

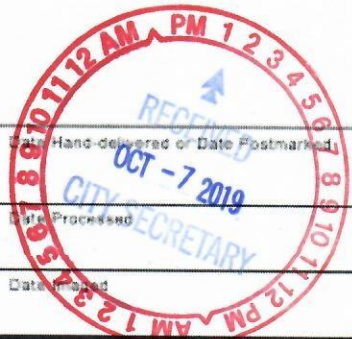


AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

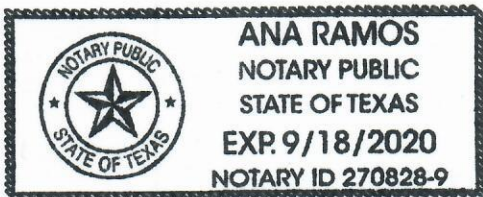
A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Filed	



Filer name JOSE CARLOS GONZALEZ	Account #
---	-----------

- 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 report due on OCTOBER 7TH, 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 Ana Ramos this the 07 day of October, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath Print name of officer administering oath 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 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed 20 INCLUSIVE
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JOSE CARLOS <small>NICKNAME LAST SUFFIX</small> GONZALEZ	OFFICE USE ONLY Date Received  Date Filed/Received or 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 <small>NICKNAME LAST SUFFIX</small> HERNANDEZ	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 7011 BISSONNET "A" HOUSTON, TX 77074	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 901-0971		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2019 THROUGH 09 / 26 / 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) CITY COUNCIL - AT LARGE POSITION #3	

GO TO PAGE 2

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)**

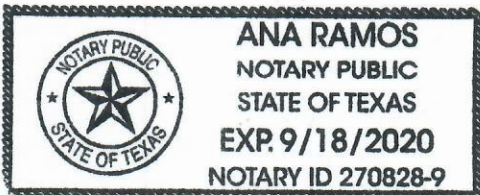
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> 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	\$ 765.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,617.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,189.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,193.00
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



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 07 day of October, 2019, 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

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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,382.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,807.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 382.09
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
1 OF 5 (1/5)

2 FILER NAME
JOSE CARLOS GONZALEZ 3 Filer ID (Ethics Commission Filers)

4 Date 07/03/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSE CARLOS GONZALEZ	7 Amount of contribution (\$) \$500.00
6 Contributor address: City: State: Zip Code HOUSTON, TX 77074		

8 Principal occupation / Job title (See Instructions) **SELF-EMPLOYED** 9 Employer (See Instructions)

Date 07/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSE CARLOS GONZALEZ	Amount of contribution (\$) \$200.00
Contributor address: City: State: Zip Code HOUSTON, TX 77074		

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

Date 07/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSE CARLOS GONZALEZ	Amount of contribution (\$) \$200.00
Contributor address: City: State: Zip Code HOUSTON, TX 77074		

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

Date 07/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FUND RAISING EVENT (CASH)	Amount of contribution (\$) \$765.00
Contributor address: City: State: Zip Code HOUSTON, TX 77074		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 OF 5 (2/5)

2 FILER NAME
JOSE CARLOS GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 Date
08/20/2019

5 Full name of contributor out-of-state PAC (ID# _____)
MARKO HERNANDEZ

7 Amount of contribution (\$) **\$50.00**

6 Contributor address: City: State: Zip Code
HOUSTON, TX 77033

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

9 Employer (See Instructions)

Date
08/20/2019

Full name of contributor out-of-state PAC (ID# _____)
YUSMARY ROSAS

Amount of contribution (\$) **\$20.00**

Contributor address: City: State: Zip Code
HOUSTON, TX 77022

Principal occupation / Job title (See Instructions)
HOUSEWIFE

Employer (See Instructions)

Date
07/30/2019

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

Amount of contribution (\$) **\$500.00**

Contributor address: City: State: Zip Code
HOUSTON, TX 77074

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

Employer (See Instructions)

Date
07/30/2019

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

Amount of contribution (\$) **\$500.00**

Contributor address: City: State: Zip Code
HOUSTON, TX 77074

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

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 OF 5 (3/5)

2 FILER NAME
JOSE CARLOS GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 Date
08/20/2019

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

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

6 Contributor address; City; State; Zip Code
HOUSTON, TX 77074

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF-EMPLOYED

Date
08/22/2019

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

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

Contributor address; City; State; Zip Code
HOUSTON, TX 77074

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF-EMPLOYED

Date
08/26/2019

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

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

Contributor address; City; State; Zip Code
HOUSTON, TX 77074

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF-EMPLOYED

Date
08/26/2019

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

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

Contributor address; City; State; Zip Code
HOUSTON, TX 77074

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF-EMPLOYED

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 OF 5 (4/5)

2 FILER NAME

JOSE CARLOS GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 Date

09/03/2019

5 Full name of contributor

JOSE CARLOS GONZALEZ

out-of-state PAC (ID# _____)

6 Contributor address:

City: State: Zip Code

HOUSTON, TX 77074

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

SELF-EMPLOYED

9 Employer (See Instructions)

Date

09/10//2019

Full name of contributor

JOSE CARLOS GONZALEZ

out-of-state PAC (ID# _____)

Contributor address:

City: State: Zip Code

HOUSTON, TX 77074

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

SELF-EMPLOYED

Employer (See Instructions)

Date

09/13/2019

Full name of contributor

JOSE CARLOS GONZALEZ

out-of-state PAC (ID# _____)

Contributor address:

City: State: Zip Code

HOUSTON, TX 77074

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

SELF-EMPLOYED

Employer (See Instructions)

Date

09/20/2019

Full name of contributor

JOSE CARLOS GONZALEZ

out-of-state PAC (ID# _____)

Contributor address:

City: State: Zip Code

HOUSTON, TX 77074

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

SELF-EMPLOYED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 OF 5 (5/5)

2 FILER NAME
JOSE CARLOS GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 Date
09/22/2019

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address: City: State: Zip Code
HOUSTON, TX 77074

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

9 Employer (See Instructions)

Date
09/25/2019

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

Amount of contribution (\$)
\$100.00

Contributor address: City: State: Zip Code
HOUSTON, TX 77074

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

Employer (See Instructions)

Date
09/30/2019

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

Amount of contribution (\$)
\$247.00

Contributor address: City: State: Zip Code
HOUSTON, TX 77074

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

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: ONE (1)
2 FILER NAME JOSE CARLOS GONZALEZ		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 65,000
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
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)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>
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) N/A		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 N	Lender address: City: State: Zip Code	Interest rate
Principal occupation / Job title (See instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		Employer (See instructions)
Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>		Amount Guaranteed (\$)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	
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.

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 ONE OF SEVEN (1/7)		2 FILER NAME JOSE CARLOS GONZALEZ		3 Filer ID (Ethics Commission Filer)	
4 Date 07/30/2019		5 Payee name JOSE CARLOS GONZALEZ			
6 Amount (\$) 22.18		7 Payee address, City, State, Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		(b) Description <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 JOSE CARLOS GONZALEZ		Office sought - CITY COUNCIL - AT LARGE #3	
Date 09/10/2019		Payee name JOSE CARLOS GONZALEZ			
Amount (\$) 16.18		Payee address, City, State, Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		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 JOSE CARLOS GONZALEZ		Office sought - CITY COUNCIL - AT LARGE #3	
Date 09/11/2019		Payee name JOSE CARLOS GONZALEZ			
Amount (\$) 17.19		Payee address, City, State, Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		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 JOSE CARLOS GONZALEZ		Office sought - CITY COUNCIL - AT LARGE #3	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	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: **TWO OF SEVEN (2/7)** **2** FILER NAME: **JOSE CARLOS GONZALEZ** **3** Filer ID (Ethics Commission Filers):

4 Date: **07/09/2019** **5** Payee name: **JOSE CARLOS GONZALEZ**

6 Amount (\$): **27.18** **7** Payee address: **7011 BISSONNET "A", HOUSTON, TX 77074**

8 **PURPOSE OF EXPENDITURE**: **TRAVEL WITHIN DISTRICT**

(a) Category (See Categories listed at the top of this schedule): **TRAVEL WITHIN DISTRICT**

(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: **JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3**

Candidate / Officeholder name: **JOSE CARLOS GONZALEZ** Office sought: **- CITY COUNCIL - AT LARGE #3** Office held:

Date: **07/30/2019** Payee name: **JOSE CARLOS GONZALEZ**

Amount (\$): **9.45** Payee address: **7011 BISSONNET "A", HOUSTON, TX 77074**

PURPOSE OF EXPENDITURE: **TRAVEL WITHIN DISTRICT**

Category (See Categories listed at the top of this schedule): **TRAVEL WITHIN DISTRICT**

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: **JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3**

Candidate / Officeholder name: **JOSE CARLOS GONZALEZ** Office sought: **- CITY COUNCIL - AT LARGE #3** Office held:

Date: **08/17/2019** Payee name: **JOSE CARLOS GONZALEZ**

Amount (\$): **25.89** Payee address: **7011 BISSONNET "A", HOUSTON, TX 77074**

PURPOSE OF EXPENDITURE: **TRAVEL WITHIN DISTRICT**

Category (See Categories listed at the top of this schedule): **TRAVEL WITHIN DISTRICT**

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: **JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3**

Candidate / Officeholder name: **JOSE CARLOS GONZALEZ** Office sought: **- CITY COUNCIL - AT LARGE #3** 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: THREE OF SEVEN (3/7)		2 FILER NAME JOSE CARLOS GONZALEZ		3 Filer ID (Ethics Commission Filers)	
4 Date 09/06/2019		5 Payee name JOSE CARLOS GONZALEZ			
6 Amount (\$) 17.18		7 Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		(b) Description <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 JOSE CARLOS GONZALEZ		Office sought - CITY COUNCIL - AT LARGE #3	
Date 07/30/2019		Payee name JOSE CARLOS GONZALEZ			
Amount (\$) 9.45		Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		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 JOSE CARLOS GONZALEZ		Office sought - CITY COUNCIL - AT LARGE #3	
Date 09/01/2019		Payee name JOSE CARLOS GONZALEZ			
Amount (\$) 30.54		Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		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 JOSE CARLOS GONZALEZ		Office sought - CITY COUNCIL - AT LARGE #3	

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	Volunteer/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 FOUR OF SEVEN (4/7)		2 FILER NAME JOSE CARLOS GONZALEZ		3 Filer ID (Ethics Commission Filer)	
4 Date 09/03/2019		5 Payee name JOSE CARLOS GONZALEZ			
6 Amount (\$) 56.60		7 Payee address: City, State, Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		(b) Description <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 JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3		Office sought - CITY COUNCIL - AT LARGE #3	
Date 09/06/2019		Payee name JOSE CARLOS GONZALEZ			
Amount (\$) 31.56		Payee address: City, State, Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		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 JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3		Office sought - CITY COUNCIL - AT LARGE #3	
Date 09/07/2019		Payee name JOSE CARLOS GONZALEZ			
Amount (\$) 17.30		Payee address: City, State, Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		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 JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3		Office sought - CITY COUNCIL - AT LARGE #3	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: FIVE OF SEVEN (5/7)		2 FILER NAME JOSE CARLOS GONZALEZ		3 Filer ID (Ethics Commission Filers)
4 Date 08/19/2019		5 Payee name JOSE CARLOS GONZALEZ		
6 Amount (\$) 365.78		7 Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT (VARIOUS)		(b) Description <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: JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3 Office sought: _____ Office held: _____			
Date 09/09/2019		Payee name JOSE CARLOS GONZALEZ		
Amount (\$) 26.87		Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3 Office sought: _____ Office held: _____			
Date 09/14/2019		Payee name JOSE CARLOS GONZALEZ		
Amount (\$) 43.22		Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3 Office sought: _____ Office held: _____			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1 SIX OF SEVEN (6/7)		2 FILER NAME JOSE CARLOS GONZALEZ		3 Filer ID (Ethics Commission Filers)	
4 Date 09/15/2019		5 Payee name JOSE CARLOS GONZALEZ			
6 Amount (\$) 34.89		7 Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT (VARIOUS)		(b) Description <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 JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3		Office sought - CITY COUNCIL - AT LARGE #3	
Date 09/16/2019		Payee name JOSE CARLOS GONZALEZ			
Amount (\$) 12.43		Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		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 JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3		Office sought - CITY COUNCIL - AT LARGE #3	
Date 09/20/2019		Payee name JOSE CARLOS GONZALEZ			
Amount (\$) 33.22		Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		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 JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3		Office sought - CITY COUNCIL - AT LARGE #3	

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: SEVEN OF SEVEN (7/7)		2 FILER NAME JOSE CARLOS GONZALEZ		3 Filer ID (Ethics Commission Filers)			
4 Date 09/22/2019		5 Payee name JOSE CARLOS GONZALEZ					
6 Amount (\$) 45.33		7 Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT (VARIOUS)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3</td> <td style="width:20%; border:none;">Office sought - CITY COUNCIL - AT LARGE #3</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>				Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3	Office sought - CITY COUNCIL - AT LARGE #3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3	Office sought - CITY COUNCIL - AT LARGE #3	Office held				
Date 09/23/2019		Payee name JOSE CARLOS GONZALEZ					
Amount (\$) 331.34		Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3</td> <td style="width:20%; border:none;">Office sought - CITY COUNCIL - AT LARGE #3</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>				Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3	Office sought - CITY COUNCIL - AT LARGE #3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3	Office sought - CITY COUNCIL - AT LARGE #3	Office held				
Date 09/30/2019		Payee name JOSE CARLOS GONZALEZ					
Amount (\$) 633.22		Payee address: City: State: Zip Code 7011 BISSONNET "A", HOUSTON, TX 77074					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL WITHIN DISTRICT		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3</td> <td style="width:20%; border:none;">Office sought - CITY COUNCIL - AT LARGE #3</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>				Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3	Office sought - CITY COUNCIL - AT LARGE #3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3	Office sought - CITY COUNCIL - AT LARGE #3	Office held				

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
Contributors/Donations Made By
Candidate/Officeholder/Political Committee

Event Expenses
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:
ONE OF FOUR (1/4)

2 FILER NAME
JOSE CARLOS GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ **382.09**

5 Date
07/30/2019

6 Payee name
LAZ PARKING

7 Amount (\$)
\$7

8 Payee address: City: State: Zip Code

9 TYPE OF EXPENDITURE

Political Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
PARKING

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

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held
JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3

Date
09/10/2019

Payee name
TEOTIHUACAN MEXICAN RESTAURANT

Amount (\$)
\$16.52

Payee address: City: State: Zip Code
6579 W Belfort Blvd, Houston, TX 77035

TYPE OF EXPENDITURE

Political Non-Political

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
JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #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
Contributor/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: **TWO OF FOUR (2/4)** **2** FILER NAME: **JOSE CARLOS GONZALEZ** **3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **382.09**

5 Date: **09/11/2019** **6** Payee name: **LA HACIENDA**

7 Amount (\$): **\$57.00** **8** Payee address: City: State: Zip Code
14759 Memorial Dr, Houston, TX 77079

9 TYPE OF EXPENDITURE: Political Non-Political

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

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3

Date: **07/09/2019** Payee name: **LAZ PARKING**

Amount (\$): **\$6.00** Payee address: City: State: Zip Code

TYPE OF EXPENDITURE: Political Non-Political

PURPOSE OF EXPENDITURE: **PARKING**
Category (See Categories listed at the top of this schedule)
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
JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #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: **THREE OF FOUR (3/4)** **2** FILER NAME: **JOSE CARLOS GONZALEZ** **3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **382.09**

5 Date: **07/30/2019** **6** Payee name: **BEST BUY**

7 Amount (\$): **\$42.19** **8** Payee address: City: State: Zip Code
5133 Richmond Ave

9 TYPE OF EXPENDITURE Political Non-Political

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

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: **JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3** Office sought: Office held:

Date: **08/17/2019** Payee name: **ARMY SURPLUS WORLD**

Amount (\$): **\$79.52** Payee address: City: State: Zip Code
11650 S Sam Houston Pkwy W, Houston, TX 77031

TYPE OF EXPENDITURE Political Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule): **CAMPAIGN SUPPLIES** 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: **JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3** Office sought: Office held:

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: FOUR OF FOUR (4/4)	2 FILER NAME: JOSE CARLOS GONZALEZ	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ [REDACTED]	382.09
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5 Date 08/23/2019	6 Payee name VISTA PRINT
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7 Amount (\$) \$113.11	8 Payee address, City, State, Zip Code 275 Wyman St, Waltham, MA 02451
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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) CAMPAIGN SUPPLIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3	Office sought	Office held
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Date 09/06/2019	Payee name COSTCO
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Amount (\$) \$60.75	Payee address, City, State, Zip Code 3836 Richmond Ave
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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) STAMPS/WATER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSE CARLOS GONZALEZ - CITY COUNCIL - AT LARGE #3	Office sought	Office held
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