

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="font-size: 2em; text-align: center;">21</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Joe</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; text-align: center;">2010 FEB -5 PM 4:51</div> BEXAR COUNTY JACQUELYN F. CALLAHAN ELECTIONS ADMINISTRATOR FILED IN THE OFFICE OF THE CLERK OF THE COUNTY CLERK	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Gonzales</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">111 Soledad, Suite 300 San Antonio, TX 78205</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(210) 612-9939</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Christian</div>	Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Henricksen</div>		
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">111 Soledad, Suite 300 San Antonio, TX 78205</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(210) 373-3519</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em; text-align: center;">01 / 01 / 18 THROUGH 01 / 25 / 18</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">03 / 06 / 18</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.5em; text-align: center;">NIA</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; text-align: center;">Bexar County District Attorney</div>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Joe Gonzales 15 Filer ID (Ethics Commission Filers)

16 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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

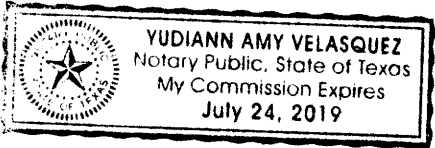
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.99
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 69,042.24
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 323.43
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,201.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,301.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Joe Gonzales
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Gonzales, this the 5th day of February, 20 19, to certify which, witness my hand and seal of office.

Yudiann Velasquez
Signature of officer administering oath

Yudiann Velasquez Notary Public, State of Texas
Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Joe Gonzales

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,200.99
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6841.25
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24201.47
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME **Joe Gonzales**

3 Filer ID (Ethics Commission Filers)

4 Date **1/2/18**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Jamie Cavazos Attorney at Law
 6 Contributor address; City; State; Zip Code
110 Nueva San Antonio, TX 78204

7 Amount of contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **1/11/18**
 Full name of contributor out-of-state PAC (ID#: _____)
John Paul Bogan Attorney at Law
 Contributor address; City; State; Zip Code
3010 Hillcrest Drive Ste. A. SA, TX 78201

Amount of contribution (\$)
\$400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **1/8/18**
 Full name of contributor out-of-state PAC (ID#: _____)
Ernesto V. Saucedo
 Contributor address; City; State; Zip Code
1854 Rigsby AVE SA, TX 78210

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)
Auto Sales

Employer (See Instructions)
Ernesto's Auto Sales

Date **1/12/18**
 Full name of contributor out-of-state PAC (ID#: _____)
Alberto L. Rodriguez Attorney at Law
 Contributor address; City; State; Zip Code
111 Soledad #300 SA, TX 78205

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Joe Gonzales		3 Filer ID (Ethics Commission Filers)
4 Date 1/8/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas L. Flores 6 Contributor address; City; State; Zip Code 8908 Eagle Bend Helotes, TX 78203	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/4/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Offices of Hector Gonzalez Contributor address; City; State; Zip Code 909 NE LOOP 410 715 SA, TX, 78209	Amount of contribution (\$) \$1,750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/8/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Sylvia Ann Cavazos Contributor address; City; State; Zip Code 115 E. Travis St. Ste 1711 SA, TX 78205	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector Ramon Garza JR, Contributor address; City; State; Zip Code 5441 Babcock Rd. Ste 102 SA, TX 78240	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law office of Hector R. Garza JR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME
Joe Gonzales

3 Filer ID (Ethics Commission Filers)

4 Date: **1/24/18**
5 Full name of contributor: **Maria Eugenia Arigael**
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code:
133 Ashling San Antonio, TX 78260

7 Amount of contribution (\$)
\$ 400.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: **1/25/18**
Full name of contributor: **Mary S. Molnar**
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
9424 Old Corpus Christi Rd. SA, TX 78223

Amount of contribution (\$)
\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **1/8/18**
Full name of contributor: **Yolanda C. Cavazos**
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
323 Santa Domingo SA, TX 78023

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **1/8/18**
Full name of contributor: **Cathleen A. Sandoval**
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
11702 Stone Ridge SA, TX 78232

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME **Joe Gonzales**

3 Filer ID (Ethics Commission Filers)

4 Date **1/8/2018**
 5 Full name of contributor out-of-state PAC (ID#: _____) **Joyce Lynn Arellano**
 6 Contributor address; City; State; Zip Code **3135 Falling Brook SA, TX 78258**

7 Amount of contribution (\$) **\$1200.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **1/8/2018**
 Full name of contributor out-of-state PAC (ID#: _____) **Jesse Pineda**
 Contributor address; City; State; Zip Code **8710 Chartres SA, TX 78240**

Amount of contribution (\$) **\$100.00**

Principal occupation / Job title (See Instructions) **Retired**

Employer (See Instructions)

Date **1/8/2018**
 Full name of contributor out-of-state PAC (ID#: _____) **VOIK & McElory LLP**
 Contributor address; City; State; Zip Code **3003 NW Loop 410 Ste 100 SA, TX, 78230**

Amount of contribution (\$) **\$100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **1/8/2018**
 Full name of contributor out-of-state PAC (ID#: _____) **AAA Garcia Bail Bonds**
 Contributor address; City; State; Zip Code **223 Water St. Kerrville, TX 78028**

Amount of contribution (\$) **\$100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2
2 FILER NAME Joe Gonzales		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 1/22/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Party 7 Contributor address; City; State; Zip Code 1106 Lavaca St. Austin, TX 78704	8 Amount of Contribution \$ \$2,705.00 9 In-kind contribution description Data <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 1/10/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Justice & Public Safety PAC Contributor address; City; State; Zip Code 500 N. Akard Str. #3300 Dallas TX 75201	Amount of Contribution \$ 29,738.62 In-kind contribution description Poll <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Joe Gonzales		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 1/24/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Justice & Public Safety PAC	8 Amount of Contribution \$ \$2,781.62	9 In-kind contribution description Direct Mail
7 Contributor address; City; State; Zip Code 500 N. Akard #3300, Dallas TX 75210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 1/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Justice & Public Safety PAC	Amount of Contribution \$ \$18,616.01	In-kind contribution description Direct Mail
Contributor address; City; State; Zip Code 500 N. Akard #3300, Dallas TX 75210		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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: 12	2 FILER NAME Joe Gonzales	3 Filer ID (Ethics Commission Filers)			
4 Date 1/24/18	5 Payee name FaceBook				
6 Amount (\$) 111.16	7 Payee address; City; State; Zip Code 1 Hackerway, Menlo, CA 94025				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 1/25/18	Payee name Wal-Mart				
Amount (\$) 102.76	Payee address; City; State; Zip Code 8500 Jones Maltzberger, SA TX 78216				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 1/25/18	Payee name Office Depot				
Amount (\$) 287.97	Payee address; City; State; Zip Code 3142 SE Military, SA TX 78223				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead!	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | 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: 12	2 FILER NAME Joe Gonzales	3 Filer ID (Ethics Commission Filers)
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4 Date 1/2/18	5 Payee name Robert Vargas
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6 Amount (\$) 1,750.00	7 Payee address; City; State; Zip Code 301 E. Cevallos #137, SA, TX 78204
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Exp.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/9/18	Payee name Sign Busters LLC
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Amount (\$) 2,521.87	Payee address; City; State; Zip Code P.O. Box 241018, SA, TX 78224
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/2/18	Payee name Sign Busters LLC
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Amount (\$) 2,521.88	Payee address; City; State; Zip Code P.O. Box 241018, SA, TX 78224
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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: 12	2 FILER NAME JOE Gonzales	3 Filer ID (Ethics Commission Filers)
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4 Date 1/2/18	5 Payee name Lone Star Media
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6 Amount (\$) 4,783 ⁷⁵	7 Payee address; City; State; Zip Code 1011 N. Frio Str. SA, TX 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/18/18	Payee name Russell Gutierrez
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Amount (\$) 800 ⁰⁰	Payee address; City; State; Zip Code 913 N. New Braunfels, SA, TX 78202
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Exp	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/15/18	Payee name Laura Barberena
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Amount (\$) 3,500 ⁰⁰	Payee address; City; State; Zip Code 8314 Dawnwood Dr. SA, TX 78250
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Exp	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED