JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received: REC'D JAN 15 2016 2:49pm

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (MR)	FIRST: LEO	MI: E.	
	NICKNAME	LAST: GONZALEZ	SUFFIX: JR.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; MISSION	STATE; TX	ZIP CODE 78572
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 739-4433	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (MR)	FIRST: Sarah	MI: R.	
	NICKNAME	LAST: Aguilar	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; MISSION,	STATE; TX	ZIP CODE 78573
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 529-8213	EXTENSION	

9 REPORT TYPE

- [x] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded $500 limit
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 07/01/2015 THROUGH Month Day Year: 12/31/2015

11 ELECTION

ELECTION DATE: Month Day Year: 03/01/2016

ELECTION TYPE:
- [x] Primary
- [ ] Runoff
- [ ] Other Description
- [ ] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Hidal Co. Justice of the Peace, Pct 3 Pl. 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME: LEO E. GONZALEZ, JR.

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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	$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,940.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. TOTAL POLITICAL EXPENDITURES	$ 7,335.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 604.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 6,000.00

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
RAQUEL VALDEZ
Notary Public
STATE OF TEXAS
My Comm. Exp. 03-11-2018

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Leo E. Gonzalez, this the _____ day of 15, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Raquel Valdez	Raquel Valdez	

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

2 FILER NAME: LEO E. GONZALEZ, JR.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: $

5 Date of loan: 08-01-15

7 Name of lender: LEO E. GONZALEZ, JR. ☐ out-of-state PAC (ID#:_____)

9 Loan Amount ($): 6,000.00

6 Is lender a financial Institution? Y (N)

8 Lender address; City; State; Zip Code: 1205 ASH DR. MISSION, TX 78572

10 Interest rate: 0

11 Maturity date: NA

12 Lender's Principal Occupation: SALES DIRECTOR

13 Lender's Job Title: Director of International Sales

14 Lender's Employer/Law Firm: DR RESEARCH LLP

15 Law Firm of lender's spouse (if any)

16 If lender is a child, law firm of parent(s) (if any)

17 Description of Collateral: ☒ none

18 Check if personal funds were deposited into political account (See Instructions) ☐

19 GUARANTOR INFORMATION: ☒ not applicable

20 Name of guarantor

21 Guarantor address; City; State; Zip Code

22 Amount Guaranteed ($)

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME: LEO E. GONZALEZ, JR.

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
08-13-15	MR & MRS. IGNACIO ALVAREZ 1301 N. 23rd McALLEN, TX 78501	100.00

8 Contributor's principal occupation	9 Contributor's job title
BUSINESS OWNER	OWNER
10 Contributor's employer/law firm	**11 Law firm of contributor's spouse (if any)**
Self-Employed	

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08-13-15	MR. Rolando Reyna III 1806 Oakland Mission, TX 78573	500.00

Contributor's principal occupation	Contributor's job title
Store Manager	Store Director
Contributor's employer/law firm	**Law firm of contributor's spouse (if any)**
Target	

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08-13-15	MR. Rey Ortiz 400 Violet Mission, TX 78574	30.00

Contributor's principal occupation	Contributor's job title
Retired	
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)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME: LEO E. GONZALEZ, JR.

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:)	7 Amount of contribution ($)
08-13-15	MR. JOE E GARCIA 6 Contributor address; City; State; Zip Code: 4401 N. McColl McAllen, TX 78504	100.00

8 Contributor's principal occupation	9 Contributor's job title
Attorney at Law	Partner
10 Contributor's employer/law firm	**11 Law firm of contributor's spouse (if any)**
Garcia & Villarreal LLP	

12 If contributor is a child, law firm of parent(s) (if any):

Date	Full name of contributor ☐ out-of-state PAC ID#:)	Amount of contribution ($)
08-13-15	MR. RAMIRO RODRIGUEZ Contributor address; City; State; Zip Code: 497 E. Hwy 83 Rio Grande City, TX 78582	600.00

Contributor's principal occupation	Contributor's job title
Business Owner	Owner
Contributor's employer/law firm	**Law firm of contributor's spouse (if any)**
Self-Employed	

If contributor is a child, law firm of parent(s) (if any):

Date	Full name of contributor ☐ out-of-state PAC ID#:)	Amount of contribution ($)
08-13-15	MR. Carlos Salazar Contributor address; City; State; Zip Code: 508 Red Bugambilia Pharr, TX 78577	60.00

Contributor's principal occupation	Contributor's job title
Business Owner	Owner
Contributor's employer/law firm	**Law firm of contributor's spouse (if any)**
Self-Employed	

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME: LEO E. GONZALEZ, JR.

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
08-13-15	MR. JUAN JOSE GUARDO 1810 Oakland Mission, TX 78573	50.00

8 Contributor's principal occupation	9 Contributor's job title
BUSINESS OWNER	OWNER
10 Contributor's employer/law firm	**11 Law firm of contributor's spouse (if any)**
Self-Employed	

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08-13-15	MR. CARLOS GUZMAN 5016 N. Huisache Pharr, TX 78577	50.00

Contributor's principal occupation	Contributor's job title
BUSINESS OWNER	OWNER
Contributor's employer/law firm	**Law firm of contributor's spouse (if any)**
Self-Employed	

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08-13-15	MR. JORGE ORTIZ 8035 W. Exy 83 Sullivan City, TX 78595	100.00

Contributor's principal occupation	Contributor's job title
BUSINESS OWNER	OWNER
Contributor's employer/law firm	**Law firm of contributor's spouse (if any)**
Self-Employed	

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.

MONETARY CONTRIBUTIONS
(JUDICIAL)

SCHEDULE A(J)1

The instruction guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME
LEO E. GONZALEZ, JR.

3 Filer ID (Ethics Commission Filers)

4 Date
08-28-15

5 Full name of contributor: ☐ out-of-state PAC ID#:)
MR. Roberto B. Diaz

6 Contributor address; City; State; Zip Code
2100 S. Dana Pharr, TX 78577

7 Amount of contribution ($)
100.00

8 Contributor's principal occupation
Business Owner

9 Contributor's job title
Owner

10 Contributor's employer/law firm
Self-Employed

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
12-21-15

Full name of contributor: ☐ out-of-state PAC ID#:)
MR. Hermilo E. Flores

Contributor address; City; State; Zip Code
2206 Monaco Mission, TX 78573

Amount of contribution ($)
250.00

Contributor's principal occupation
Business Owner

Contributor's job title
Owner

Contributor's employer/law firm
Self-Employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor: ☐ out-of-state PAC ID#:)

Contributor address; City; State; Zip Code

Amount of contribution ($)

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)

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	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME: LEO E. Gonzalez, JR.

3 Filer ID (Ethics Commission Filers):

4 Date: 08-05-15

5 Payee name: Efrain E. Martinez

6 Amount ($): 2,500.00

7 Payee address; City; State; Zip Code: 1708 Ann Edinburg, TX 78539

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Consulting/Advertising Expense

(b) Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 08-10-15

Payee name: D-Algo Graphics

Amount ($): 706.41

Payee address; City; State; Zip Code: 819 N. 10th McAllen, TX 78501

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 08-12-15

Payee name: Xpress

Amount ($): 475.00

Payee address; City; State; Zip Code: 3017 Sugar Rd. Edinburg, TX 78539

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing

Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

Complete ONLY 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:	2 FILER NAME LEO E. GONZALEZ, JR.	3 Filer ID (Ethics Commission Filers)
4 Date 08-12-15	5 Payee name INXS Embroidery	
6 Amount ($) 285.78	7 Payee address; City; State; Zip Code 821 N. 10th McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 08-13-15	Payee name HEB #674	
Amount ($) 120.53	Payee address; City; State; Zip Code #674 120 E. 3 Mile Rd. Palmhurst, TX 78573	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 08-13-15	Payee name TACO OLE	
Amount ($) 375.00	Payee address; City; State; Zip Code 2316 N. Conway Mission, TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 9(a)

Advertising Expense
Accounting Expense
Contributions to Other Filers
Contributions Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Food/Beverage Expense
Gifts/Awards/Mementos Expense
Office Overhead Expense
Political Contributions Unrelated to Officeholder/Candidate
Solicitation/Direct Campaign Expense
Travel Outside Texas
Travel In Texas
Vehicle Expense
Other (Category not listed above)

The Instruction Guide explains how to complete this form

1 Total Pages Schedule F1: 2 FILER NAME: LEO E. GONZALEZ, JR. 3 Filer ID (Ethics Commission Filers):

4 Date	5 Payee name
08-22-15	HEB #03/094

6 Amount ($)	7 Payee address: City; State; Zip Code
44.75	2409 E. Exy 83 Mission, TX 78572

8 PURPOSE OF EXPENDITURE	9(a) Category (See Categories listed at the top of this schedule)	9(b) Description
	Food & Beverage	☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

10 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

4 Date	5 Payee name
08-23-15	Tacos La Silla

6 Amount ($)	7 Payee address: City; State; Zip Code
26.66	814 E. Exy 83 Mission, TX 78572

8 PURPOSE OF EXPENDITURE	9(a) Category (See Categories listed at the top of this schedule)	9(b) Description
	Food & Beverage	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

10 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

4 Date	5 Payee name
09-04-15	Home Depot

6 Amount ($)	7 Payee address: City; State; Zip Code
506.07	120 S. Shary Mission, TX 78572

8 PURPOSE OF EXPENDITURE	9(a) Category (See Categories listed at the top of this schedule)	9(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

10 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX (6)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Credit Card Expense

Food/Beverage Expense
Fund/Office Expense
Meals/Lodging Expense

Solicitation/Fundraising Expense
Transportation/Mileage Expense

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1	2 FILER NAME: LEO E. GONZALEZ, JR.	3 Filer ID (Ethics Commission Filers)
4 Date: 09-19-15	5 Payee name: Home Depot	
6 Amount ($): 72.16	7 Payee address: City; State; Zip Code: Mission, TX 78572	
8 PURPOSE OF EXPENDITURE	(9) Category (See Categories listed at the top of this schedule): Advertising Expense	(5) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
10 Date: 12-12-15	Payee name: El Tigere	
Amount ($): 46.00	Payee address: City; State; Zip Code: 3301 N. Shary Mission, TX 78573	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Transportation	Description: Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
12-14-15	Payee name: Hidalg Co. Democratic Party	
Amount ($): 1,000.00	Payee address: City; State; Zip Code: P.O.B. 4585 McAllen, TX 78502	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Filing Fee	Description: Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 9(a)

Advertising Expense
Accounting/Banking
Contribution Expense
Contribution Expense Made By
Credit Card Payment

Solicitation/Fundraising Expense
Unpaid Expense

The Instruction Guide explains how to complete this form

1 Total Pages Schedule F1 | 2 FILER NAME: LEO E. GONZALEZ, JR. | 3 Filer ID (Ethics Commission Filers)

4 Date: 12-21-15 | 5 Payee name: El Tigere

6 Amount ($): 44.40 | 7 Payee address: City; State; Zip Code: 3301 N. Shary Mission, TX 78573

8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Transportation | (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

Date: 12-19-15 | Payee name: HEB#674

Amount ($): 82.13 | Payee address: City; State; Zip Code: 120 E. Mile 3 RD. Palmhurst, TX 78573

PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Event Expense | Description: Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

Date: 12-21-15 | Payee name: HOME DEPOT

Amount ($): 100.85 | Payee address: City; State; Zip Code: 120 S. Shary Mission, TX 78572

PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Advertising Expense | Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

LEO E GONZALEZ, JR.

12-23-15 THE MONITOR

950.00 1400 E. NOLANA McALLEN, TX 78504

Advertising Expense

Candidate / Officeholder name | Office sought | Office held

Amount ($) | Payee address: City: State: Zip Code

Category (See Categories listed at the top of this schedule) | Description

Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held

Amount ($) | Payee address: City: State: Zip Code

Category (See Categories listed at the top of this schedule) | Description

Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held