DAVID GONZALES, III

Runoff Report July 15, 2020

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Total pages filed: 1 Filer ID The JC/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST ΜI OFFICE USE ONLY TONS & **OFFICEHOLDER** David Date Received VOTER REGISTRATION NAME JUL 1 5 2020 NICKNAME LAST **SUFFIX** Gonzales III Date Hand-delivered or Date Produtarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE OFFICEHOLDER 34349 Island Estates Street MAILING Receipt # Amount **ADDRESS** Change of Address San Benito, TX 78586 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Melinda L. NAME NICKNAME LAST SUFFIX Weaver CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4014 Darrell Street, Harlingen, Texas 78550 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** CAMPAIGN TREASURER 832-696-9201 PHONE REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) January 15 30th day before election Runoff Exceeded \$500 limit Final Report (Attach C/OH-FR) July 15 8th day before election PERIOD Day Year Month Day Year Month COVERED 01/01/2020 THROUGH 06/30/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other χ Primary Runoff 03/01/2022 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) County Court at Law Place #3 County Court at Law Place #3 Cameron **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.3a6aaf7d

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

				2 of 12
13 C / OH NAME	Gonzales III, David	14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. consent. Candidates an	political contributions accepted or political expenditures made by These expenditures may have been made without the candidat d officeholders are required to report this information only if they	e's or officeholde.	r's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	11 - 11 11 11 11 11 11 11 11 11 11 11 11	
	GENERAL.			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TO FACILITIES HAVE		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
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16 CONTIBUTION • TOTALS	TOTAL POLITIC LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLED ARANTEES OF LOANS), UNLESS ITEMIZED	GES, \$	0.00
	i	ICAL CONTRIBUTIONS	\$	0.00
EXPENDITURE	"	PLEDGES, LOANS, OR GUARANTEES OF LOANS) AL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		
TOTALS			\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES	\$	1,266.83
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF RIOD	THE \$	12,898.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LASTING PERIOD	ST DAY \$	0.00
17 AFFADAVIT				
· partillementstand	College and States at 11 December 2 years at 12 December 2 Decembe	I swear, or affirm, under penalty of perjury, t true and correct and includes all information under Title 15, Election Code.	hat the accompar required to be re	nying report is ported by me
The state of the s	Rosa Nelly Sanch Notary Public, State of Te Comm. Expires 06-23-20 Notary ID 1021380-	9Xas 923	r Officeholder	
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subso		aid DAVID Gonzales III , this the rtify which, witness my hand and seal of office.	13#	day
0	1			
Signature of office	els Sanche cer administering oath	Rosp Nesly Spuchee Notay IN A	vD For th Sta	te of Texas
	ū	,,	_ J WUIHII	

FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 19 Filer ID 18 FILER NAME 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 SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3. SCHEDULE E(J): LOANS (JUDICIAL) \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 1,038.27 X \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 228.56 8. Х SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. 11. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 4,223.69 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12. TO FILER

SCHEDULE F1

Advertising Expense

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	r - Gift Il Committee Leg	d/Beverage Expense /Awards/Memorials Expense al Services e Instruction Guide explains		(pens /ages	e /Contract Labor	T	ravel in District ravel Out of District THER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		• •			3 F	iler ID
Sch: 1/5 Rpt: 4/12	Gonzales III, D	avid					
4 Date	5 Payee name						
02/12/2020	Amazon inc.						
		City State	; Zip Co	do			
6 Amount (\$) \$27.61	7 Payee address; 410 Terry Ave Seattle, WA 98	nue	;, ZIP CO	ue			
8 PURPOSE				(h)	Description		
OF EXPENDITURE		ategories listed at the top of this sch ad/Rental Expense	hedule)	(5)	Check if travel of		of Texas. Complete Schedule T. liceholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeh	older name (Office sou	ght		• •	Office held
Date	Payee name						**************************************
01/13/2020	American Expr	ess					
Amount (\$) \$34.58	Payee address; P.O. Box 6504 Dallas, TX 752	48	; Zip Co	de			
PURPOSE		ategories listed at the top of this sch		(b)	Description		
OF EXPENDITURE	Credit Card Pa		reduie)	. -,	Check if travel o	TX, off	of Texas. Complete Schedule T. iceholder living expense t listed on previous report
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeh	older name (Office sout	ght			Office held
Date	Payee name						
01/26/2020	American Expr	ess					
Amount (\$) \$119.53	Payee address; P.O. Box 6504		; Zip Coo	de			
	Dallas, TX 752	65					
PURPOSE OF EXPENDITURE	(a) Category (See Ca Credit Card Pa	ategories listed at the top of this sch yment	nedule)		Check if Austin,	TX, offi	of Texas. Complete Schedule T. iceholder living expense isted on previous report
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeh	older name C	Office souç	jht			Office held
orms provided by Texas Et	hics Commission	www.ethics.s	state ty us	3			Version V1.1.3a6aaf

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense F y - Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a calegory not listed above)
1 Total pages Schedule F1:			3 Filer ID
Sch: 2/5 Rpt: 5/12			
4 Date 01/21/2020	5 Payee name American Express		
6 Amount (\$)	*	Zip Code	
\$154.11	P.O. Box 650448	— ,	
	Dallas, TX 75265		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schede Credit Card Payment	Check if travel	outside of Texas, Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ice sought	Office held
Date	Payee name	***************************************	
01/22/2020	Blanquitas		
Amount (\$)		Zip Code	
\$20.56	2728 E Harrison Ave		
	Harlingen, TX 78550		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheduled Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense INCh
Complete ONLY if direct expenditure to benefit C/O		ce sought	Office held
Date 01/29/2020	Payee name Chase Freedom		
Amount (\$) \$228.56	Payee address; City; State; P. O. Box 94014	Zip Code	
	Palatine, IL 60094-4014		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Credit Card Payment	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ce sought	Office held
4. Administrative 4. P. V.			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense	Office Ov Polling Ex Printing E Salaries/	erhea cpens xpen Vage	se s/Contract Labor		Transport Travel in E Travel Ou		Related Expense
1	Total pages Schedule F1:	2	FILER NAME	<u></u>					3	Filer ID		
ľ	Sch: 3/5 Rpt: 6/12	-	Gonzales II							, ,,,,,,		
 	Date	-	Payee name									
ľ	01/28/2020	ľ	Cheddar's F									
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					
l	\$101.94		2495 N. Ex	oressway 83								
			Brownsville	, TX 78520								
8	PURPOSE	(a)		ee Categories listed at the to	op of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				=			s. Complete Sched	dule T.
		ĺ						Staff Lunched		onicenoide	r living expense	
								Star Lunched	J11			
Ļ	Complete ONLY if direct	Щ	Candidata/Offi	ceholder name	Of	fice sou				Offi	ce held	
9	Complete ONLY if direct expenditure to benefit C/O		JanuidaterOm	cenouel name	OI.	1100 300	ynt			Oili	ce neu	
	Date	Π	Payee name									
	03/16/2020		City of Harli	ngen								
-	Amount (\$)	Н	Payee addres	ss; City;	State;	Zip Co	de					
	\$22,30		118 East Ty	•								
			Í									
			Harlingen, T	X 78550								
	PURPOSE	(a)	Category (Se	e Categories listed at the to	op of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Fees					<u></u>			. Complete Sched	ule T.
	L/M LINDINGIAL							Check if Austin,				
								Storage Unit	Cle	anup cr	large	
<u> </u>		L					1.				7 11	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	fice sou	ght			Offic	ce held	
	oxportations to bortone or or					***********						
	Date		Payee name									
	02/13/2020		KY Democra	atic Party								
	Amount (\$)	Г	Payee addres	ss; City;	State;	Zip Co	de					
	\$83.25		P.O. Box 69	4								
			Frankfort , K	Y 40602								
	PURPOSE	(a)	Category (Se	e Categories listed at the to	p of this sched	ule)	(b)	Description				
	OF EXPENDITURE		Advertising I	Expense				_			, Complete Sched	ule T.
	EXPENDITORE							Check if Austin,	TX,	officeholde	r living expense	
								T Shirts				
	0				~"		_la !			~#°	no boid	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	Off	ice sou	ynt			Uffic	ce held	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E Printing t	xpens Expens			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explai	ins how to c	omple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAM	Ë				3	Filer ID
	Sch: 4/5 Rpt: 7/12	Gonzales	III, David					
4	Date	5 Payee nam	e				•	
	02/10/2020	Las Cazue	elitas					
6	Amount (\$)	7 Payee addr	ess; City; Sta	ate; Zip C	ode			
	\$14.92	220 Palm	Blvd					
		Brownsvill	e, TX 78520					
8	PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beve	erage Expense					de of Texas. Complete Schedule T. officeholder living expense
						Constituent L		
					1	O O I I O I I O I I O I I		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u> </u> aht			Office held
	expenditure to benefit C/O		nocrosuct name	Olade 300	ugne			Office field
	Date	Payee name	e					
	01/15/2020	Pena, Leo	fredo (Mr.)					
	Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Co	ode			
	\$100.00	974 E. Har	rison					
		Brownsville	e, TX 78520					
Г	PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF		ns/Donations Made By	,		Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/	Officeholder/Political Con	nmittee				officeholder living expense
						campaign do	nati	ion
	***************************************				<u> </u>			
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ught			Office held
	experience to better or or							
	Date	Payee name	•					
	01/09/2020	Perez-Rey	es, Laura (Mrs.)					
	Amount (\$)	Payee addre	ess; City; Sta	te; Zip Co	ode			
	\$100.00	P.O. Box 4	593					
		Brownsville	e, TX 78523					
	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE		ns/Donations Made By					de of Texas. Complete Schedule T.
	LAF ENDITORE	Candidate/	Officeholder/Political Com	mittee				officeholder living expense
						campaign dor	ıdli	Uti
	Occupies ONLY 27 Pro-	04:1-1-10:2		Office -				Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office sou	ignt			Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overheadi/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3	Filer ID
Sch: 5/5 Rpt: 8/12	Gonzales III, David		
4 Date	5 Payee name		
04/06/2020	Washington Post		
6 Amount (\$) \$30.91	7 Payee address; City; State; 1301 K Street NW Washington, DC 20006	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Check if travel outsi Check if Austin, TX, newspaper subs	de of Texas. Complete Schedule T. officeholder living expense Cription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fice sought	Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Advertising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 1/1 Rpt: 9/12 Gonzales III, David \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 01/17/2020 City of Harlingen 7 Amount (\$) Payee address; State; Zip Code City; \$228.56 118 East Tyler Harlingen, TX 78550 TYPE OF Non-Political \mathbf{x} Political **EXPENDITURE** PURPOSE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage Fees Office held Office sought 11 Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Version V1.1.3a6aaf7d Forms provided by Texas Ethics Commission www.ethics.state.tx.us

SCHEDULE I

	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID
Sch: 1/2 Rpt:	Gonzales III, David	
4 Date	5 Payee name	
06/29/2020	Amazon Inc.	
6 Amount (\$)	7 Payee Address; City; State; Zip	
30.07	410 Terry Avenue	
	0	
	Seattle, WA 98109	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	· ·
EXPENDITURE	Onice Overneau/Nental Expense	computer cleaning supplies
Date	Payee name	<u> </u>
06/03/2020	Amazon Inc.	
Amount (\$)	Payee Address; City; State; Zip	
799.38	410 Terry Avenue	
	Seattle, WA 98109	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	1
EXPENDITURE	Office Overhead/Rental Expense	Computer Monitor
Date	Payee name	
05/31/2020	Amazon Inc.	
Amount (\$)	Payee Address; City; State; Zip	
81.80	410 Terry Ave	
01.00		
	Seattle, WA 98109	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	· ·
OF EXPENDITURE	Office Overhead/Rental Expense	Warranty Service for Computer
Date	Payee name	
06/03/2020	Best Buy	
Amount (\$)	Payee Address; City; State; Zip	
	2701 Pablo Kisel Blvd	
248.96	ZIOT, GOO NOOLDING	
	Brownsville, TX 78526	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Office Overhead/Rental Expense	Computer Peripherals
EAFEMULIONS		

SCHEDULE |

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	. <u> </u>	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Gonzales III, David		
4	Date 06/02/2020	5 Payee name Best Buy		
6		7 Payee Address; City; State; Zip 2701 Pablo Kisel Blvd Brownsville, TX 78526		
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description Keyboard		
	Date 06/07/2020	Payee name Microsoft Inc.		
	Amount (\$) 75.76	Payee Address; City; State; Zip One Microsoft Way Redmond, WA 98052		
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) Data storage		
	Date 06/01/2020	Payee name Simply NUC		
	Amount (\$) 2,475.35	Payee Address; City; State; Zip 495 Round Rock West Dr. Round Rock, TX 78681		
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) Home Desktop Computer		
	Date 06/03/2020	Payee name State Bar of Texas		
•	Amount (\$) 350.00	Payee Address; City; State; Zip 1414 Colorado St Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Dues		
		· · · · · · · · · · · · · · · · · · ·		

ASSETS VALUED AT \$500 (OR MORE	SCHEDULE
The Instruction Guide explains h	ow to complete this form.	1 Total pages Schedule M: Sch: 1/1 Rpt: 12/12
FILER NAME		3 Filer ID
Gonzales III, David		
Description of Asset Computer Desktop		
Description of Asset Computer Monitor		
•		
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