

**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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST MI JUAN J.	OFFICE USE ONLY Date Received Harlingen City Secretary's Office JUN 14 2019 Received by: <u>au</u>	
	NICKNAME LAST SUFFIX J.J. GONZALEZ		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 531851 HARLINGEN, TX 78553		
	AREA CODE PHONE NUMBER EXTENSION 956 577-7255		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS (MR) FIRST MI JUAN J.		
	NICKNAME LAST SUFFIX J.J. GONZALEZ		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI JUAN J.	Receipt # Amount \$	
	NICKNAME LAST SUFFIX J.J. GONZALEZ	Date Processed 6-14-19 Date Imaged 6-14-19	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 306 W. MATZ APT 6 HARLINGEN, TX 78550		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 956 577-7255		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)		
10 PERIOD COVERED	Month Day Year    Month Day Year 4 / 27 / 19    THROUGH    6 / 14 / 19		
11 ELECTION	ELECTION DATE Month Day Year 6 / 22 / 19	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input 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	
<b>GO TO PAGE 2</b>			

# 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	\$ 552.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,202
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,759.19
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	\$

**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 <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ROBERT ALEXANDRE</b>	7 Amount of contribution (\$) <b>\$60.00</b>
<b>5/9/19</b>	6 Contributor address: City: State: Zip Code <b>202 E. JACKSON HARLINGEN, TX 78550</b>	
8 Principal occupation / Job title (See Instructions) <b>OWNER</b>		9 Employer (See Instructions) <b>SELF EMPLOYED</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>REYES RUELAS</b>	Amount of contribution (\$) <b>\$200.00</b>
<b>5/17/19</b>	Contributor address: City: State: Zip Code <b>223 W. TYER HARLINGEN, TX 78550</b>	
Principal occupation / Job title (See Instructions) <b>OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RODOLPH MARTINEZ</b>	Amount of contribution (\$) <b>\$467.00</b>
<b>6/1/19</b>	Contributor address: City: State: Zip Code <b>15941 DRURY RD HARLINGEN, TX 78552</b>	
Principal occupation / Job title (See Instructions) <b>OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CESAR MORALES</b>	Amount of contribution (\$) <b>\$25.00</b>
<b>6/11/19</b>	Contributor address: City: State: Zip Code <b>1729 PEACH TREE HARLINGEN, TX 78550</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		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 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:	2 FILER NAME <b>JUAN J. GONZALEZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/26/19</b>	5 Payee name <b>ALLEGRA</b>
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6 Amount (\$) <b>\$66.99</b>	7 Payee address; City; State; Zip Code <b>1801 S. 77 SUNSHINE STRIP HARLINGEN, TX 78550</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PUSH CARDS</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 <b>5/3/19</b>	Payee name <b>VALLEY MORNING STAR</b>
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Amount (\$) <b>\$410.00</b>	Payee address; City; State; Zip Code <b>HARLINGEN, TX 78550</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>NEWSPAPER AD</b>
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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 <b>5/10/19</b>	Payee name <b>MS DESIGNS</b>
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Amount (\$) <b>\$188.08</b>	Payee address; City; State; Zip Code <b>1405 S. PALM DR HARLINGEN, TX 78552</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>YARD SIGNS</b>
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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**

# 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:	2 FILER NAME <b>JUAN J. GONZALEZ</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/20/19</b>	5 Payee name <b>KRGV</b>	
6 Amount (\$) <b>\$200.00</b>	7 Payee address; City; State; Zip Code <b>WESLACO, TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>TV. AD</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>5/20/19</b>	Payee name <b>OFFICE DEPOT</b>	
Amount (\$) <b>31.37</b>	Payee address; City; State; Zip Code <b>HARLINGEN, TX 78550</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PHONE NUMBERS LIST</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>5/27/19</b>	Payee name <b>KRGV</b>	
Amount (\$) <b>\$799.00</b>	Payee address; City; State; Zip Code <b>WESLACO, TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>TV ADS</b>
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 <del>KRGV</del> JUAN J. GONZALEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 8/7/19	5 Payee name KRGV
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6 Amount (\$) \$63.75	7 Payee address; City; State; Zip Code WESLACO, TX
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV ADS
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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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<b>PURPOSE OF EXPENDITURE</b>	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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>JUAN J. GONZALEZ</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>3</b>
5 Date of loan <b>5/3/19</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>JUAN J. GONZALEZ</b>	9 Loan Amount (\$) <b>\$202.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>306 W. MATZ APT 6 HARLINGEN, TX 78550</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>R.E. BROKER</b>		13 Employer (See Instructions) <b>MASON</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" 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 <b>5/17/19</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>CENTRAL FINANCE</b>	Loan Amount (\$) <b>\$1,000</b>
Is lender a financial Institution?  Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <b>901 W. TYLER HARLINGEN, TX 78550</b>	Interest rate
		Maturity date <b>2/17/2020</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" 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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

JUAN J. GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

6/13/19

7 Name of lender

out-of-state PAC (ID# \_\_\_\_\_ )

TEXAN CREDIT CORP.

9 Loan Amount (\$)

\$ 1,000

6 Is lender a financial institution?

Y  N

8 Lender address;

City; State; Zip Code

308 N. SAM HOUSTON

SAN BENITO, TX 78586

10 Interest rate

11 Maturity date

6/13/2020

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

none

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

not applicable

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.



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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

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

\$

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

\$

552.00

EXPENDITURE  
TOTALS

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

\$

162.11

4. TOTAL POLITICAL EXPENDITURES

\$

1,759.19

CONTRIBUTION  
BALANCE

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

\$

470.21

OUTSTANDING  
LOAN TOTALS

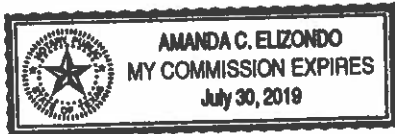
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

2,202.00

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

*Juan A. Gonzalez*

this the 14<sup>th</sup>

day of June, 2019, to certify which, witness my hand and seal of office.

*Amanda C. Elizondo*

Amanda C. Elizondo

City Secy.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath