JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

P.O. Box 12070

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction G	JIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 PAGE #	
		0000001	1 of 22	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. David NICKNAME LAST Gonzales	MI SUFFIX III	OFFICE USE ONLY TY DO REAR IMENT OF ELECTIONS & VOTER REGISTRATION 3:45000 JUL 1 4-2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI P. O. Box 1632 Brownsville, TX 78522	TY; STATE; ZIP CODE	Date Hand-delivered or Bate Postmarked	
Change of Address	*		Receipt # Amount	
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Armando	MI	Date Processed Date Imaged	
1 47 3141C	NICKNAME LAST			
	Sanchez	Sr.		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (no po box please); apt / suit 113 New Valencia Bayview, TX 78566	E#; CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 455-8275	EXTENSION		
8 REPORT TYPE	January 15 30th day before election X		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year THROU	Month Day JGH 06/30/20	Year 015	
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year X Primary 04/06/2018		General Special	
11 OFFICE	OFFICE HELD (If any) Cameron County Court at Law District 3	12 OFFICE SOUGHT (If known Cameron County C District 3		
GO TO PAGE 2				

Texas Ethics Commission

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 C/OH NAME Gonz	ales, David III (Mr.		14 ACCOUNT # (E 00000001	thics Commission filers)
5 NOTICE FROM	have been made witl	otice of political expenditures by political committees to support the canout the candidate's or officeholder's knowledge or consent. Candidate or processor of such expenditures	andidate / officeholder. Th tes and officeholders are i	ese expenditures may required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
6 CONTRIBUTION	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2, TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,150.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZI	\$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	4,519.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 22,83			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.			
17 AFFIDAVIT		l swear, or affirm, under penalt	v of periury, that the ac	companying report
	•	is true and correct and included me under Title 15, Election Co	s all information require	
N N	Rosa Nelly Sanche totary Public, State of T My Commission Expli 06-23-2019	225	Candidate or Officehold	der
AFFIX NOTARY	STAMP / SEAL ABO	√E		
Sworn to and subscril	_	the said David Gonzales, III ertify which, witness my hand and seal of office.	, this the	7th day
$\frac{1}{2}$			in and for th	o Chata af S

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	
				Report: 3/22
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# Armstrong, Ronald (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/23/2015	6 Contributor address; City; State; Zip Code 2600 Old Alice Brownsville, TX 78521		\$300.00	Texas, complete Schedule T)
9 Contributor's p Lawyer	principal occupation	10 Contributor's job Owner	L`.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11 Contributor's e Armstrong ar	employer / law firm nd Associates	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 ☐ out-of-state PAC (ID# C. Frank Wood PC	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/02/2015	Contributor address; City; State; Zip Code 3505 Boca Chica Brownsville, TX 78521		\$250.00	
			(if travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	orincipal occupation	Contributor's job Owner	title	
Contributor's e Self	employer / law firm	Law firm of contr	ributor's spouse (if ar	пу)
If contributor is	s a child, law firm of parent(s) (if any)			. •
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2015	Contributor address; City; State; Zip Code 845 E Harrison St B Brownsville, TX 78520		\$700.00	I I
	,		(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job Attorney	title	
Contributor's e Self	employer / law firm	Law firm of conti	ributor's spouse (if a	ny)
If contributor i	s a child, law firm of parent(s) (if any)			

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/8	Report: 4/22
2 FILER NAME	Gonzales, David III (Mr.)	-	3 ACCOUNT# (I	Ethics Commission filers)
4 Datè	5 Full name of contributor	<i>‡</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/27/2015	6 Contributor address; City; State; Zip Code 201 South Sam Houston San Benito, TX 78586		\$500.00	 Texas, complete Schedule T)
				Texas, complete Schedule 1)
9 Contributor's p Attorney	principal occupation	10 Contributor's job	title	
11 Contributor's e	employer / law firm	12 Law firm of contr	ibutor's spouse (if ar	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/02/2015	Contributor address; City; State; Zip Code 3505 Boca Chica		\$500.00	
	Brownsville, TX 78521			I
			(If travel outside of	Texas, complete Schedule T)
Contributor's p	orincipal occupation	Contributor's job Owner	title	
·				
Contributor's Self	employer / law firm	Law firm of conti	ributor's spouse (if ar	ny)
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)
01/15/2015	Contributor address; City, State; Zip Code 701 East Harrison Suite 100		\$250.00] -
	Harlingen, TX 78550-9151		(If travel outside of	Texas, complete Schedule T)
Contributor's	principal occupation	Contributor's job	title	-
Contributors	рі іпораї оссирацол	Contributor 3 job	, duc	
Contributor's	employer / law firm	Law firm of cont	ributor's spouse (if a	ny)
If contributor	is a child, law firm of parent(s) (if any)			

