

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST <i>Rodolfo "Rudy"</i>	MI
	NICKNAME	LAST <i>Comalez</i>	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>113 S. Kunguat Pharr, Tx 78577</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(956)</i>	<i>787-6005</i>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <i>Sose Luis</i>	MI
	NICKNAME	LAST <i>Calderon</i>	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>70E East Freda Pharr Tx 78577</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(956)</i>	<i>655-2608</i>	
<b>9 REPORT TYPE</b>	<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 checked="" 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)		
<b>10 PERIOD COVERED</b>	Month	Day	Year
	<i>01</i>	<i>01</i>	<i>2010</i>
THROUGH		Month	Day
		<i>07</i>	<i>15</i>
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
<i>03</i>	<i>09</i>	<i>2010</i>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b>
	<i>Judge County Court At Law No 1</i>		
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b> <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name <i>N/A</i>		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

**OFFICE USE ONLY**

Date Received: *2010 JUL 15 PM 2:04*

Date Hand-delivered or Date Postmarked:

Receipt #    Amount

Date Processed:

Date Imaged:

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

**15 C/OH NAME** Rodolfo "Rudy" Gonzalez **16 ACCOUNT # (Ethics Commission Filers)**

**17 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.

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

*N/A*

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>9,525.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>                    </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,698.57</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>107,981.85</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>                    </u>

**19 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.

*Rodolfo "Rudy" Gonzalez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RODOLFO "RUDY" GONZALEZ this the 15<sup>th</sup> day of July, 20 10, to certify which, witness my hand and seal of office.

*Maria A. Garcia*  
Signature of officer administering oath

MARIA A. GARCIA  
Print name of officer administering oath

NOTARY PUBLIC, STATE OF TEXAS  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Rodolfo "Rudy" Gonzalez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/7/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rodney S. Carlson</i>	7 Amount of contribution (\$) <i>1,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 2376 McAllen Tx</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Businessmen</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>Self Employed</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>1/8/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos Hernandez</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2025 Central Bld Suite B Brownsville, TX 78520</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Lawyer</i>		Contributor's job title <i>Lawyer</i>	
Contributor's employer/law firm <i>Self Employed</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>3/2/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yadina A. Gonzalez</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1820 S. 10th McAllen Tx 78503</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Businesswoman</i>		Contributor's job title <i>Construction</i>	
Contributor's employer/law firm <i>Self Employed</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <b>Rodolfo "Andy" Gonzalez</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/1/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Anchies Electric</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>11916 N. Bryond Mission, TX</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Electrician</b>		10 Contributor's job title <b>Electrician</b>	
11 Contributor's employer/law firm <b>Self Employed</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>2/26/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Quan C. Isasi</b>	Amount of contribution (\$) <b>75.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>101 E. Women Street Pharr Tx 78577</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Windshields Repair</b>		Contributor's job title <b>Windshield Repairs</b>	
Contributor's employer/law firm <b>Self Employed</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>3/1/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Francisca Minandola</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1011 Country Club Dr. Mission Texas 78572</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Construction</b>		Contributor's job title <b>Construction Worker</b>	
Contributor's employer/law firm <b>Self Employed</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Rodolfo "Rudy" Gonzalez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/01/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rond Star Security Alarms</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>503 N. Iris Pharr, Tx 78597</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Security Alarms</i>		10 Contributor's job title <i>Alarm Installation</i>	
11 Contributor's employer/law firm <i>Self Employed</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>3/01/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mendiala's Steel</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 863 Pensacola Tx 78576</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>BUSINESSMEN</i>		Contributor's job title <i>SALESMAN</i>	
Contributor's employer/law firm <i>Steel Store</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>3/01/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rodolfo Contos</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>300 N. Alamo Rd Alamo Texas 78516</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Construction</i>		Contributor's job title <i>Construction Worker</i>	
Contributor's employer/law firm <i>Self Employed</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Rodolfo Rudy Gonzalez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/01/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Valley Energy Specialist</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1006 E. Ferguson Pharr TX 78577</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Businessman</i>		10 Contributor's job title <i>Salesman</i>	
11 Contributor's employer/law firm <i>Self Employed</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>3/1/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Duran</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3601 N. Bicentennial McAllen TX 78501</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Sprinklers</i>		Contributor's job title <i>Sprinklers installer</i>	
Contributor's employer/law firm <i>Self Employed</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>6/8/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Borden Health PAC</i>	Amount of contribution (\$) <i>5,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>612 W. Nalanda McAllen TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Rodolfo "Rudy" Gonzalez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name Hidalgo County Democratic Party	
<b>6</b> Amount (\$) 400.00	<b>7</b> Payee address; City; State; Zip Code 305 B N. SHARY RD. MISSION, TX 78572	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Political Expenditure Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/19/2010	Payee name Cynthia Cake	
Amount (\$) 170.00	Payee address; City; State; Zip Code 4310 N. Doolittle Edinburg Tx 78541	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Political Function	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/17/2010	Payee name Rental World	
Amount (\$) 465.57	Payee address; City; State; Zip Code 1020 E. US Highway 83 MCALLEN, TX 78501-8840	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Political Function	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/22/2010	Payee name CASA	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 1001 S. 10th AVE. EDINBURG, TX 78539	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Political Advertising	Description (If travel outside of Texas, complete Schedule T)
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**

**SCHEDULE F**

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Rodolfo "Andy" Gonzalez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/19/10	<b>5</b> Payee name Covayas Catering	
<b>6</b> Amount (\$) 700.00	<b>7</b> Payee address; City; State; Zip Code 803. W. BUSINESS 83 Alamo TX 78516	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Political Function	(b) Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date 3/11/2010	Payee name McAllen Memorial High School Theater Booster	
Amount (\$) 200.00	Payee address; City; State; Zip Code 2021 LA VISTA AVE. MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date 3/16/2010	Payee name Post Master	
Amount (\$) 88.00	Payee address; City; State; Zip Code 4200 N. 23rd ST. MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Mail out Political	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date 3/27/2010	Payee name Shine Global	
Amount (\$) 2,500.00	Payee address; City; State; Zip Code 225 Midland Ave Montclair, NJ 07042	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Educational	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Shine Global Office sought _____ Office held _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Rodolfo "Rudy" Gonzalez</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>5/3/2010</i>	<b>5</b> Payee name <i>Edinburg Boys + Girls Club</i>	
<b>6</b> Amount (\$) <i>500.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>702 S. VETERANS ST. EDINBURG, TX 78539</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising Educational</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) _____
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date <i>7/12/2010</i>	Payee name <i>D. A. C.O. Club</i>	
Amount (\$) <i>175.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 309 ELSA, TX 78543</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) _____
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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