JOSE ADRIAN GONZALEZ

SEMI-ANNUAL REPORT JANUARY 18, 2022

CAMPAIG	FORM C/OH COVER SHEET PG 1						
The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)				2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS /MR	JOSE	Ä	OFFICE USE ONLY			
1 17 11016	Adrian Conzalez suffix		2 SUFFIX	Date Repelvent MENT OF ELECTIONS & VOTER REGISTRATION			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO		JAN 1 4 2022				
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 4	256 - 0797	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS /MR	FIRST JOSE	G ^{MI}	Receipt # Amount \$ Date Processed			
	u Joe "	Gonzale a	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1270 1	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 1270 N. Famin St.; San Benito, TX 78586					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 36 - 6 38 Z	EXTENSION				
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 7	Day Year / 15 / 21	THROUGH /	Day Year / 2 Z			
11 ELECTION	ELECTION D	TE	ELECTION TYPE				
NA	Month Day	nth Day Year Primary Runoff Other Description General Special					
12 OFFICE	Cameron County Constable Pd 3 13 OFFICE, SOUGHT (if known)						
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES,						
. ,	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS				
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·				
15 C/OH NAME			16 Filer ID (Ethics	Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTI PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONICATIONS	\$ Ø				
	2. TOTAL POLITICAL CONTRIBUTION: (OTHER THAN PLEDGES, LOANS, OR G		\$	1		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.					
	4. TOTAL POLITICAL EXPENDITURES		\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MA OF REPORTING PERIOD	INTAINED AS OF THE LAS	T DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OU LAST DAY OF THE REPORTING PERIOD		THE \$	$\sqrt{}$		
	wear, or affirm, under penalty of perjury, that the acquired to be reported by me under Title 15, Election Co		and correct and in	cludes all information		
		has				
Signature of Candidate or Officeholder						
•						
	Please complete ei	her option below	,			
(1) Affidavit	ARMANDO TREVINO NOTARY PUBLIC, STATE OF T COMM. EYPIRES 02/01/20 NOTARY ID 13/290414-2	EXAS DE				
NOTARY STAMP/SEAL			•			
Sworn to and subscribed	before me by James 66	$\frac{1}{2}$ this the ϵ	2 day of 1	December		
V 1/-	which witness my hand and seal of office.			·		
Signature of officer administer		etering oath	Title of offic	er administering oath		
	OR					
(2) Unsworn Declaratio	on			S		
My name is		and my date of birth is _				
Viy address is				·		
	(street)	(city) (st	ate) (zip code)	(country)		
Executed in	County, State of, on the	day of(month)	, 20 (year)	'		
	_	Signature of Candida	ate/Officeholder (Dec	Jarant)		