attorney			Contributor's job title Partner			
Contributor's employer / law firm Hamilton &Lucio			Law firm of contributor's spouse (if any) Erick Lucio			
If contributor	is a child, law firm of parent(s) (if any)					

	Curs avaloins hourte complete this form	1 PAGE#					
The Instruction Guide explains how to complete this form.			Schedule: 12/14 Report: 14/26				
2 FILER NAME Gonzales, David III (Mr.)			3 ACCOUNT# (E	Ethics Commission filers)			
			00000001				
4 Date	5 Full name of contributor ut-of-state PAC (ID#) Maloney, Tim (Mr.)			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
10/06/2014	6 Contributor address; City; State; Zip Code 900 S. E. Military Drive San Antonio, TX 78214			\$1,000.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9 Contributor's p Attorney	's principal occupation 10 Contributor's job Owner			title			
	11 Contributor's employer / law firm Tim Maloney Law Offices 12 Law firm of core			ributor's spouse (if any)			
13 If contributor is a child, law firm of parent(s) (if any)							
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Christmas Basket		
12/12/2014	12/12/2014 Contributor address; City; State; Zip Code P.O. Box 2244 Harlingen, TX 78551			\$35.00	! 		
					(If travel outside of Texas, complete Schedule T)		
Cantributaria	principal cocupation	Τ	Contributor's job				
Contributor's principal occupation Attorneys at law			Law Firm				
Contributor's employer / law firm Self			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 ☐ out-of-state PAC (ID Pettit, Douglas (Mr.))#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/17/2014	Contributor address; City; State; Zip Code 1118 Pompano St. Port Isabel, TX 78578			\$200.00	! 		
	, orcidador, richadro			(If travel outside of	f Texas, complete Schedule T)		
Conditions	principal occupation	Т	Contributor's job	<u> </u>	, , , , , , , , , , , , , , , , , , , ,		
Attorney	principal occupation		Owner				
Contributor's employer / law firm Law office of Doug Pettit			Law firm of cont	ributor's spouse (if a	any)		
If contributor	is a child, law firm of parent(s) (if any)						
L					may be a series and a series		

			-			
The Instruction	ON GUIDE explains how to complete this form.	1 PAGE#				
A FILED VILLE CONTROL DE CAUDAN			Schedule: 13/14 Report: 15/26			
2 FILER NAME Gonzales, David III (Mr.)				Ethics Commission filers)		
			00000001			
4 Date	Full name of contributor			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
11/01/2014				\$1,000.00	I I	
	14846 South Valencia Circle Harlingen, TX 78552				1	
				(If travel outside of	Texas, complete Schedule T)	
9 Contributor's p	otributor's principal occupation orney 10 Contributor's job Owner			title		
11 Contributor's e	, -			ibutor's spouse (if a	ny)	
13 If contributor is a child, law firm of parent(s) (if any)						
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Christmas Basket	
12/10/2014	55 Cove Circle			\$30.00	! 	
	Brownsville, TX 78521			(If travel outside of Texas, complete Schedule T)		
Contributor's principal occupation Attorneys at Law			Contributor's job title Partner			
Contributor's employer / law firm Self			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	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) breakfast for staff	
12/08/2014	Contributor address; City; State; Zip Code			\$25.00	! 	
	Brownsville, TX 78520		- 0.00	(If travel outside of	f Texas, complete Schedule T)	
Contributor's principal occupation Attorney			Contributor's job title Owner			
Contributor's employer / law firm Law office of Louis Sorola			Law firm of cont	ributor's spouse (if a	iny)	
If contributor is a child, law firm of parent(s) (if any)						

The Instruction Curre evaluing how to complete this form			1 PAGE#			
The Instruction Guide explains how to complete this form.			Schedule: 14/14 Report: 16/26			
2 FILER NAME Gonzales, David III (Mr.)			3 ACCOUNT # (Ethics Commission filers)			
			00000001			
4 Date	Date			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
07/21/2014			\$2,500.00 			
	province, 17770021			(if travel outside of Te	exas, complete Schedule T)	
9 Contributor's p	puter's principal occupation ey 10 Contributor's job Managing Atto					
	1 Contributor's employer / law firm 12 Law firm of con Micheal Cowen			ibutor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)						
Date	Date Full name of contributor out-of-state PAC (ID#) Troiani, Anthony (Mr.)			Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/11/2014	07/11/2014 Contributor address; City; State; Zip Code 611 East Washington Brownsville, TX 78520			\$500.00 		
				(If travel outside of Texas, complete Schedule T)		
Contributor's principal occupation Attorney			Contributor's job title owner			
Contributor's employer / law firm Law Office Of Anthony Troiani		La	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	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/17/2014	Contributor address; City; State; Zip Code 5828 Highway 10 West San Antonio, TX 78201			\$1,500.00 		
	Gast Antonio, TA 70201			(If travel outside of T	exas, complete Schedule T)	
Contributor's principal occupation Attorneys		1	ontributor's job artners	title		
Contributor's employer / law firm Alexander Begum and Javier Villarreal		La	w firm of cont	ributor's spouse (if any	y)	
If contributor	is a child, law firm of parent(s) (if any)			, , ,		

Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 P.O.Box 12070 Texas Ethics Commission SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Gifts/Awards/Memorial Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Consulting Expense Legal Services Travel In District Travel Out Of District Food/Beverage Expense Polling Expense Printing Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form-3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Gonzales, David III (Mr.) 00000001 Schedule: 1/9 Report: 17/26 Date 5 Payee name Antigua Bakery and Cafe 07/27/2014 City; State; Zip Code 6 Amount (\$) Payee address 1022 E. Harrison Ave \$55.39 Harlingen, TX 78550 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Fundraising Lunch Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Office sought: 9 Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Pavee name Antigua Bakery and Cafe 10/13/2014 Payee address City; State; Zip Code Amount (\$) 1022 E. Harrison Ave \$37.31 Harlingen, TX 78550 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Fundraising Lunch Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Pavee name Date Blues for Autism 09/19/2014 Amount (\$) Payee address City; State; Zip Code 1701 Tennessee Street \$100.00 Harlingen, TX 78550 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Awareness fundraiser **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name Boys And Girls Club San Benito 12/10/2014 Payee address City; State; Zip Code Amount (\$) 410 N Stookey Rd. \$30.00 San Benito, TX 78586

Description

Christmas Party

Office sought:

Check if Austin, TX, officeholder living expense

Category (See Categories listed at the top of this schedule)

Event Expense

Candidate / Officeholder name

PURPOSE

OF EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH

(If travel outside of Texas, complete Schedule T)

Office held:

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Polling Expense Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Gonzales, David III (Mr.) 00000001 Schedule: 2/9 Report: 18/26 4 Date 5 Payee name Cameron County Bar Association 09/04/2014 State; 6 Amount (\$) Payee address Zip Code P. O. Box 3866 \$100.00 Brownsville, TX 78523 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Sneakers for Students **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 10/22/2014 Cano Flowers and Gifts Payee address City; State; Zip Code Amount (\$) 405 Old Port Isabel Rd. \$44.38 Brownsville, TX 78521 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Flowers for funeral Gifts/Awards/Memorials Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Payee name 11/17/2014 Capistran City; State; Zip Code Payee address Amount (\$) 1305 Lincoln St \$10.00 Brownsville, TX 78521 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** breakfast for staff Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Pavee name 10/15/2014 Carino's Restaurant Amount (\$) Payee address City; State; Zip Code 2600 N Expressway 77 \$36.06 Brownsville, TX 78520 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Staff Luncheon Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Gifts/Awards/Memorial Expense Advertising Expense Legal Services Food/Beverage Expense Accounting/Banking Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Consulting Expense Event Expense Travel Out Of District Office Overhead/Rental Expense Polling Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Gonzales, David III (Mr.) 00000001 Schedule: 3/9 Report: 19/26 5 Payee name Date 12/23/2014 Clickinks.com Payee address City; State; Zip Code Amount (\$) 107 Commerce St \$189.99 Lake Mary, FL 32746 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Office Overhead/Rental Expense Printer Ink OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 07/16/2014 Dale, Evelyn (Ms.) Payee address City: State; Zip Code Amount (\$) 1322 E. Tyler Ave. \$185.00 Harlingen, TX 78550 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fundraising setup Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Payee name Date 07/24/2014 Dale, Evelyn (Ms.) City; State; Zip Code Payee address Amount (\$) 1322 E. Tyler Ave. \$185.00 Harlingen, TX 78550 Category (See Categories listed at the top of this schedule) (if travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Chamber of Commerce Reachout OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Dale, Evelyn (Ms.) 10/10/2014 City; State; Zip Code Amount (\$) Payee address 1322 E. Tyler Ave. \$1,000.00 Harlingen TX 78550 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Fundraising organizer Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH

direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Gifts/Awards/Memorial Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services
Food/Beverage Expense
Polling Expense Solicitation/Fundralsing Expense Travel In District Travel Out Of District
Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Gonzales, David III (Mr.) 00000001 Schedule: 4/9 Report: 20/26 5 Payee name 4 Date Footworks 11/17/2014 State; Zip Code Amount (\$) Payee address City; 2224 US Business 77 \$53.00 Harlingen, TX 78550 (If travel outside of Texas, complete Schedule T) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Harlingen Half Marathon **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 10/03/2014 Garabato's Grill Payee address City; State; Zip Code Amount (\$) 1102 E. Harrison St \$30.09 Harlingen, TX 78550 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fundraising Lunch Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name **HEB** 08/15/2014 City; State; Zip Code Payee address Amount (\$) 2250 Boca Chica Blvd. \$58.91 Brownsville, TX 78520 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Snacks for County Park Ribbon Cutting **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Pavee name Date 07/13/2014 La Playa Restaurant Amount (\$) Payee address City; State; Zip Code 502 S. 77 Sunshine Strip \$66.27 Harlingen, TX 78550 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fundraising Lunch Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Gifts/Awards/Memorial Expense Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Event Expense Polling Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Gonzales, David III (Mr.) 00000001 Schedule: 5/9 Report: 21/26 4 Date 5 Payee name La Plava Restaurant 10/29/2014 Amount (\$) Payee address City; State; Zip Code 502 S. 77 Sunshine Strip \$20,30 Harlingen, TX 78550 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** fundraising lunch Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Luby's 10/31/2014 Amount (\$) Payee address City; State; Zip Code 2124 Boca Chica \$23.76 Brownsville, TX 78520 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense lunch with constiuents OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 08/10/2014 Microsoft Corporation Payee address City; State; Zip Code Amount (\$) One Microsoft Way \$383.91 Redmond, WA 98052 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense Campaign Computer Warranty OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Payee name Microsoft Corporation 09/12/2014 Payee address City; State; Zip Code Amount (\$) One Microsoft Way \$1,730.92 Redmond, WA 98052 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Campaign Computer Office Overhead/Rental Expense OF EXPENDITURE

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District

EXPENDITURE CATEGORIES

Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Polling Expense Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME Gonzales, David III (Mr.) 00000001 Schedule: 6/9 Report: 22/26 4 Date 5 Payee name 11/12/2014 Red Lobster Payee address City: State: Zip Code 6 Amount (\$) 1075 FM 802 \$43.51 Brownsville, TX 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Fundraising lunch Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Office sought: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Red Mass Church Celebrtation 09/25/2014 City; State; Zip Code Amount (\$) Payee address P.O. Box 6002 \$20.00 Brownsville, TX 78522 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) PURPOSE Red Mass donation Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Team Leticia 09/17/2014 Payee address Amount (\$) City; State; Zip Code 101 W. Nueva St. \$100.00 Suite 809 San Antonio, TX 78205 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Democratic Campaign Donation Contributions/Donations Made By OF Candidate/Officeholder/Political Committee EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held: to benefit C/OH Date Payee name Texas Country Diner 11/12/2014 Payee address City; State; Zip Code Amount (\$) 854 N Expressway 77/83 Brownsville, TX 78550 \$10.21 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) PURPOSE breakfast with constituent blogger Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH

Texas Ethics Commission

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Legal Services Food/Beverage Expense Travel In District Travel Out Of District Event Expense Polling Expense Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Gonzales, David III (Mr.) 00000001 Schedule: 7/9 Report: 23/26 4 Date 5 Payee name Tip of Texas Family Outreach 09/22/2014 6 Amount (\$) City: State: Zip Code Payee address 455 E Levee St. \$120.00 Brownsville, TX 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** charity fundraiser Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Office sought: 9 Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Payee name Tree of Angels Program 12/17/2014 State; Zip Code Payee address City; Amount (\$) 974 E. Harrison \$13.00 Brownsville, TX 78520 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Crime victim recognition Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Office sought: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 08/11/2014 Vega, Johnny (Mr.) Amount (\$) Payee address City; State; Zip Code 33742 Track 43 \$150.00 Los Fresnos, TX 78566 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fundraiser for Cancer treatment Event Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Payee name Date Vermillion 09/21/2014 Payee address City; State; Zip Code Amount (\$) 115 Paredes Line Rd \$58.55 Brownsville, TX 78520 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Lunch with Constituents Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES Loan Repayment/Reimbursement Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Travel Out Of District Poliing Expense Printing Expense **Event Expense** OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Gonzales, David III (Mr.) 00000001 Schedule: 8/9 Report: 24/26 5 Payee name Date 07/30/2014 Vonage City; State; Zip Code 6 Amount (\$) Payee address 23 Main Street \$39.23 Holmdel, NJ 07733 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 PURPOSE Office Overhead/Rental Expense Campaign phone **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Vonage 08/31/2014 Amount (\$) Payee address City; State; Zip Code 23 Main Street \$39.40 Holmdel, NJ 07733 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Campaign Phone Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/30/2014 Vonage Amount (\$) Payee address City; State; Zip Code 23 Main Street \$40.61 Holmdel, NJ 07733 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Campaign Phone OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 10/30/2014 Vonage State; Zip Code Amount (\$) Payee address City: 23 Main Street \$40.46 Holmdel, NJ 07733 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) PURPOSE campaign phone Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

Texas Ethics Commission

direct expenditure to benefit C/OH

Austin, Texas 78711-2070

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Event Expense Polling Expense OTHER (enter a category not listed above) Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Gonzales, David III (Mr.) 00000001 Schedule: 9/9 Report: 25/26 4 Date Payee name Vonage 11/30/2014 6 Amount (\$) Payee address City, State; Zip Code 23 Main Street Holmdel, NJ 07733 \$40.46 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Office Overhead/Rental Expense Campaign Phone **OF EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Vonage 12/29/2014 Amount (\$) Payee address City; State; Zip Code 23 Main Street \$40.46 Holmdel, NJ 07733 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Campaign Phone Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Office sought: Office held: Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 08/15/2014 Walmart Payee address City; State; Zip Code Amount (\$) 3500 W Alton Gloor Blvd. \$14.01 Brownsville, TX 78520 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Event Expense snacks for county park ribbon cutting OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Wendy Davis for Texas 09/17/2014 Payee address City; State; Zip Code Amount (\$) P.O. Box 1039 \$100.00 Fort Worth, TX 76101 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Democratic Campaign Donation Contributions/Donations Made By Candidate/Officeholder/Political Committee EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name Complete ONLY if Office sought:

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.

1 PAGE#		2 FILER NAME	3 ACCOUNT # (TEC filers)		
Schedule: 1/9 Re	port: 26/26	Gonzales, David III (Mr.)	00000001		
4 Date	5 Payee name				
11/09/2014	Dunkin Donu				
6 Amount (\$)	7 Payee address				
\$19.96	2409 Boca C Brownsville,	Chica TX 78520			
	Brownsvine,	77.70020			
8	(a) Category (See	categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)		
PURPOSE	Food/Bevera		food for jurors		
OF EXPENDITURE					
			·		
Date	Payee name				
07/14/2014	Fiesta Graph				
Amount (\$)	Payee addres	• ' '			
\$81.19	205 Paredes Brownsville,				
	Brown ovino,	17(10020			
	Category (See	e Categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
PURPOSE OF	Printing Exp	ense	Tablecloth for presentations		
EXPENDITURE					
]				
Date	Payee name				
10/30/2014	Pena, Fred (
Amount (\$)	Payee addres	-			
\$100.00	429 North J Street Harlingen, TX 78550				
	[
	Category (Se	e Categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
PURPOSE OF	Food/Bevera	age Expense	Juror snacks and supplies		
EXPENDITURE					
Date	Payee name Radio Shack	,			
10/08/2014 Amount (\$)	Payee addres				
	T	•			
\$30.30	Suite 19				
	Brownsville,	TX 78521			
		e Categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
PURPOSE OF	Office Overh	nead/Rental Expense	Cable for bench Computer		
EXPENDITURE					