

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: JUAN MI: J. NICKNAME: J.J. LAST: GONZALEZ SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #: P.O. BOX 531851 CITY: HARLINGEN, TX STATE: ZIP CODE: 78553	Date Received Harlingen City Secretary's Office APR 29 2019 Received by: <u>M.H.</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 577-7255 EXTENSION:	Date Hand-delivered or Date Postmarked 4-29-19	
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: JUAN MI: J. NICKNAME: J.J. LAST: GONZALEZ SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: 306 W. MATZ APT 6 CITY: HARLINGEN, TX STATE: ZIP CODE: 78550	Date Processed 4-29-19	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 577-7255 EXTENSION:		
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 Month Day Year 4 / 5 / 19 THROUGH 4 / 26 / 19		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 19	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) HARLINGEN CITY COMMISSIONER	13 OFFICE SOUGHT (if known) HARLINGEN CITY COMMISSIONER DISTRICT 1	

GO TO PAGE 2

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

4/10/19

MARY GARCIA

\$ 100.00

6 Contributor address; City; State; Zip Code

1521 LIVE OAK DR
LEWISVILLE, TX 75067

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/13/19

FUNDRAISER

\$ 637.00

Contributor address; City; State; Zip Code

HARLINGEN, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

4/22/19

TOM MASON

\$ 200.00

Contributor address; City; State; Zip Code

522 E. HARRISON
HARLINGEN, TX 78550

Principal occupation / Job title (See Instructions)

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.

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 937.00
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	\$ 1133.71
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 **JUAN J. GONZALEZ** 3 Filer ID (Ethics Commission Filers)

4 Date **4/6/19** 5 Payee name **UTOPIA**

6 Amount (\$) **\$80.50** 7 Payee address; City; State; Zip Code
**417 N. 13TH
HARLINGEN, TX 78550**

8 PURPOSE OF EXPENDITURE
ADVERTISING (a) Category (See Categories listed at the top of this schedule)
T-SHIRTS (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 **4/10/19** Payee name **BROWNSVILLE SOURCE**

Amount (\$) **\$125.00** Payee address; City; State; Zip Code
**5800 PADRE BLVD SUITE 203
SOUTH PADRE ISLAND, TX 78597**

PURPOSE OF EXPENDITURE
ADVERTISING Category (See Categories listed at the top of this schedule)
POLITICAL AD 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 **4/10/19** Payee name **ALLEGRA**

Amount (\$) **\$86.43** Payee address; City; State; Zip Code
**1801 S. 77 SUNSHINE STRIP
HARLINGEN, TX**

PURPOSE OF EXPENDITURE
ADVERTISING Category (See Categories listed at the top of this schedule)
PUSHCARDS 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	3 Filer ID (Ethics Commission Filers)
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4 Date 4/11/19	5 Payee name CITY OF HARLINGEN
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6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 502 E. TYLER HARLINGEN, TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PERMIT EVENT EXPENSE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/11/19	Payee name CITY OF HARLINGEN
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 502 E. TYLER HARLINGEN, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PERMIT EVEN EXPENSE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/12/19	Payee name ABUNDIZ MEAT MARKET
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Amount (\$) \$249.18	Payee address; City; State; Zip Code 505 S. M ST. HARLINGEN, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEAT CHICKEN / SAUSAGE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking Expense
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 **JUAN J. GONZALEZ** 3 Filer ID (Ethics Commission Filers)

4 Date **4/18/19** 5 Payee name **M5 DESIGNS**

6 Amount (\$) **\$184.03** 7 Payee address; City; State; Zip Code
**1405 S. PALM CT.
HARLINGEN, TX 78552**

8 PURPOSE OF EXPENDITURE
ADVERTISING
(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
4'X4' CAMPAIGN SIGNS

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

Date **4/24/19** Payee name **M5 DESIGNS**

Amount (\$) **\$108.25** Payee address; City; State; Zip Code
**1405 S. PALM CT.
HARLINGEN, TX 78552**

PURPOSE OF EXPENDITURE
ADVERTISING
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
MAGNETIC SIGNS

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

Date **4/12/19** Payee name **HEB**

Amount (\$) **\$167.06** Payee address; City; State; Zip Code
**613 S. EXPRESSWAY 83
HARLINGEN, TX 78550**

PURPOSE OF EXPENDITURE
FUNDRAISING
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
**SUPPLIES
FOOD / BEVERAGE
EVENT 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | 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 JUAN J. GONZALEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 4/12/19	5 Payee name DOLLAR TREE
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6 Amount (\$) \$19.49	7 Payee address; City; State; Zip Code 302 N. 77 SUNSHINE STRIP HARLINGEN, TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT EXPENSE SUPPLIES/PLATES/CUPS, ETC
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/13/19	Payee name ABUNDIZ MEAT MARKET
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Amount (\$) \$88.77	Payee address; City; State; Zip Code 505 S. M ST. HARLINGEN, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT EXPENSE CHICKEN, SAUSAGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JUAN J. 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

N/A

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 937.00

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 1133.71

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

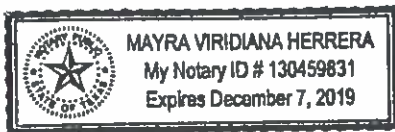
\$ 275.36

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Juan J. Gonzalez, this the 29 day of April, 2019, to certify which, witness my hand and seal of office.

Mayra Viridiana Herrera Mayra Viridiana Herrera

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath