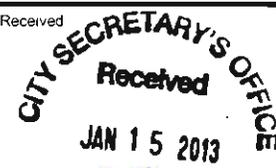


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Files) <b>92509897</b>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> <b>MR</b> FIRST <b>Gerardo</b> MI <b>R.</b> NICKNAME <b>Jerry</b> LAST <b>Proposunal</b> SUFFIX <b>JR</b>	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Postmarked  Receipt # Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>722 N. GYO ST. Harlingen TX 78500</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(936) 873-0432</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> <b>MR</b> FIRST <b>RUBEN</b> MI NICKNAME <b>RUBEN</b> LAST <b>DeLa Rosa</b> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #      CITY:      STATE:      ZIP CODE <b>713 S.M. ST. Harlingen TEXAS 78500</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(936) 622-9910</b>		
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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>10 / 30 / 12      12 / 10 / 12</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>11 / 06 / 12</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <b>Commissioner Dist. 4 Hgu TX</b>	13 OFFICE SOUGHT (if known)  <b>Commissioner Dist. 4 Hgu TX</b>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Ronald R. Drayshel Jr</u>	15 ACCOUNT # (Ethics Commission Filers) <u>82509891</u>
--	--

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.

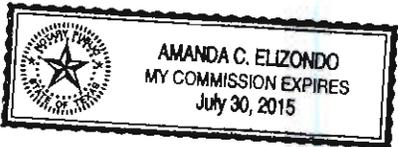
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
---	--

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)	\$ <u>200.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>172.16</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2971.</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>Ø</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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 Jenny Prepejchal, this the 15<sup>th</sup> day of JAN., 20 13, to certify which, witness my hand and seal of office.



Printed name of officer administering oath  
Amanda C. Elizondo

Title of officer administering oath  
City Secy.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>1</b>	
2 FILER NAME <b>Gonzalez R. Pineda</b>		3 ACCOUNT # (Ethics Commission Filers) <b>82509891</b>	
4 Date <b>11/1/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joe Villanar</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1002 O'Henry Dr. Ag. TX 78520</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/5/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Nancy O'Leary</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2587 William Ave. Brownsville TX 78520</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES:      \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;      City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

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:		2 FILER NAME <i>Gonzalo R. Pappas</i>		3 ACCOUNT # (Ethics Commission Filers) <i>8250 9899</i>	
4 Date <i>12/15/13</i>		5 Payee name <i>Consulo Down</i>			
6 Amount (\$) <i>\$ 200.00</i>		7 Payee address; City; State; Zip Code <i>806 E. Washington Hwy TX 78550</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Call Center</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Gonzalo R. Pappas</i>		Office sought <i>Comm Dist 4</i>	Office held <i>Comm. Dist 4</i>
Date <i>11/5/12</i>		Payee name <i>CASH (Wal-Mart)</i>			
Amount (\$) <i>\$ 210.00</i>		Payee address; City; State; Zip Code <i>Ruoston Dolabara 713 S. MCT. Hwy TX 78550</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Solicitation Fundraising Exp.</i>		Description (If travel outside of Texas, complete Schedule T) <i>phones &amp; gas cards</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Gonzalo R. Pappas</i>		Office sought <i>Comm Dist 4</i>	Office held <i>Comm Dist 4</i>
Date <i>11/5</i>		Payee name <i>Consulo Down</i>			
Amount (\$) <i>\$ 160.00</i>		Payee address; City; State; Zip Code <i>806 E Washington Hwy TX 78550</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Accounting expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Polling expense</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Gonzalo Pappas</i>		Office sought <i>Comm. Dist 4</i>	Office held <i>Comm Dist 4</i>
Date <i>11/5/12</i>		Payee name <i>Wal-Mart</i>			
Amount (\$) <i>\$ 120.00</i>		Payee address; City; State; Zip Code <i>1801 West Lincoln Hwy TX 78550</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Transportation District</i>		Description (If travel outside of Texas, complete Schedule T) <i>Gas cards to Food &amp; Beverage</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Gonzalo R. Pappas</i>		Office sought <i>Comm Dist 4</i>	Office held <i>Comm Dist 4</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Gonzalez R. Pineda</i>	3 ACCOUNT # (Ethics Commission Filers) <i>82508890</i>
4 Date <i>11/2/12</i>	5 Payee name <i>Gonzalez</i>	
6 Amount (\$) <i>\$260.00</i>	7 Payee address, City, State, Zip Code <i>806 E. Washington Hwy TX 78500</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>City Center / walking the streets</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalez R. Pineda</i>	Office sought <i>Comm Dist 4</i>
		Office held <i>Comm. Dist 4</i>
Date <i>11/2/12</i>	Payee name <i>Rubén Dolra Ruiz (OL PASE)</i>	
Amount (\$) <i>\$100.00</i>	Payee address, City, State, Zip Code <i>713 S. Mt. High TX 78500</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food for Volunteers.</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalez R. Pineda</i>	Office sought <i>Comm Dist 4</i>
		Office held <i>Comm. Dist 4</i>
Date <i>11/8/12</i>	Payee name <i>H. G. B.</i>	
Amount (\$) <i>50.50</i>	Payee address, City, State, Zip Code <i>613. S. Expressway Hwy. TX 78500</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Cakes</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalez R. Pineda</i>	Office sought <i>Comm. Dist 4</i>
		Office held <i>Comm. Dist 4</i>
Date <i>11/5/12</i>	Payee name <i>GARZA C. Hina</i>	
Amount (\$) <i>\$17.61</i>	Payee address, City, State, Zip Code <i>2416 S. 77 Sunshin Strip Hwy TX 78500</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Reimbursement for volunteer</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalez R. Pineda</i>	Office sought <i>Comm. Dist 4</i>
		Office held <i>Comm. Dist 4</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Gonzalo R. Pappas</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <i>82509898</i>	
<b>4</b> Date <i>11/5/12</i>	<b>5</b> Payee name <i>H. G. B.</i>		
<b>6</b> Amount (\$) <i>\$67.20</i>	<b>7</b> Payee address; City; State; Zip Code <i>613 S. Cypressway 77 Hgt Tx 78550</i>		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Food Beverage Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalo R. Pappas</i>	Office sought <i>Comm Dist 4</i>	Office held <i>CommDist 4</i>
Date <i>11/04/12</i>	Payee name <i>Office Depot</i>		
Amount (\$) <i>\$36.79</i>	Payee address; City; State; Zip Code <i>601 S. Cypressway Hgt Tx 78550</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Travel</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalo R. Pappas</i>	Office sought <i>Comm. Dist 4</i>	Office held <i>CommDist 4</i>
Date <i>11/4/12</i>	Payee name <i>Elaine Gonzalez Jr</i>		
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>601 N. Tanager St Hgt Tx 78550</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel in District</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gas Card</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalo R. Pappas</i>	Office sought <i>Comm. Dist 4</i>	Office held <i>Comm. Dist 4</i>
Date <i>11/5/12</i>	Payee name <i>Valley Morning Star</i>		
Amount (\$) <i>\$1226.00</i>	Payee address; City; State; Zip Code <i>1310 S. Commodore Hgt Tx 78550</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>1/2 page ad in paper</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalo R. Pappas</i>	Office sought <i>Comm Dist 4</i>	Office held <i>Comm. Dist 4</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Gonzalo R. Propugnal</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <i>82509891</i>
<b>4</b> Date <i>11/23/12</i>	<b>5</b> Payee name <i>Elvira &amp; Rosalinda Gonzalez</i>	
<b>6</b> Amount (\$) <i>9100.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>601 N. Torgue ST Hge TX 78050</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Food &amp; Beverage</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Reimbursement for food expenses</i>
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalo R. Propugnal</i>	Office sought <i>Comm. Dist 4</i>
	Office held <i>Comm. Dist 4</i>	
Date <i>12/7/12</i>	Payee name <i>Bonnie Smith</i>	
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>1621 Richters Rd Hge TX 78050</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expenses</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food &amp; Beverage</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalo R. Propugnal</i>	Office sought <i>Dist 4 Comm</i>
	Office held <i>Comm. Dist 4</i>	
Date <i>12/7/12</i>	Payee name <i>Regina Pava</i>	
Amount (\$) <i>145.00</i>	Payee address; City; State; Zip Code <i>28314 Palm Court Lane Canyon County</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expenses</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food &amp; Beverage</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Gonzalo R. Propugnal</i>	Office sought <i>Comm Dist 4</i>
	Office held <i>Comm. Dist 4</i>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	

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:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
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 <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address;    City;    State;    Zip Code	
20 Principal Occupation (See Instructions)		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
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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 PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
----------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel	7 Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)
----------------------------	--

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

*Gonzalez J. P. ...*

2 ACCOUNT # (Ethics Commission Filers)

*8250 2891*

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

### A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*[Signature]*

Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder