



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed</b>  <b>5</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>mr</b> FIRST: <b>Juan</b> MI: <b>J</b> NICKNAME: <b>JJ</b> LAST: <b>Gonzalez</b> SUFFIX:	<b>OFFICE USE ONLY</b> Date Received:  Date Returned: _____ Receipt # _____ Date Processed: _____ Date Imaged: _____	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX    APT / SUITE #    CITY    STATE    ZIP CODE <b>306 W Matz #1 Harlingen, TX 78550</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION <b>(956) 577-7255</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>ms.</b> FIRST: <b>Juliana</b> MI: NICKNAME:      LAST: <b>Garcia</b> SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE)    APT / SUITE #    CITY    STATE    ZIP CODE <b>909 S. Houston Harlingen, TX 78550</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION <b>(956) 562-4406</b>		
<b>9 REPORT TYPE</b>	<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 (officeholder 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)		
<b>10 PERIOD COVERED</b>	Month    Day    Year    THROUGH    Month    Day    Year <b>10 / 27 / 11    THROUGH    11 / 16 / 11</b>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>12 / 16 / 11</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>CITY COMMISSIONER</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>DIST 1</b> <b>City Commissioner <del>PTC</del></b> 	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	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: _____ Address / PO Box    Apt / Suite #    City    State    Zip Code: _____ <input type="checkbox"/> additional pages		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>JJ GONZALEZ</u>	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)

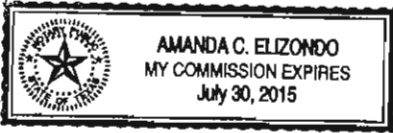
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

18 CONTRIBUTION TOTALS	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>2,285</u>
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ <u>-0-</u>
	4	TOTAL POLITICAL EXPENDITURES	\$ <u>1,401.84</u>
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>883.16</u>
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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



AFFIX NOTARY STAMP / SEAL ABOVE

Juan J. Gonzalez  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Juan J. Gonzalez this the 16<sup>th</sup> day of Nov. 20 11 to certify which, witness my hand and seal of office

Amanda C. Elizondo      Amanda C. Elizondo      City Secretary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 1	
2 FILER NAME JJ Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/20/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria A Rivera 6 Contributor address, City, State, Zip Code 2801 Quail Run #4 Harlingen, TX 78550	7 Amount of contribution (\$) \$100 <sup>00</sup>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas G Mason Contributor address, City, State, Zip Code 522 E Harrison Harlingen, TX 78550	Amount of contribution (\$) \$250 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campaign Fundraiser Contributor address, City, State, Zip Code	Amount of contribution (\$) \$285 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tony Chapa Contributor address, City, State, Zip Code 1721 Hickory Court Harlingen, TX 78550	Amount of contribution (\$) \$250 <sup>00</sup>	In-kind contribution description (if applicable) Advertising
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

# 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.

1 Total pages Schedule F <b>1</b>	2 FILER NAME <b>JJ Gonzalez</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>11/7/11</b>	5 Payee name <b>MS Designs</b>
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6 Amount (\$) <b>1,401.84</b>	7 Payee address, City, State, Zip Code <b>424 W. Hamson, Harlingen, TX 78550</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b>
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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	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 (If travel outside of Texas, complete Schedule T)
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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 (If travel outside of Texas, complete Schedule T)
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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
------	------------

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 (If travel outside of Texas, complete Schedule T)
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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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E

1

2 FILER NAME  
JJ Gonzalez

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

\$ 1,400<sup>00</sup>

5 Date of loan  
11/14/11

7 Name of lender  
Personal  out-of-state PAC (ID#

9 Loan Amount (\$)  
\$1,400<sup>00</sup>

6 Is lender a financial Institution?  
Y  N

8 Lender address, City State Zip Code

10 Interest rate  
11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
 none

15 GUARANTOR INFORMATION  
 not applicable

16 Name of guarantor  
17 Guarantor address, City State Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan  
Is lender a financial Institution?  
Y N

Name of lender  out-of-state PAC (ID#  
Lender address, City State Zip Code

Loan Amount (\$)  
Interest rate  
Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address, City State Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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