The Instruction	א Guide explains how to complete this form.		1 PAGE# Schedule: 3/8	Report; 5/22
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≴ Ellis Koeneke & Ramirez	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/04/2015	6 Contributor address; City; State; Zip Code 1101 Chicago Avenue McAllen, TX 78501		\$500.00]] [
			(If travel outside of	Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	title	
11 Contributor's e	molover / law firm	12 Law firm of contr	ibutor's spouse (if ar	NV)
Law Firm				
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor 🔲 out-of-state PAC (ID# Garza, Reynaldo III (Mr.)) .	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/22/2015	Contributor address; City; State; Zip Code	. ,	\$500.00	
	680 E St Charles Suite 600			·
•	Brownsville, TX 78520			
	·		(If travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	principal occupation	Contributor's job	title	
Contributor's e	employer / law firm	. Law firm of conti	ributor's spouse (if ar	ny)
lf contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/26/2015	Contributor address; City; State; Zip Code 34 S. Coria		\$2,500.00	
·	Brownsville, TX 78520		(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job Owner	title	
Contributor's of Green Law F	employer / law firm Firm	Law firm of conti	ributor's spouse (if a	ny)
If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>		

The Instruction	IN GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/8	Report: 6/22
2 FILER NAME	Gonzales, David III (Mr.)		3 ACCOUNT# (I	Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Herrera, Ruben (Mr.)	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/15/2015	6 Contributor address; City; State; Zip Code 37 West Elizabeth Brownsville, TX 78520		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
9 Contributor's p Attorney	rincipal occupation .	10 Contributor's job Owner	title	
	employer / law firm f Ruben Herrera	12 Law firm of cont	ributor's spouse (if ar	ny)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor ☐ out-of-state PAC (ID / Hinojosa, Gilberto (Mr.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/16/2015	Contributor address; City; State; Zip Code 504 E St. Francis		\$500.00]
	Brownsville, TX 78520			
Contributorio	vincinal occupation	Contributor's job		Texas, complete Schedule T)
Attorney	orincipal occupation	Owner Owner	, uae	
	employer / law firm f Gilberto Hinojosa and Associates PC	Law firm of cont	ributor's spouse (if ar	 ny)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor ☐ out-of-state PAC (ID: Law Offce of Micheal Trejo	<u> </u>	Amount of contribution (\$)	n-kind contribution description (if applicable)
01/13/2015	Contributor address; City; State; Zip Code. 1192 East 9th Street	,,,,,,,,,,,	\$500.00	
	Brownsville, TX 78520		(If travel outside of	Texas, complete Schedule T)
Contributor's p	forincipal occupation	Contributor's job	<u>, </u>	, , , , , , , , , , , , , , , , , , , ,
- '				
Contributor's e Law Firm	employer / law firm	Law firm of cont	tributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)			

The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 5/8	Report: 7/22
2 FILER NAME	2 FILER NAME Gonzales, David III (Mr.)		3 ACCOUNT# (Ethics Commission filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/15/2015	6 Contributor address; City; State; Zip Code 622 E St. Charles Brownsville, TX 78520		\$500.00	Texas, complete Schedule T)
9 Contributor's p). orincipal occupation	10 Contributor's job	<u> </u>	, land
11 Contributor's e Gilberto Hind		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	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/26/2015	Contributor address; City; State; Zip Code 914 E Van Buren Brownsville, TX 78520		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Contributor's p Law Firm	orincipal occupation	Contributor's job	title	
Contributor's e	employer / law firm	Law firm of conti	ributor's spouse (if ar	ny)
If contributor is	s a chiid, law firm of parent(s) (if any)			
Date	Full name of contributor ☐ out-of-state PAC (ID: Linebarger Goggan Blair & Sampson, LLP	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2015	Contributor address; City; State; Zip Code Ruben Torres Blvd. Suite B-28		\$300.00	! ! !
	Brownsville, TX 78521	·	(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	title	
Contributor's e Law Firm	employer / law firm	Law firm of conti	ributor's spouse (if a	ny)
lf contributor i	s a child, law firm of parent(s) (if any)			

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 6/8 Report: 8/22
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# Monarrez, Carlos (Mr.)	<u> </u>	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
02/15/2015	6 Contributor address; City; State; Zip Code 2400 Calle Esplendida Brownsville, TX 78521		\$250.00
	DIGWING, 17, 76021		(If travel outside of Texas, complete Schedule T)
9 Contributor's p	principal occupation	10 Contributor's job Attorney	title
11 Contributor's e ValMar Law		12 Law firm of conti	ributor'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# Nunez, Richard (Mr.)	<u> </u>	Amount of In-kind contribution contribution (\$) description (If applicable)
01/21/2015	Contributor address; City; State; Zip Code 144 E Price Rd. Brownsville, TX 78521		\$500.00
			(If travel outside of Texas, complete Schedule T)
Contributor's p Attorney	orincipal occupation	Contributor's job	title
Contributor's e Law Office o	employer / law firm f Rick Nunez	Law firm of contr	ributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	<u> </u>	Amount of In-kind contribution contribution (\$) description (if applicable)
02/23/2015	Contributor address; City; State; Zip Code 855 Price Rd Suite 22 Brownsville, TX 78520		\$1,000.00
Contributor's	principal occupation	Contributor's job	<u> </u>
Contributors	ліпораї оссарацоп	Partner	une
	employer / law firm era and Fisher	Law firm of conti	ributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instruction	อง Guide explains how to complete this form.		1 PAGE# Schedulé: 7/8	Report: 9/22
2 FILER NAME	Gonzales, David III (Mr.)			Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Quezada Law Firm	<u></u> ;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/19/2015	6 Contributor address; City; State; Zip Code 3000 Central Blvd Suite 6 Brownsville, TX 78520	. , , ,	\$500.00	
9 Contributor's p	orincipal occupation	10 Contributor's job		Texas, complete Schedule T)
11 Contributor's e Jesse Queza	employer / law firm ada	12 Law firm of conti	ributor's spouse (if ar	ıy)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/15/2015	Contributor address; City; State; Zip Code 550 E Levee Brownsville, TX 78520		\$250.00	 - -
			(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	title	
Contributor's e Law Firm	employer / law firm	Law firm of conti	ributor's spouse (if ar	ny)
lf 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)
02/23/2015	Contributor address; City; State; Zip Code 855 W. Price Ste. 9		\$500.00	! ! !
-	Brownsville, TX 78520		(If travel outside of	Texas, complete Schedule T)
Contributor's	orincipal occupation	Contributor's job	title	
Contributor's of LawFirm	employer / law firm	Law firm of cont	ributor's spouse (if ar	γ(γι
lf contributor i	s a child, law firm of parent(s) (if any)			

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	Papart: 10/22	
9 FUED NAME	Connelso David III (Mr.)			Schedule: 8/8 Report: 10/22 3 ACCOUNT# (Ethics Commission filers)	
2 FILER NAME	FILER NAME Gonzales, David III (Mr.)				
	and the state of t		00000001		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Vela, Manuel (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
-	V 3.12,			' 	
01/25/2015	6 Contributor address; City; State; Zip Code	, , ,	\$500.00	' 	
	437 Jennifer Court			I	
	Harlingen, TX 78550		/If toward autoids of	T	
		40	L `	Texas, complete Schedule T)	
9 Contributor's p	orincipal occupation	10 Contributor's job CEO	title		
11 Contributor's e	employer / law firm	12 Law firm of cont	ributor's spouse (if a	ny)	
Valley Baptis	st Medical Center				
13 If contributor i	s a child, law firm of parent(s) (if any)				
13 II contributor is	s a Gillu, law lifth of parent(s) (if ally)				
Date	Full name of contributor ☐ out-of-state PAC (ID#	#)	Amount of	In-kind contribution	
	Zamir, Asim (Mr.)		contribution (\$)	description (if applicable)	
01/13/2015			\$500.00	l ·	
01/13/2013	Contributor address; City; State; Zip Code		Ψ000.00	1	
·	2100 W San Marcelo, #240 Brownsville, TX 78521			1	
	s		(if travel outside of	Texas, complete Schedule T)	
Contributor's	principal occupation	Contributor's job	title		
Doctor					
Contributor's	employer / ław firm	Law firm of cont	ributor's spouse (if a	ny)	
	· · · · · · · · · · · · · · · · · · ·			,	
If contributor i	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor 🔲 out-of-state PAC (ID:	#)	Amount of	In-kind contribution	
	Zayas & Hernandez		contribution (\$)	description (if applicable)	
0.4.107/0045			#0F0.00	I	
01/27/2015	Contributor address; City; State; Zip Code		\$350.00	1	
	3100 E. 14th St Brownsville, TX 78520	•		1	
			(if travel outside of	Texas, complete Schedule T)	
Contributor's	I principal occupation	Contributor's job	<u> </u>		
Contributors	· ·	Sona Bator 3 joi	, uno		
	employer / law firm	Law firm of cont	ributor's spouse (if a	ny)	
Law Firm					
If contributor i	s a child, law firm of parent(s) (if any)	<u></u>			
, considered	, 5. paratin(a) (ii air))				
		•	4		

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

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

Travel Out Of District
Office Overhead/Rental Expense

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

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Gonzales, David III (Mr.) 00000001 Schedule: 1/8 Report: 11/22 5 Payee name 4 Date Apple Inc. 01/23/2015 Payee address City; State; Zip Code 6 Amount (\$) \$17.30 1 Infinite Loop Cupertino, CA 95014 (b) Description (If travel outside of Texas, complete Schedule T) 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Campaign Software OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH. Date Payee name Apple Inc. 01/25/2015 Pavee address Amount (\$) City; State: Zip Code 1 Infinite Loop \$32.46 Cupertino, CA 95014 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Software Campaign OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Brownsville Herald 05/10/2015 Payee address State; Amount (\$) City; Zip Code 1135 E. Van Buren St. \$6.99 Brownsville, TX 78520 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Online Access to Media OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/04/2015 Brownsville Herald Amount (\$) Payee address City; State; Zip Code 1135 E. Van Buren St. \$6.99 Brownsville, TX 78520 (if travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) PURPOSE online access to media Fees 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

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES 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

Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# 3 ACCOUNT # (TEC filers) Gonzales, David III (Mr.) 00000001 Schedule: 2/8 Report: 12/22 4 Date 5 Payee name 05/01/2015 Brownsville Independent School District City; State; Zip Code Payee address Amount (\$) 1900 E. Price Rd \$200.00 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** Event Expense Teacher Appreciation Week Gifts OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Office sought: Candidate / Officeholder name Office held: direct expenditure to benefit C/OH Date Payee name 05/28/2015 Christ the King Church Amount (\$) City; State; Zip Code Payee address 2255 Southmost Rd \$20.00 Brownsville, TX 78521 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Raffle Fundraiser **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 04/26/2015 El Jardin Elementary City; State; Zip Code Amount (\$) Payee address 6911 Boca Chica \$300.00 Brownsville, TX 78521 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Teacher appreciation gifts 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 06/11/2015 Footworks Amount (\$) Payee address City; State; Zip Code 2224 US Business 77 \$50.00 Harlingen, TX 78550 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Race Fee **Event 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

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

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

Event Expense Fees	Polling Expense Travel Out Of Di Printing Expense Office Overhead	strict Candidate/Officeholder/Political Committee l/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/8 Re	port: 13/22 Gonzales, David III (Mr.)	00000001
4 Date	5 Payee name	•
02/27/2015	Frost Bank	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$4.00	401 Congress Ave Austin, TX 78701	
	Austin, 1X 70701	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Fees	Returned Check Fee
OF EXPENDITURE	, 333	
EXPENDITORE		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	
02/23/2015	Girl Scout Troop 109	
Amount (\$)	Payee address City; State; Zip Code	
\$200.00	1322 E Tyler	
φ200.00	Harlingen, TX 78550	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Solicitation/Fundraising Expense	Girl Scout Trip Sponsor
EXPENDITURE		
2 11 22777	O	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	
01/06/2015	Ink Technologies IIc	
Amount (\$)	Payee address City; State; Zip Code	
\$34.98	7600 McEwen	
	Centerville, OH 45459	•
	0-1	
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T)
OF	Office Overficaci/Nertial Expense	HIR IOI I TITLES
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought; Office heid:
direct expenditure to benefit C/OH		
	Davies name	
Date 01/16/2015	Payee name La Playa Restaurant	
Amount (\$)	Payee address City; State; Zip Code	
. ,	502 S. 77 Sunshine Strip	
\$48.36	Harlingen, TX 78550	
	_	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Fundraising lunch
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	·	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District

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

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Travel Out Of District Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Gonzales, David III (Mr.) 00000001 Schedule: 4/8 Report: 14/22 4 Date 5 Payee name La Playa Restaurant 02/25/2015 6 Amount (\$) Payee address City: State; Zip Code 502 S. 77 Sunshine Strip Harlingen, TX 78550 \$53.92 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Fundraising Lunch OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH. Date Payee name 05/29/2015 Los Fresnos High School; Amount (\$) Payee address City; State; Zip Code 907 N Arroyo \$50.00 Los Fresnos, TX 78566 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Program ad OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Pavee name Lotus Restaurant 04/01/2015 Amount (\$) Payee address State; City; Zip Code 2489 Boca Chica \$18.35 Brownsville, TX 78521 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense Lunch with Constituents OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Luby's .01/30/2015 Payee address Amount (\$) State; Zip Code 2124 Boca Chica \$24.10 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 constituent 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

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

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

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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: 5/8 Report: 15/22 4 Date 5 Payee name Luby's 04/30/2015 Pavee address Amount (\$) City: State: Zip Code 6 2124 Boca Chica \$17.27 Brownsville, TX 78520 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Lunch with Constituents Food/Beverage Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Pavee name Mid-Valley Events 02/10/2015 Payee address Amount (\$) City: State: Zip Code 802 Silver St. Donna, TX 78537 \$119.08 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE Event Expense** Race Fee ΩF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Payee name Date Nolita Pizza 02/22/2015 Payee address Amount (\$) City; State; Zip Code 814 North Expressway 77 \$15.66 Brownsville, TX 78521 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Lunch with constitutents 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 Payee name North Brownsville Little Miss Kickball 06/17/2015 Payee address City; State; Zip Code Amount (\$) 821 N. Dakota \$60.00 Brownsville, TX 78521 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Kickball sponsorship 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

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

EXPENDITURE CATEGORIES

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT# (TEC filers) 1 PAGE# 2 FILER NAME Gonzales, David III (Mr.) 00000001 Schedule: 6/8 Report: 16/22 5 Payee name Date Perez, Laura (Ms.) 05/13/2015 State; Payee address City: Zip Code 6 Amount (\$) \$1,903.00 435 W Madison 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 Salaries/Wages/Contract Labor GOTV Field Worker OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held: Candidate / Officeholder name 9 Complete ONLY if Office sought: direct expenditure to benefit C/OH Payee name Date Pizza Hut 03/23/2015 Payee address Amount (\$) City: State: Zip Code \$120.83 1802 W Tyler Harlingen, TX 78550 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Food for Funeral Evelon Dale 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 Payee name Rancho Viejo Resort and Country Club 03/11/2015 City; State; Zip Code Payee address Amount (\$) \$95.00 1 Rancho Viejo Drive Rancho Viejo, TX 78575 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense Shamrock Race 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 Payee name South Texas Lightening Softball 03/11/2015 City; State; Zip Code Amount (\$) Payee address 2615 E Price \$80.00 Bownsville, TX 78521 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Softball Championship Sponsorship Solicitation/Fundraising 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

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers)
Schedule: 7/8 Re	1 OI D (MA-)	00000001
4 Date	5 Payee name	
04/27/2015	SPI Birding Center	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$5.00	6801 Padre Blvd South Padre Island, TX 78597	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) Charitable contribution
		Check If Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
03/23/2015	Tip of Texas Family Outreach	
Amount (\$)	Payee address City, State, Zip Code	
\$100.00	455 E Levee St. Brownsville, TX 78520	
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/10/2015	U. S. Post Office	
Amount (\$)	Payee address City; State; Zip Code	
\$132.00	1001 East Elizabeth Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Mailbox Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
05/10/2015	Valley Morning Star	
Amount (\$)	Payee address City; State; Zip Code	
\$6.99		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Online access to media
Operated 01834 5	Candidate / Officeholder name	Check If Austin, TX, officeholder living expense Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolder name	Office sought. Office field.

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure 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
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Polling Expense Printing Expense Fees OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Gonzales, David III (Mr.) 00000001 Schedule: 8/8 Report: 18/22 4 Date 5 Payee name Valley Morning Star 06/04/2015 Payee address 6 Amount (\$) City; State; Zip Code 1310 S. Commerce Street \$6.99 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** online access to media 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 01/06/2015 Verizon Wireless Amount (\$) Payee address City; State; Zip Code 508 Springmart Blvd Borwnsville, TX 78526 \$790.21 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Replacement Tablet **QF** EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

	The I	nstruction Guide explains ho	ow to complete this for	m.	
1 PAGE#		2 FILER NAME		3 ACCOUNT# (TEC filers)	
Schedule: 1/8 Re		Gonzales, David III (Mr.)		00000001	
4 Date 04/19/2015	5 Payee name American A	irlines			
6 Amount (\$)	7 Payee addres				
\$422.20	4333 Amon Fort Worth,				
8 PURPOSE		e Categories listed at the top of this schedule)		egarding type of information required.)	
OF	Travel Out Of District		Judicial Seminar In Washington DC		
EXPENDITURE					
Date	Payee name			,	
02/01/2015 Amount (\$)	Big Daddy's		·		
\$13.34	Payee address City; State; Zip Code 3065 Boca Chica Blvd				
ў 13.34	Brownsville				
BUBBOOK		e Categories listed at the top of this schedule)		egarding type of information required.)	
PURPOSE OF	Food/Beverage Expense Breakfast with Staff				
EXPENDITURE		•			
		•			
Date	Payee name]		
03/01/2015	Bob's Chop	and Steakhouse			
Amount (\$)	Payee addre	ss City; State; Zip Code			
\$118.51	301 Lavaca Austin, TX				
	Austin, FA	70701			
PURPOSE OF EXPENDITURE	1 .	e Categories listed at the top of this schedule) age Expense	Description (See instructions re Dinner during Seminar wi	egarding type of information required.) th Judge McDonald	
Date 04/09/2015	Payee name Kumori		<u> </u>		
04/22/2015 Amount (\$)	Payee addre	ss City; State; Zip Code			
\$55.90	1				
φυυ.90 	Brownsville	TX 78521			
	Category (Se	ee Categories listed at the top of this schedule)	Description (See instructions re	egarding type of information required.)	
PURPOSE OF	Food/Bever	age Expense	Staff Luncheon		
EXPENDITURE					
			<u> </u>		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 PAGE#				
I IAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/8 Re	port: 20/22	Gonzales, David III (Mr.)		00000001
4 Date	5 Payee name			
06/09/2015	La Pampa			
6 Amount (\$)	7 Payee address	•	•	
\$19.21	1655 E Rub			
	Brownsville,	1 \ 76521		
8	(a) Category (Sa	e Categories listed at the top of this schedule)	(h) Description (See Instructions of	egarding type of Information required.)
PURPOSE		age Expense	Staff Luncheon	egarding type of morniation required.)
OF EXPENDITURE	, , , , , , , , , , , , , , , , , , , ,	-9+		
EXI ENDITORE			·	
				·
Date	Payee name		<u> </u>	111 121
06/09/2015	La Pampa			
Amount (\$)	Payee address City; State; Zip Code			
\$32.48	1655 E Ruben M Torres			
,··•	Brownsville,	TX 78521		
PURPOSE		e Categories listed at the top of this schedule)	Description (See instructions r	egarding type of information required.)
OF	F000/Bevera	age Expense	Stall function	
EXPENDITURE				
Date	Payee name			
01/01/2015	Lotus Resta	urant		
Amount (\$)	Payee addres	ss City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$26.30	2489 Boca (•		
Ψ20.00	Brownsville,	TX 78521		
	Category (Sa			12 - 21
DIRPOSE		e Categories listed at the top of this schedule)		egarding type of information required.)
PURPOSE OF		e Categories listed at the top of this schedule) age Expense	Description (See instructions of Lunch with Staff	egarding type of information required.)
				egarding type of information required.)
OF				egarding type of information required.)
OF				egarding type of information required.)
OF EXPENDITURE	Food/Bevera			egarding type of information required.)
OF EXPENDITURE	Food/Bevera			egarding type of information required.)
OF EXPENDITURE Date 06/01/2015	Food/Bevera	age Expense		egarding type of information required.)
OF EXPENDITURE Date 06/01/2015 Amount (\$)	Payee name Merzi Payee addres	age Expense		egarding type of information required.)
OF EXPENDITURE Date 06/01/2015	Food/Bevera	age Expense Significant State Significant State		egarding type of information required.)
OF EXPENDITURE Date 06/01/2015 Amount (\$)	Payee name Merzi Payee addres 415 7th St	age Expense Significant State Significant State		egarding type of information required.)
Date 06/01/2015 Amount (\$) \$22.40	Payee name Merzi Payee addres 415 7th St Washington	age Expense Significant State Significant State	Lunch with Staff	
Date 06/01/2015 Amount (\$) \$22.40	Payee name Merzi Payee addres 415 7th St Washington Category (Se	es City; State; Zip Code	Lunch with Staff	egarding type of information required.)
Date 06/01/2015 Amount (\$) \$22.40	Payee name Merzi Payee addres 415 7th St Washington Category (Se	age Expense ss City; State; Zip Code , DC 20004 De Categories listed at the top of this schedule)	Lunch with Staff Description (See instructions	egarding type of information required.)
Date 06/01/2015 Amount (\$) \$22.40	Payee name Merzi Payee addres 415 7th St Washington Category (Se	age Expense ss City; State; Zip Code , DC 20004 De Categories listed at the top of this schedule)	Lunch with Staff Description (See instructions	egarding type of information required.)
Date 06/01/2015 Amount (\$) \$22.40	Payee name Merzi Payee addres 415 7th St Washington Category (Se	age Expense ss City; State; Zip Code , DC 20004 De Categories listed at the top of this schedule)	Lunch with Staff Description (See instructions	egarding type of information required.)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instru	ction G	uide exp	lains how	to comp	lete this	form.
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1				
1 PAGE#		2 FILER NAME		3 ACCOUNT# (TEC filers)
Schedule: 3/8 Re	port: 21/22	Gonzales, David III (Mr.)		00000001
4 Date	5 Payee name			
06/05/2015	Pena, Leofre			
6 Amount (\$)	7 Payee addres			
\$300.00	974 E. Harri Brownsville,	son . TX 78521		
	Diomilio inc,	17(10021		
8	(a) Category (Se	e Categories listed at the top of this schedule)	(b) Description (See instructions re	egarding type of information required.)
PURPOSE		age Expense	Staff and Juror Snacks	
OF EXPENDITURE				
Date	Payee name			
02/26/2015	Piranha Kille	er Sushi		
Amount (\$)	Payee address City; State; Zip Code			
\$42.08	08 207 San Jacinto Blvd			
	Austin, TX	78701		
	0-1		Description (O. 1), to the	
PURPOSE	1	e Categories listed at the top of this schedule) age Expense	lunch during judicial semi	egarding type of information required.)
OF	, cod Bevel	age Expense	lanon danng judiciai semi	na i
EXPENDITURE				
Date	Payee name		1	
06/02/2015	Roti Mediter	ranean		
Amount (\$)	Payee addres			
\$23.98	-			
Ψ20.30	Washington	, DC 20006		
DURROCE		e Categories listed at the top of this schedule)		egarding type of information required.)
PURPOSE OF	Food/Bever	age Expense	Dinner during Seminar	
EXPENDITURE				
1				