# MR. DAVID GONZALEZ III

he JC/OH Instruction	n Guide explains how to complet	e this form.		2 Total pages filed	i:
CANDIDATE / OFFICEHOLDER		IRST David	MI	272.51	WEHON COUNTY
NAME					ER REGISTRATION IUL 1 4 2016
	1 . 11 - 1	AST Gonzales III	SUFFIX		MEKENED!
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / S P. O. Box 1632	CUITE#; CITY;	ZIP CODE	Date Hand-delivered gee Receipt #	Amount
Change of Address	Brownsville, TX 78522	Date Processed			
				Date Imaged	
CAMPAIGN	MS/MRS/MR FI	RST		MI	
TREASURER NAME	Ar	mando			
	NICKNAME L/	AST	***************************************	SUFFIX	***************************************
	Sa	nchez			
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO	OX PLEASE); A	PT/SUITE#; CITY; Bayview	STAT TX	•
CAMPAIGN	AREA CODE PHONE	NUMBER EXTENSION			
TREASURER PHONE	(956) 455–0				
REPORT TYPE	January 15 X July 15	30th day before election 8th day before election	Runoff  Exceeded \$500 limit	15th day after campappointment (office	holder only)
PERIOD COVERED	Month Day Year 01/01/2016	THROUGH	Month Day 06/30/201	Year L6	
D ELECTION	ELECTION DATE Month Day Year 03/06/2018	X Primary General	ELECTION TYPE Runoff Special	Other	
L OFFICE	OFFICE HELD (if any) Judge of Cameron County C	ourt at Law 2	12 OFFICE SOUGHT	(if known) on County Court at	Law 3

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:

# FORM JC/OH COVER SHEET PG 2

3 C / OH NAME	Gonzales III, David	14	Filer ID		
5 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures These expenditures may have been made without the I officeholders are required to report this information on	candidate's or officeh	older's knou	ledae or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			1,
	GENERAL	COMMITTEE ADDRESS			·
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
.6 CONTIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ARANTEES OF LOANS), UNLESS ITEMIZED	N PLEDGES,	\$	0.00
	1	ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS		AL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	\$	13.98
		ICAL EXPENDITURES	χ.	\$	1,517.66
CONTRIBUTION BALANCE	REPORTING PE		4	s 18,7	27, 48 <del>.0</del> 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY	\$	0.00
7 AFFADAVIT	Rosa Nelly Sanche Notary Public, State of To My Commission Expir 06-23-2019	Xas S	perjury, that the acco formation required to l	be reported	eport is by me
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE			
Sworn to and subscoor $July$	ribed before me, by the s	aid <u>David Gonzales, III</u> ertify which, witness my hand and seal of office.	, this the $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$		day
Om nee	er administering oath	Rosa Nelly Sanchez Not Printed name of officer administering oath	ary in and f		

## FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 3 of 14 18 FILER NAME 19 Filer ID Gonzales III, David 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3. SCHEDULE E(J): LOANS (JUDICIAL) \$ 4. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,503.68 X \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8.75 \$ Х SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 13.98 X SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 558.75 11. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction (			àges/	Contract Labor e this form.		THER (enter a category	not listed above)
1	Total pages Schedule F1:	2	FILER NAM	=					3 F	iler ID	
	Sch: 1/9 Rpt: 4/14		Gonzales I								
4	Date	5	Payee name	}							
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6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
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1											
			Harlingen,	TX 78550							
8	PURPOSE	(a)	Category (s	ee Categories listed a	the top of this sch	nedule)	(b)	Description			
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								Sponsorship	TOT TU	indraiser	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(	Office sou	ght			Office held	
L											
	Date		Payee name								
	03/09/2016		Brownsville	Chamber of C	ommerce						
	Amount (\$)		Payee addre	ess; City;	State	e; Zip Co	de				
	\$125.00		1600 Unive	rsity Blvd							
			Brownsville	, TX 78520							
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	expenditure to benefit C/O	1									
F	Date		Payee name								
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# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expenso Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Gilt/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		Travel Out of District OTHER (enter a category not listed above	/e)
1	1 Total pages Schedule F1: 2 FILER NAM		FILER NAME					3	Filer ID	
	Sch: 2/9 Rpt: 5/14		Gonzales II	II, David						
4	Date	5	Payee name							
	02/05/2016		Brownsville	Herald Newspaper	·					
6	Amount (\$)	7	Payee addre	ess; City;	State; Zip Co	ode				
	\$6.99		1135 East \	Van Buren St.						
		L	Brownsville	, TX 78520			• 111-		MARCH .	
8	PURPOSE OF			See Categories listed at the top		(b)	Description	s_:	· ·- o la calcabilata	
	EXPENDITURE		Office Over	rhead/Rental Expens	se				de of Texas. Complete Schedule T. officeholder living expense	
							Subscription			
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	Date	Ī	Payee name							
	03/03/2016		Brownsville	e Herald Newspaper	•					
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	\$6.99		1135 East \	Van Buren St.						
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	PURPOSE	(a)	Category (S	ee Categories listed at the top	p of this schedule)	(b)	Description			
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	expenditure to benefit C/OI					•				
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	40.00	ļ		,						
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	PURPOSE	(a)	Category (S	ee Categories listed at the top	p of this schedule)	(b)	Description			
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	expenditure to benefit C/OI	Н	,anuluale/On	centider name	Office 300	agiit			Office field	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

06/06/2016

Amount (\$)

expenditure to benefit C/OH

Complete ONLY if direct

expenditure to benefit C/OH

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Brownsville Herald Newspaper

Candidate/Officeholder name

Payee address;

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 3/9 Rpt: 6/14 Gonzales III, David 4 Date Payee name 05/05/2016 Brownsville Herald Newspaper 6 Amount (\$) Payee address; City: State; Zip Code \$6.99 1135 East Van Buren St. Brownsville, TX 78520 PURPOSE 8 (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Newspaper Subscription Office held 9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name

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

<b>\$6.</b> 99	1135 East Van Buren St.			
	Brownsville, TX 78520			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Office Overhead/Rental Expense		scription Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense WSPAPER Subscription	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	

State; Zip Code

Date Payee name 02/02/2016 Cameron County Bar Assoc. State; Zip Code Amount (\$) Payee address; City; \$100.00 P.O. Box 3866 Brownsville, TX 78523-3866 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense** EXPENDITURE Check if Austin, TX, officeholder living expense Golf Fundraiser

Office sought

Office held

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment				Wage	s/Contract Labor	OTHER (enter a category not listed al	oove)
1	Total pages Schedule F1:	2 FILE	R NAME			3	Filer ID	
	Sch: 4/9 Rpt: 7/14		zales III, David					
4	Date	5 Paye	e name					
	02/01/2016	Che	ddar's Restaurant					
6	Amount (\$)	7 Pave	e address; City;	State; Zip C	ode			
ľ	\$57.97		5 N. Expressway 83					
	φυτιστ	2.700	TIV. Expressively 65					
		Brow	nsville, TX 78520					
8	PURPOSE	(a) Cate	GOTY (See Categories listed at	the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food	l/Beverage Expense		1	<u>  </u>	tside of Texas. Complete Schedule T.	
	LAI LIIDII ORL					L	X, officeholder living expense	
						Staff Luncheor	1	
9			late/Officeholder name	Office so	ught		Office held	
	expenditure to benefit C/OI	-1						
H	Date	Pave	e name					
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_		-		S. ( 7) 0				
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		Brow	nsville, TX 78521-224	<del>1</del> 7	· · · · · · · · · · · · · · · · · · ·	M****		
	PURPOSE OF		Ory (See Categories listed at	the top of this schedule)	(b)	Description		
	EXPENDITURE	Print	ing Expense				tside of Texas. Complete Schedule T.	
						officeholder de	X, officeholder living expense	
						officerolaer ae	cais	
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late/Officeholder name	Office so	ught		Office held	
	expenditure to benefit oron	1						
Г	Date	Paye	e name					
	03/09/2016	_	ngen Chamber of Cor	nmerce				
	Amount (\$)		e address; City;	State; Zip C	nde			
	\$220.00		e address, City, East Tyler	State, Zip C	Juc			
	\$220.00	OTT	East Tyler					
		Harli	ngen, TX 78550					
	PURPOSE	(a) Cate	JOTY (See Categories listed at	the top of this schedule)	(b)	Description		
	OF EXPENDITURE		ertising Expense			Check if travel ou	tside of Texas. Complete Schedule T.	
	EXPENDITURE		· .			_	X, officeholder living expense	
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	Complete ONLY if direct		late/Officeholder name	Office so	ught		Office held	
	expenditure to benefit C/OI	1						
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#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
OTHER (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Gonzales III, David Sch: 5/9 Rpt: 8/14 4 Date Рауее пате 02/04/2016 La Pampa Restaurant 6 Amount (\$) Payee address; City; State; Zip Code \$86.17 1655 Ruben Torres Brownsville, TX 78521 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituent Lunch Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/10/2016 National Pen State; Zip Code Amount (\$) Payee address; City; \$79.60 P.O. Box 847203 Dallas, TX 75284-7203 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Inscribed Pens Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/09/201.6 New York Deli Payee address; City; State; Zip Code Amount (\$) 1631 E. Price Rd. \$72.68 Brownsville, TX 78521 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Luncheon Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

ood/Beverage Expense Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID Gonzales III, David Sch: 6/9 Rpt: 9/14 4 Date Payee name 03/30/2016 Prevent Child Abuse 6 Amount (\$) Pavee address: City: State; Zip Code \$50.00 13740 Research Blvd Suite R-4 Austin, TX 78750 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraiser for Child Abuse Prevention 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/22/2016 Rudy's BBQ City; State; Zip Code Amount (\$) Payee address; \$24.30 2780 N. Expressway 77/83 Brownsville, TX 78526 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituent Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/25/2016 Run in Texas Amount (\$) Payee address; City; State; Zip Code \$129.80 9419 Bluebell Dr. Garden Ridge, TX 78266 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense 5K Run Admission Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Advertising Expense Accounting/Banking Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By -OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 7/9 Rpt: 10/14 Gonzales III, David 4 Date Payee name 02/01/2016 Runcrew.org 6 Amount (\$) Payee address; City; State; Zip Code \$64.80 713 Country Drive Harlingen, TX 78550 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. **Event Expense** EXPENDITURE Check if Austin, TX, officeholder living expense Race Participation Office sought Office held 9 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 02/03/2016 Siberia Restaurant Amount (\$) Payee address; City; State; Zip Code \$29.75 2915 International Blvd Brownsville, TX 78521 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Luncheon Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 02/02/2016 Tip of Texas Family Outreach Center State; Zip Code Amount (\$) Payee address; City; \$100.00 455 E. Levee St. Brownsville, TX 78520 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense** EXPENDITURE Check if Austin, TX, officeholder living expense Charity Sponsorship Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

#### SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense OTHER (enter a category not listed above) Legal Scrvices Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 3 Filer ID FILER NAME Sch: 8/9 Rpt: 11/14 Gonzales III, David 4 Date Payee name 04/26/2016 **USPS** 6 Amount (\$) Payee address; City; State; Zip Code \$140,00 1001 E. Elizabeth St Floor 1 Brownsville, TX 78520 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Rental Campaign Mailbox Office held 9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name Valley Morning Star 02/05/2016 Payee address; State; Zip Code Amount (\$) \$6.99 1310 South Commerce St. Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription to newspaper Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/03/2016 Valley Morning Star State; Zip Code Amount (\$) Payee address: City; \$6.99 1310 South Commerce St. Harlingen, TX 78550 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense EXPENDITURE Check if Austin, TX, officeholder living expense newspaper subscription Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Exponso Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense
Salaries/Wages/Contract Labor Legal Scrvices Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Gonzales III, David Sch: 9/9 Rpt: 12/14 4 Date Payee name 04/07/2016 Valley Morning Star Amount (\$) Payee address; City; State; Zip Code \$6.99 1310 South Commerce St. Harlingen, TX 78550 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense EXPENDITURE Check if Austin, TX, officeholder living expense newspaper subscription Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/05/2016 Valley Morning Star State; Zip Code Amount (\$) Payee address; City; \$6.99 1310 South Commerce St. Harlingen, TX 78550 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense newspaper subscription Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/06/2016 Valley Morning Star Payee address; City; State; Zip Code Amount (\$) 1310 South Commerce St. \$6.99 Harlingen, TX 78550 PURPOSE Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense newspaper subscription Candidate/Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Constitling Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel in District OTHER (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F4: 2 FILER NAME Sch: 1/1 Rpt: 13/14 Gonzales III, David \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 03/07/2016 Capital One Venture Payee address; State; Zip Code 7 Amount (\$) City; \$8.75 P.O. Box 60024 City of Industry, CA 91716-2564 TYPE OF Political [X]Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense iuror snacks Candidate/Officeholder name Office held Office sought 11 Complete ONLY if direct expenditure to benefit C/OH Version V1.0.203 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

SCHEDULE [

		The Instruction Guide explains how to complete this form.
1	Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Gonzales III, David 3 Filer ID
4	Date 03/04/2016	5 Payee name Capistran Tortilla Factory
6	Amount (\$) 8.75	7 Payee Address; City; State; Zip 2035 Central Blvd  Brownsville, TX 78520
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  (b) Description (See instructions regarding type of information required.)  Juror Snacks
	Date 06/13/2016	Payee name Pena, Leofredo (Mr.)
	Amount (\$) 300.00	Payee Address; City; State; Zip 974 E. Harrison  Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  (b) Description (See instructions regarding type of information required.)  Juror Snacks
	Date 06/08/2016	Payee name Texas Center for the Judiciary
	Amount (\$) 250.00	Payee Address; City; State; Zip 1210 San Antonio Street Suite 800 Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Fees  (b) Description (See instructions regarding type of information required.)  Continuing Education Conference Fee