



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

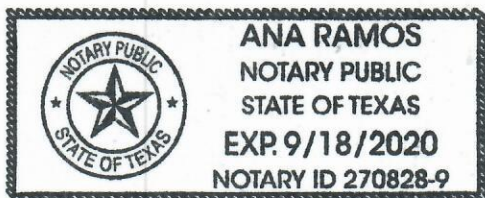
A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name JOSE CARLOS GONZALEZ	Account #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

*RECEIVED
OCT 28 2019
CITY SECRETARY*

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the campaign finance report due on 10/28/2019. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



Jose Carlos Gonzalez
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jose Carlos Gonzalez this the 28 day of Oct. 2019; to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Ana Ramos
Print name of officer administering oath

Notary Public
Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
JOSE CARLOS GONZALEZ

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

GENERAL

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, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED \$ 325.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,765.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 3,170.00

4. TOTAL POLITICAL EXPENDITURES \$ 4,165.00

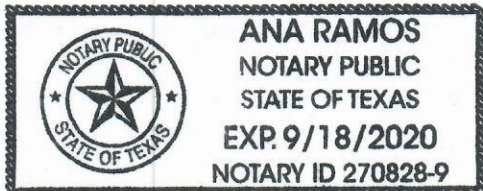
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,523.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 65,000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Jose Carlos Gonzalez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jose Carlos Gonzalez, this the 28 day of Oct, 2019, to certify which, witness my hand and seal of office.

[Signature]

Ana Ramos Notary Public


Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JOSE CARLOS NICKNAME LAST SUFFIX GONZALEZ	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE # CITY STATE ZIP CODE 7011 BISSONNET "A" HOUSTON, TX 77074		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 901-0971		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MARKO NICKNAME LAST SUFFIX HERNANDEZ	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY STATE ZIP CODE 7011 BISSONNET "A" HOUSTON, TX 77074		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 901-0971		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 THROUGH Month Day Year 09 / 27 / 2019 THROUGH 10 / 27 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

JOSE CARLOS GONZALEZ

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,495.00
2	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 4,057.52
6	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 107.48
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	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1/3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 09/27/2019	6 Payee name CITY OF HOUSTON	
7 Amount (\$) \$6.00	8 Payee address: 900 Bagby	City: Houston State: TX Zip Code: 77002
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description PARKING FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ	Office sought / Office held CITY COUNCIL AT LARGE POS #3
Date 10/04/2019	Payee name RICE UNIVERSITY	
Amount (\$) \$10.00	Payee address: 6100 Main St.	City: Houston State: TX Zip Code: 77005
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description PARKING FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ	Office sought / Office held CITY COUNCIL AT LARGE POS #3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2/3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 10/08/2019	6 Payee name ANA'S MULTISERVICE	
7 Amount (\$) \$12.00	8 Payee address; 6223 Bellaire Blvd #100	City: Houston State: TX Zip Code: 77081
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description NOTARY SERVICE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ	Office sought / Office held CITY COUNCIL AT LARGE POS #3
Date 10/08/2019	Payee name CITY OF HOUSTON	
Amount (\$) \$1.00	Payee address; 900 Bagby	City: Houston State: TX Zip Code: 77002
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description PARKING FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ	Office sought / Office held CITY COUNCIL AT LARGE POS #3
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3/3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/04/2019	6 Payee name WALMART
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7 Amount (\$) \$31.73	8 Payee address: 9460 W Sam Houston Pkwy S,	City: Houston,	State: TX	Zip Code 77099
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description SUNDRIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ	Office sought CITY COUNCIL AT LARGE POS #3	Office held
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Date 10/08/2019	Payee name H.E.B.
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Amount (\$) \$46.75	Payee address: 11815 Westheimer Rd,	City: Houston,	State: TX	Zip Code 77077
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description SUNDRIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ	Office sought CITY COUNCIL AT LARGE POS #3	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1/1
2 FILER NAME JOSE CARLOS GONZALEZ		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 65,000.00
5 Date of loan 08/19/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) JOSE CARLOS GONZALEZ	9 Loan Amount (\$) 65,000.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 7011 BISSONNET "A"; HOUSTON TX 77074	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See instructions) SELF-EMPLOYED		13 Employer (See instructions) N/A
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See instructions)		21 Employer (See instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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:
1/5

2 FILER NAME
JOSE CARLOS GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 Date
09/27/2019

5 Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

7 Amount of contribution (\$) \$45

6 Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

8 Principal occupation / Job title (See Instructions)
SELF-EMPLOYED

9 Employer (See Instructions)
N/A

Date
09/28/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ
Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Amount of contribution (\$) \$45

Principal occupation / Job title (See Instructions)
SELF-EMPLOYED

Employer (See Instructions)
N/A

Date
09/29/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ
Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Amount of contribution (\$) \$45

Principal occupation / Job title (See Instructions)
SELF-EMPLOYED

Employer (See Instructions)
N/A

Date
09/30/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ
Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Amount of contribution (\$) \$45

Principal occupation / Job title (See Instructions)
SELF-EMPLOYED

Employer (See Instructions)
N/A

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:
2/5

2 FILER NAME
JOSE CARLOS GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 Date
10/01/2019

5 Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

7 Amount of contribution (\$)
\$5

6 Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

8 Principal occupation / Job title (See instructions)
SELF-EMPLOYED

9 Employer (See instructions)
N/A

Date
10/02/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$15

Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See instructions)
SELF-EMPLOYED

Employer (See instructions)
N/A

Date
10/03/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$15

Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See instructions)
SELF-EMPLOYED

Employer (See instructions)
N/A

Date
10/04/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$15

Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See instructions)
SELF-EMPLOYED

Employer (See instructions)
N/A

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:
3/5

2 FILER NAME
JOSE CARLOS GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 Date
10/05/2019

5 Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

7 Amount of contribution (\$)
\$10

6 Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

8 Principal occupation / Job title (See instructions)
SELF-EMPLOYED

9 Employer (See instructions)
N/A

Date
10/05/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$10

Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See instructions)
SELF-EMPLOYED

Employer (See instructions)
N/A

Date
10/05/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$10

Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See instructions)
SELF-EMPLOYED

Employer (See instructions)
N/A

Date
10/05/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$10

Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See instructions)
SELF-EMPLOYED

Employer (See instructions)
N/A

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:
4/5

2 FILER NAME
JOSE CARLOS GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 Date
10/06/2019

5 Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

7 Amount of contribution (\$)
\$10

6 Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

8 Principal occupation / Job title (See instructions)
SELF-EMPLOYED

9 Employer (See instructions)
N/A

Date
10/06/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$10

Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See instructions)
SELF-EMPLOYED

Employer (See instructions)
N/A

Date
10/06/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$10

Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See instructions)
SELF-EMPLOYED

Employer (See instructions)
N/A

Date
10/06/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$10

Contributor address, City, State, Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See instructions)
SELF-EMPLOYED

Employer (See instructions)
N/A

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:
5/5

2 FILER NAME
JOSE CARLOS GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 Date
10/07/2019

5 Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

7 Amount of contribution (\$)
\$15.00

6 Contributor address; City; State; Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

8 Principal occupation / Job title (See Instructions)
SELF-EMPLOYED

9 Employer (See Instructions)
N/A

Date
10/07/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See Instructions)
SELF-EMPLOYED

Employer (See Instructions)
N/A

Date
10/07/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See Instructions)
SELF-EMPLOYED

Employer (See Instructions)
N/A

Date
10/07/2019

Full name of contributor out-of-state PAC (ID# _____)
JOSE CARLOS GONZALEZ

Amount of contribution (\$)
\$765.00

Contributor address; City; State; Zip Code
7011 BISSONNET "A" HOUSTON, TX 77074

Principal occupation / Job title (See Instructions)
SELF-EMPLOYED

Employer (See Instructions)
N/A

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

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	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: 1/10	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
4 Date 09/27/2019	5 Payee name JOSE CARLOS GONZALEZ	
6 Amount (\$) 140.18	7 Payee address: 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 90.10	Payee address: 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/04/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 210.45	Payee address: 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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 Expenses
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: 2/10	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
4 Date 10/06/2019	5 Payee name JOSE CARLOS GONZALEZ	
6 Amount (\$) 40.08	7 Payee address 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description MILEAGE ALLOWANCE (VARIOUS)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/08/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 230.89	Payee address 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/10/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 111.35	Payee address 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidates/Officerholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/10	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/19/2019	5 Payee name CITY OF HOUSTON	
6 Amount (\$) 500.00	7 Payee address: 900 Bagby Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description FILING FEE (RECONCILED)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held
Date 10/09/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 30.89	Payee address: 7011 BISSONNET "A" Houston TX 77074	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held
Date 10/10/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 11.35	Payee address: 7011 BISSONNET "A" Houston TX 77074	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held

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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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | 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: 4/10	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 10/09/2019	5 Payee name JOSE CARLOS GONZALEZ
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6 Amount (\$) 30.89	7 Payee address: 7011 BISSONNET "A"	City: HOUSTON	State: TX	Zip Code 77074
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description MILEAGE ALLOWANCE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/2019	Payee name JOSE CARLOS GONZALEZ
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Amount (\$) 65.89	Payee address: 7011 BISSONNET "A"	City: HOUSTON	State: TX	Zip Code 77074
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/2019	Payee name JOSE CARLOS GONZALEZ
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Amount (\$) 41.35	Payee address: 7011 BISSONNET "A"	City: HOUSTON	State: TX	Zip Code 77074
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5/10	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2019	5 Payee name JOSE CARLOS GONZALEZ	
6 Amount (\$) 30.09	7 Payee address: 7011 BISSONNET "A"	City: HOUSTON TX Zip Code: 77074
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description MILEAGE ALLOWANCE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/13/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 60.87	Payee address: 7011 BISSONNET "A"	City: HOUSTON TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 47.30	Payee address: 7011 BISSONNET "A"	City: HOUSTON TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 6/10	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 10/13/2019	5 Payee name JOSE CARLOS GONZALEZ
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6 Amount (\$) 70.09	7 Payee address: 7011 BISSONNET "A"	City: HOUSTON	State: TX	Zip Code 77074
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description MILEAGE ALLOWANCE (VARIOUS)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14/2019	Payee name JOSE CARLOS GONZALEZ
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Amount (\$) 20.87	Payee address: 7011 BISSONNET "A"	City: HOUSTON	State: TX	Zip Code 77074
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/2019	Payee name JOSE CARLOS GONZALEZ
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Amount (\$) 49.35	7011 Payee address: BISSONNET "A"	City: HOUSTON	State: TX	Zip Code 77074
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7/10	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2019	5 Payee name JOSE CARLOS GONZALEZ	
6 Amount (\$) 246.14	7 Payee address: 7011 BISSONNET "A"	City: HOUSTON TX Zip Code: 77074
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description MILEAGE ALLOWANCE (VARIOUS)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/17/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 239.87	Payee address: 7011 BISSONNET "A"	City: HOUSTON TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/19/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 449.85	Payee address: 7011 BISSONNET "A"	City: HOUSTON TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 8/10	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/2019	5 Payee name JOSE CARLOS GONZALEZ
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6 Amount (\$) 43.19	7 Payee address: 7011 BISSONNET "A"	City: HOUSTON	State: TX	Zip Code 77074
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description MILEAGE ALLOWANCE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/2019	Payee name JOSE CARLOS GONZALEZ			
Amount (\$) 59.83	Payee address: 7011 BISSONNET "A"	City: HOUSTON	State: TX	Zip Code 77074

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/2019	Payee name JOSE CARLOS GONZALEZ			
Amount (\$) 29.88	Payee address: 7011 BISSONNET "A"	City: HOUSTON	State: TX	Zip Code 77074

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	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 9/10	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2019	5 Payee name JOSE CARLOS GONZALEZ	
6 Amount (\$) 73.09	7 Payee address 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description MILEAGE ALLOWANCE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/22/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 159.83	Payee address 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/23/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 129.88	Payee address 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10/10	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2019	5 Payee name JOSE CARLOS GONZALEZ	
6 Amount (\$) 373.19	7 Payee address 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description MILEAGE ALLOWANCE (VARIOUS)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/22/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 269.03	Payee address 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/26/2019	Payee name JOSE CARLOS GONZALEZ	
Amount (\$) 201.75	Payee address 7011 BISSONNET "A"	City: HOUSTON State: TX Zip Code: 77074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE ALLOWANCE (VARIOUS)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F2 1/1	2 FILER NAME JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 366.14
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5 Date 10/10/2019	6 Payee name TEXAS HOMELAND SECURITY INSTITUTE
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7 Amount (\$) 366.14	8 Payee address: 7011 BISSONNET "A"	City: HOUSTON	State: TX	Zip Code 77074
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description RESEARCH LIBRARY FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ	Office sought CITY COUNCIL AT LARGE #3	Office held
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Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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