#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 47 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Ed NAME RECEIVED **NICKNAME** LAST **SUFFIX** Gonzalez AL 15 2015 Pate Hand-delivered or Date Postmarked CITY SECRETARY ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / ZIP CODE **OFFICEHOLDER** PO Box 70683 MAILING Amount **ADDRESS** Change of Address Houston, TX 77270 Date Processed Date Imaged CAMPAIGN MS / MRS / MR **FIRST** М **TREASURER** NAME Mr. Macedonio **NICKNAME** LAST SUFFIX Massey Villarreal STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE CAMPAIGN **TREASURER ADDRESS** 9801 Westheimer Road 803 Houston TX 77042 (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** 713 781-7481 REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Exceeded \$500 limit Final Report (Attach C/OH-FR) Х July 15 8th day before election PERIOD Month Day Year Month Day Year COVERED 01/01/2015 **THROUGH** 06/30/2015 10 ELECTION **ELECTION TYPE ELECTION DATE** Month Day Year Primary Runoff Other General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Houston City Council District H None **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Gonzalez, Ed	14	Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures These expenditures may have been made without the I officeholders are required to report this information or	candidate's or officeholder	's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	·····	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	LOANS, OR GU	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ARANTEES OF LOANS), UNLESS ITEMIZED	AN PLEDGES, \$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,850.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	\$ s	0.00
	4. TOTAL POLITIC	AL EXPENDITURES	\$	20,290.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS RIOD	T DAY OF THE \$	19,802.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY \$	0.00
17 AFFADAVIT				
		I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.  Signature of Ca		
AFFIX NOT	FARY STAMP / SEAL ABO	DVE		
Sworn to and subso	ribed before me, by the s	aid	_, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of officer admir	nistering oath

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

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18 FI	LER NAN	ИE	19 Filer ID		
G	onzalez,	Ed			
		E SUBTOTALS		SI	JBTOTAL AMOUNT
N/	AME OF	SCHEDULE			JB TO TAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,850.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	20,290.91
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
9.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
10	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
11	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	1.69

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/47 2 FILER NAME 3 Filer ID Gonzalez, Ed Date out-of-state PAC (ID#: Amount of Contribution (\$) 5 Full name of contributor 04/02/2015 \$500.00 Cintron, Lourdes Priscilla (Ms.) 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Marketing Specialist New York Life Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/07/2015 \$350.00 Espinoza, Jon Paul (Mr.) Contributor address; City; State; Zip Code Houston, TX 77044 Employer (See Instructions) Principal occupation / Job title (See Instructions) Entrepreneur Self Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 04/07/2015 \$2,500.00 Gonzales, Jim (Mr.) Contributor address; City; State; Zip Code Houston, TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions) **IDC** President & CEO Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 04/02/2015 Jackson, Alfred (Mr.) \$1,500.00 Contributor address; City; State; Zip Code Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Entrepreneur Self Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Jard, James (Mr.) \$500.00 Contributor address; City; State; Zip Code Houston, TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Attorney

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/47	
2	FILER NAME Gonzalez, E		3	Filer ID	
4	Date 03/12/2015	5 Full name of contributor out-of-state PAC (ID#:) TMC PAC  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$2,500.00
		Waco, TX 76708		***************************************	
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	s)		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 1/40 Rpt: 6/47	2 FILER NAME 3 Gonzalez, Ed	Filer ID
	Date 04/27/2015	5 Payee name ACE Parking Downtown	
6	Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 800 Bagby Street Houston, TX 77002	
8	PURPOSE OF EXPENDITURE	That of out of Broatfor	e of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held
	Date 01/05/2015	Payee name ATT	
	Amount (\$) \$506.63	Payee address; City; State; Zip Code 1919 Taylor Houston, TX 77007	
	PURPOSE OF EXPENDITURE		e of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought DH	Office held
	Date 02/04/2015	Payee name ATT	
	Amount (\$) \$439.64	Payee address; City; State; Zip Code 1919 Taylor	
		Houston, TX 77007	
	PURPOSE OF EXPENDITURE	- Chief Crombaan Contain Exponed	e of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee 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 3 Filer ID	
	Sch: 2/40 Rpt: 7/47	Gonzalez, Ed	
4	Date	5 Payee name	
	03/04/2015	ATT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$236.74	1919 Taylor	
		Houston, TX 77007	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Cell Phone	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialture to beliefit C/O		
	Date	Payee name	
	04/06/2015	ATT	
	Amount (\$)	Payee address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	\$186.69	1919 Taylor	
		Houston, TX 77007	
<u> </u>	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Cell Phone	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
-			
	Date	Payee name	
	06/04/2015	ATT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$177.41	1919 Taylor	
		Houston, TX 77007	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Cell Phone	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	onpendicio to pendit 0/01		

### SCHEDULE F1

Advertising Expense

Event Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling E e Printing E	xpense Expens			Travel in District Travel Out of District OTHER (enter a category not listed above)	
			The Instruction Guide ex	plains how to co	omple	ete this form.			
1	Total pages Schedule F1: Sch: 3/40 Rpt: 8/47	2 FILER NAM Gonzalez,					3	Filer ID	
4	Date	5 Payee name					<u></u>		
	03/02/2015	Amazon.co							
-				State; Zip C	odo				
0	Amount (\$) \$48.65	7 Payee addr 1200 12th	· ·	State, Zip C	oue				
	\$48.05	1200 12111	Avenue						
		Seattle, W	A 98144						
8	PURPOSE	(a) Category (	See Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expense			<u></u>		ide of Texas. Complete Schedule T.	
	LAFLINDITORL					Ll	ı, TX,	, officeholder living expense	
						Supplies			
<u> </u>									
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office held	
	Date	Payee nam	9						
	01/28/2015	Amazon.co	om						
H	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode				
	\$14.06	1200 12th	_	, ,					
	7-11-5								
		Seattle, W	A 98144						
	PURPOSE	(a) Category (	See Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE		s/Memorials Expense			اسسا		ide of Texas. Complete Schedule T.	
	LAFLINDITORE					l		, officeholder living expense	
						Proclamation	ı ⊢r	ame	
L					<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office held	
	experialture to benefit G/OI								
	Date	Payee nam	e						
	05/22/2015	Artista							
┢	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode				
	\$80.15	801 Bagby		• •					
	,								
		Houston, 7	TX 77002						
┝	PURPOSE				T/b)	Description			
	OF		See Categories listed at the top o	f this schedule)	(")	Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE	F000/beve	erage Expense					, officeholder living expense	
						Office Holde	r M	eal	
<del> </del>	Complete ONLY if direct	Candidate/O	ficeholder name	Office so	uaht			Office held	
	expenditure to benefit C/OI				J				
<del> </del>									
l									

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (Angle a Category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica		nittee L	Gift/Awards/Memoria Legal Services  The Instruction			Vages/	/Contract Labor	Travel Out of District OTHER (enter a cate)	gory not listed above)
	Total pages Schedule F1: Sch: 4/40 Rpt: 9/47	G	Gonzalez, E					3	Filer ID	
	Date 01/22/2015	A	Payee name Avenue CDC		Metrockish on one or			***************************************		
6	Amount (\$) \$250.00	2 #	Payee addres: 2505 Washir #400 Houston, TX	ngton Ave.	State	e; Zíp Co	de			
8	PURPOSE OF EXPENDITURE	c	Contributions	e Categories listed a s/Donations N officeholder/Po	Made By			Check if Austin, TX,	de of Texas. Complete officeholder living expo side Communit	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		.ndidate/Offic	eholder name		Office sou	ght		Office held	
	Date 05/08/2015	В	Payee name 3 Grill - LAX							
	Amount (\$) \$56.71	7	Payee address 700 World W Los Angeles	Vay	State	e; Zip Co	de			
	PURPOSE OF EXPENDITURE			e Categories listed a age Expense	it the top of this scl	hedule)		<u></u>	de of Texas. Complete officeholder living expe eeting	
	Complete ONLY if direct expenditure to benefit C/OF		.ndidate/Offic	eholder name		Office sou	ght		Office held	
	Date 06/15/2015	В		rs & Restaura						
	Amount (\$) \$44.64	1.	Payee address .814 Washir Houston, TX	ngton Avenue		∋; Zip Co	*******			
	PURPOSE OF EXPENDITURE			e Categories listed a age Expense	t the top of this scl	hedule)		hammed .	de of Texas. Complete officeholder living expe eeting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ndidate/Offic	eholder name		Office sou	ght		Office held	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 5/40 Rpt: 10/47	Gonzalez, Ed	
4	Date	5 Payee name	
	05/07/2015	BBVA Compass Plaza	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.00	2200 Post Oak Blvd.	
_		Houston, TX 77056	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Parking Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
Г	Date	Payee name	
L	01/05/2015	BULLSEYE SELF STORAGE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$131.00	1715 Airline	
L		Houston, TX 77009	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Storage	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	-	
	Date	Payee name	
	02/03/2015	BULLSEYE SELF STORAGE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$140.00	1715 Airline	
		Houston, TX 77009	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Storage	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 6/40 Rpt: 11/47	Gonzalez, Ed
4 Date	5 Payee name
03/02/2015	BULLSEYE SELF STORAGE
6 Amount (\$) \$140.00	7 Payee address; City; State; Zip Code 1715 Airline Houston, TX 77009
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Storage
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/02/2015	BULLSEYE SELF STORAGE
Amount (\$) \$140.00	Payee address; City; State; Zip Code 1715 Airline
	Houston, TX 77009
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Storage
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/04/2015	BULLSEYE SELF STORAGE
Amount (\$) \$140.00	Payee address; City; State; Zip Code 1715 Airline
	Houston, TX 77009
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Legal Services	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 ho	ow to comple	ete this form.	
1	Total pages Schedule F1: Sch: 7/40 Rpt: 12/47	2 FILER NAME Gonzalez, Ed		3	Filer ID
4	Date	5 Payee name		<u> </u>	
	06/08/2015	BULLSEYE SELF STORAGE			
6	Amount (\$) \$140.00	7 Payee address; City; State; 1715 Airline  Houston, TX 77009	Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	(b)		tside of Texas. Complete Schedule T. X, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fice sought	***************************************	Office held
	Date	Payee name			
	04/27/2015	Benjy's on Washington			
	Amount (\$) \$450.00	Payee address; City; State; 5922 Washington Avenue	Zip Code		
		Houston, TX 77007			
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this sched Food/Beverage Expense	(b)		tside of Texas. Complete Schedule T. X, officeholder living expense Meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		fice sought		Office held
	Date 03/23/2015	Payee name Bluehost			
	Amount (\$) \$143.88	Payee address; City; State; 1958 South 950 East	Zip Code		
		Provo, UT 77020			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Advertising Expense	(b)	<u></u>	tside of Texas. Complete Schedule T. X, officeholder living expense ng Renewal
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		fice sought		Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out of District

	Candidate/Officeholder/Politica	J Committee	Legal Services  The Instruction Guide expla		vages/	/Contract Labor		OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 8/40 Rpt: 13/47	2 FILER NAM Gonzalez,				[3	3 F	Filer ID
	Date 01/21/2015	5 Payee name CLEAR						
	Amount (\$) \$52.06	7 Payee addr Dept. CH : Palatine, II	14365	state; Zip Coo	e e			
8	PURPOSE OF EXPENDITURE		(See Categories listed at the top of this erhead/Rental Expense	s schedule)		L	TX, o	e of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office soug	jht			Office held
	Date 02/23/2015	Payee name CLEAR						
	Amount (\$) \$52.06	Payee addr Dept. CH : Palatine, II	14365	itate; Zip Coo			The state of the s	
	PURPOSE OF EXPENDITURE	1	(See Categories listed at the top of thit erhead/Rental Expense	s schedule)		L	TX, o	e of Texas. Complete Schedule T. Ifficeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		fficeholder name	Office soug	ght			Office held
	Date 03/23/2015	Payee name CLEAR						
	Amount (\$) \$52.06	Payee addro	14365	tate; Zip Cod	et		•	
		Palatine, II						
	PURPOSE OF EXPENDITURE		(See Categories listed at the top of this erhead/Rental Expense	s schedule)		hamad .	TX, o	e of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Office soug	jht			Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		mittee	Gift/Awards/Memo Legal Services		Polling Exp Printing Ex Salaries/M	pens			Travel in District Travel Out of District OTHER (enter a category not listed above)	
				The Instructio	n Guide explains	s how to co	mple	te this form.			
1	Total pages Schedule F1:	2	FILER NAME	•					3	Filer ID	
	Sch: 9/40 Rpt: 14/47		Gonzalez, E	Ed							
4	Date	5	Payee name						<b></b>		
	04/21/2015	ı	CLEAR								
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de				
Ū	\$52.06	1	Dept. CH 1	-	Oldi	c, <u>L.</u> p 00	40				
	Ψ02.00	<b>'</b>	БСР1. ОП 1	<del>1</del> 000							
			D-1-4: 11	COOFF							
			Palatine, IL	60055							
8	PURPOSE OF				d at the top of this so	chedule)	(b)	Description			
	EXPENDITURE		Office Over	head/Rental	Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								Internet Acce		, uniceriolder living expense	
								memer Acce	,33		
_		Ļ	" 1 · /o"			0.00	- 1- 4			Office Lead	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder nam	e	Office sou	gnt			Office held	
	Date		Payee name								
	05/21/2015		CLEAR								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de				
	\$52.06		Dept. CH 1	4365							
			Palatine, IL	60055							
	DUDDOOF	<b> </b>					<i>(</i> L)				
	PURPOSE OF	1			d at the top of this so	chedule)	(a)	Description	oute	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Office Over	head/Rental	Expense			<u></u>		, officeholder living expense	
								Internet Acce		<b>5</b>	
	Complete ONLY if direct		andidate/Offi	ceholder nam	ρ	Office sou	aht			Office held	
	expenditure to benefit C/OI		analaate/Om	ocholaci nam	C	Office Sou	giit			Office field	
		γ									
	Date	1	Payee name								
	06/22/2015		CLEAR								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de				
	\$52.06		Dept. CH 1	4365							
			Palatine, IL	60055							
	PURPOSE	├					(h)	Description			
	OF				d at the top of this so	chedule)	(0)	Description  Check if travel	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Office Over	head/Rental	Expense			L		, officeholder living expense	
								Internet Acce			
	Complete ONLY if direct		andidate/Offi	ceholder nam	e	Office sou	aht			Office held	
	expenditure to benefit C/OI				-	J00 300	9'''			- moo noid	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Ex

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica		Legal Services  The Instruction Guide expla		ages/C	Contract Labor	OTHER (enter a category not listed about	ve)
1	Total pages Schedule F1:	2 FILER NAM	======================================			3	Filer ID	
	Sch: 10/40 Rpt: 15/47	Gonzalez,					THOTE	
4	Date	5 Payee name						
	01/20/2015	CREATES	END.COM					
6	Amount (\$)	<b>7</b> Payee addre	ess; City; S	tate; Zip Cod	de			
	\$36.00	3-5 Staplet	on Ave					
		Ste. 404						
ŀ		Sutherland	2232 Australia					
8	PURPOSE	(a) Category (s	Gee Categories listed at the top of th	is schedule)	(b) [	Description		
	OF	Advertising		is soricular,	. [	-	side of Texas. Complete Schedule T.	
	EXPENDITURE		— примен		Ī	Check if Austin, TX	K, officeholder living expense	
					I	Email Broadcas	t	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		iceholder name	Office souç	jht		Office held	
	Date	Payee name	<b>:</b>					
	02/18/2015	CREATES	END.COM					
┪	Amount (\$)	Payee addre	ess; City; S	tate; Zip Cod	de			
	\$36.00	3-5 Staplet	on Ave					
		Ste. 404						
		Sutherland	2232 Australia					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description						
	OF EXPENDITURE	Advertising	Expense		[		side of Texas. Complete Schedule T.	
					Ļ	Check if Austin, TX Email Broadcas	(, officeholder living expense	
					,	Email broadcas	ol.	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office souç	ght	· · · · · · · · · · · · · · · · · · ·	Office held	
Г	Date	Payee name						
	03/18/2015	CREATES	END.COM					
Г	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	de			
	\$36.00	3-5 Staplet	on Ave					
		Ste. 404						
			2232 Australia					
H	PURPOSE		See Categories listed at the top of th	is askadula)	(b)	Description		
	OF '	Advertising		is scriedule)	(-, <sub> </sub>		side of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising	LAPCHISC		İ		K, officeholder living expense	
					Ī	Email Broadcas	st	
Г	Complete ONLY if direct		ficeholder name	Office sou	ght		Office held	
	expenditure to benefit C/O	H						
H								

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee 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: Sch: 11/40 Rpt: 16/47	2 FILER NAME Gonzalez, Ed 3 Filer ID
4	Date 04/20/2015	5 Payee name CREATESEND.COM
	Amount (\$) . \$36.00	7 Payee address; City; State; Zip Code 3-5 Stapleton Ave Ste. 404 Sutherland 2232 Australia
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Email Broadcast
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date 05/18/2015	Payee name CREATESEND.COM
	Amount (\$) \$36.00	Payee address; City; State; Zip Code  3-5 Stapleton Ave  Ste. 404  Sutherland 2232 Australia
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Email Broadcast
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 06/18/2015	Payee name CREATESEND.COM
	Amount (\$) \$36.00	Payee address; City; State; Zip Code 3-5 Stapleton Ave Ste. 404 Sutherland 2232 Australia
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Email Broadcast
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	<ul> <li>Gift/Awards/Memorials Expense</li> </ul>	lling Expense Travel in D nting Expense Travel Out laries/Wages/Contract Labor OTHER (e	
	The Instruction Guide explains how		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID	
Sch: 12/40 Rpt: 17/47	Gonzalez, Ed		
4 Date	5 Payee name		
01/20/2015	CREATESEND.COM		
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
\$0.36	3-5 Stapleton Ave		
	Ste. 404		
	Sutherland 2232 Australia		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas  Check if Austin, TX, officeholde	
		FOREIGN TRANSFER	
	į		
Complete ONLY if direct expenditure to benefit C/OF		e sought Offi	ce held
Date	Deves name		
02/18/2015	Payee name CREATESEND.COM		
Amount (\$)	Payee address; City; State; Z	in Cade	
\$0.36	3-5 Stapleton Ave	ip code	
40.00	Ste. 404		
	Sutherland 2232 Australia		
PURPOSE		(b) Description	
OF	(a) Category (See Categories listed at the top of this schedu Advertising Expense	Check if travel outside of Texas	. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholde	
		FOREIGN TRANSFER	-EE
O I - t - ONII V X - P t	0	0.00	( - 1.1
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought Offi	ce held
Date	Payee name		
03/18/2015	CREATESEND.COM		
Amount (\$)	Payee address; City; State; Z	ip Code	
\$0.36	3-5 Stapleton Ave		
	Ste. 404		
	Sutherland 2232 Australia		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedu		On the Oh of the
EXPENDITURE	Advertising Expense	Check if travel outside of Texas  Check if Austin, TX, officeholde	
		FOREIGN TRANSFER	
Complete ONLY if direct		e sought Offi	ce held
expenditure to benefit C/OF	1		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Salaries/\	xpens Vages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
_			The Instruction Guide ex	kplains how to co	mple	ete this form.		
1	Total pages Schedule F1:	1					3	Filer ID
	Sch: 13/40 Rpt: 18/47	Gonzalez,	Ed					
4	Date	5 Payee name	)					
	04/20/2015	CREATES						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	nde			
ľ	\$0.36	3-5 Staplet	-	otate, zip ot	de			
	Ψ0.50	·	OII AVE					
		Ste. 404						
		Sutherland	2232 Australia					
8	PURPOSE	(a) Category (5	See Categories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising	Expense			<u></u>		de of Texas. Complete Schedule T.
						hamad		officeholder living expense
						FOREIGN TF	ΚΑI	NOTER FEE
	, , , , , , , , , , , , , , , , , , , ,							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ight 			Office held
	Date	Payee name	)					
	05/18/2015	CREATES	END.COM					
┢┈	Amount (\$)	Payee addre	ess; City;	State; Zip Co	nde			
	\$0.36	3-5 Staplet	· ·	Otate, Zip Ot	Juc			
	Ψ0.00	·	OII AVC					
		Ste. 404						
		Sutherland	2232 Australia					
	PURPOSE	(a) Category (s	See Categories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising	Expense			<u></u>		de of Texas. Complete Schedule T.
						II		officeholder living expense
						FOREIGN TF	<b>KA</b> I	NSPER FEE
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght			Office held
	experialture to benefit C/O							
	Date	Payee name	?					
	06/18/2015	CREATES	END.COM					
-	Amount (\$)	Payee addre	ess; City;	State; Zip Co	nde			
	\$0.36	3-5 Staplet		Otato, Zip Ot	Juc			
	Ψ0.50	1	OH AVC					
		Ste. 404						
		Sutherland	2232 Australia					
	PURPOSE	(a) Category (5	See Categories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising	Expense			<u> </u>		de of Texas. Complete Schedule T.
						L		officeholder living expense
						FOREIGN TF	ΚAΓ	NOFER FEE
		<u> </u>			<u> </u>			
	Complete ONLY if direct		ficeholder name	Office sou	ight			Office held
	expenditure to benefit C/O	Н						

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica		nmittee	Gift/Awards/Memoria Legal Services		Printing Ex Salaries/M	pens		Travel Out of District OTHER (enter a categor	ory not listed above)
				The Instruction	Guide explains	how to co	mple	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME	-				3	Filer ID	
	Sch: 14/40 Rpt: 19/47		Gonzalez, I	Ed						
4	Date	5	Payee name							
	01/28/2015		Caracol Ho	uston						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de			
	\$51.38		2200 Post 0	Dak Blvd.						
			Houston, T	X 77056						
8	PURPOSE OF	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description		
	EXPENDITURE		Food/Bever	age Expense				L	utside of Texas. Complete S FX, officeholder living exper	
								Office Holder N		136
									<b>.</b>	
9	Complete ONLY if direct		Candidate/Off	ceholder name	(	Office sou	ght		Office held	
L	expenditure to benefit C/OI	H								
	Date		Payee name							
	02/11/2015		Chase Tow	er Garage						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de			
	\$25.00		600 Travis							
			Houston, T.	X 77002						
-	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Travel Out	of District					utside of Texas. Complete S	
								Parking Fee	TX, officeholder living exper	ise
								· carraing r co		
	Complete ONLY if direct	L	Candidate/Off	iceholder name	(	Office sou	<u>aht</u>		Office held	
	expenditure to benefit C/O									
	Date	Ī	Payee name							
	01/26/2015		-	ARBOR FOO	TBALL LEAG	SUE				
	Amount (\$)	┝	Payee addre	ss; City;	State	; Zip Co	de			
	\$350.00		6402 Marke		Otato	, _,p,				
	, , , , , , , , , , , , , , , , , , , ,									
			Houston, T.	X 77220						
-	PURPOSE	(2)					(h)	Description		
	OF	(4)		ee Categories listed a		nedule)	(0)		utside of Texas. Complete S	Schedule T.
	EXPENDITURE			Officeholder/Po		nittee		Local Control	TX, officeholder living exper	ıse
								League Spons	sorship	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name		Office sou	ght		Office held	
	expenditure to benefit C/OI	17								

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Legal Services	Expense Pri	inting Expen alaries/Wage					
			The Instruction Gu	iide explains how	v to compl	ete this form.				
1	Total pages Schedule F1:	2 FILER	NAME				3 Filer ID	,		
	Sch: 15/40 Rpt: 20/47	Gonza								
4	Date	5 Payee r	name							
	02/09/2015	Damiai	n's Cucina Italiana							
6	Amount (\$)	7 Payee a	address; City;	State; Z	ip Code					
	\$279.39	3011 S	mith Street							
		Housto	n, TX 77006							
8	PURPOSE	(a) Categor	y (See Categories listed at th	ne top of this schedule	<sub>e)</sub> (b)	Description				
	OF EXPENDITURE	Food/E	Beverage Expense			<u></u>	outside of Texas. Complete Schedule T.			
						Office Holder	TX, officeholder living expense			
ŀ						Office Holder	Weeting			
Ļ	Consolete ONLY if disease	01:-1	-/O#	04:-			O. ( L L.)			
"	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Offic	e sought		Office held			
<u> </u>										
	Date	Payee r								
	02/18/2015	Denvei	r Harbor Little League	9						
	Amount (\$)	1	address; City;	State; Z	ip Code					
	\$300.00	РО ВО	X 15175							
		Housto	n, TX 77020							
<b> </b>	PURPOSE	(a) Categor	y (See Categories listed at the	ne top of this schedul	<sub>e)</sub> (b)	Description				
	OF EXPENDITURE	Contrib	outions/Donations Ma	ıde By			outside of Texas. Complete Schedule T.			
	E/II E/IO/I O/IC	Candid	late/Officeholder/Poli	tical Committe	e		TX, officeholder living expense			
						Eu Gonzalez	Team Sponsorship			
┡	Complete ONLY if divert	المالة	-/O#:h-ld	O#:-			Office held			
	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Offic	e sought		Office held			
<u> </u>										
	Date	Payee r								
L	01/16/2015	Domine	o's Pizza 							
	Amount (\$)	-	address; City;	State; Z	ip Code					
	\$75.80	975 Ma	Kinney							
		Housto	n, TX 77002							
	PURPOSE	(a) Categor	y (See Categories listed at th	ne top of this schedule	e) <b>(b)</b>	Description				
	OF EXPENDITURE	Food/B	everage Expense				outside of Texas. Complete Schedule T.			
							TX, officeholder living expense Evening Ad Hoc Committee !	Mooting		
						Stall Meal lor	Evening Ad Floc Committee (	viceurig		
	Complete ONLY if direct	Candidat	e/Officeholder name	Offic	e sought	<del></del>	Office held			
	expenditure to benefit C/O		o, o mocholact hame	Oilic	, o oougill		Office field			
ı										

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

l	Candidate/Officeholder/Politica		emmittee Legal Services			se s/Contract Labor	OTHER (enter a category not listed above)						
L			The Instruction Guide e	explains how to c	ompl	ete this form.							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID						
	Sch: 16/40 Rpt: 21/47		Gonzalez, Ed										
4	Date	5	Payee name										
	04/07/2015		Dress for Success										
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode								
l	\$150.00		3310 Eastside Street										
			Houston, TX 77098										
8	PURPOSE	/6			1/63								
ľ	OF	(a	Category (See Categories listed at the top		(D)	Description  Check if travel outsi	ide of Texas. Complete Schedule T.						
	EXPENDITURE		Contributions/Donations Made E Candidate/Officeholder/Political			السبا	, officeholder living expense						
						لببا	or Success Drive Contribution						
9	Complete ONLY if direct	1	Candidate/Officeholder name	Office so	uaht		Office held						
	expenditure to benefit C/O	Н			•								
H	Date	T	Payee name										
	02/25/2015	l	EAST SUNSET HEIGHTS ASSOCIATION										
H	Amount (\$)	╀	Payee address; City;	State; Zip C	ode	·····							
	\$50.00		PO Box 30062	State, Zip C	ouc								
	Ψ00.00	l	1 G B6X 66662										
			Houston TV 77000										
L		<u> </u>	Houston, TX 77009		Т								
l	PURPOSE OF	(a	Category (See Categories listed at the top		(b)	Description							
	EXPENDITURE		Contributions/Donations Made E Candidate/Officeholder/Political			ll	ide of Texas. Complete Schedule T. , officeholder living expense						
			Candidate/Officeriolder/Folitical	Committee		Community Spo							
						,	•						
卜	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office so	ught		Office held						
	expenditure to benefit C/O	Н			_								
F	Date	T	Payee name										
	04/24/2015		El Tiempo Cantina										
$\vdash$	Amount (\$)	├-	Payee address; City;	State; Zip C	nde								
l	\$45.70		2814 Navigation Boulevard	State, Zip C	ouc								
	Ψ-10.11 0		2014 Navigation Boalevara										
			Houston TV 77000										
L		L	Houston, TX 77002		1								
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description							
	EXPENDITURE		Food/Beverage Expense			L	ide of Texas. Complete Schedule T. , officeholder living expense						
						Office Holder Me							
							· · · · g						
$\vdash$	Complete ONLY if direct	Щ,	Candidate/Officeholder name	Office so	<b>L</b> uaht		Office held						
	expenditure to benefit C/OI			200 001	<del></del>		\$1100 11000						
$\vdash$													
1													

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Award/Amemorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		nmittee	Gift/Awards/Memoria Legal Services		Printing E Salaries/V	xpens		Travel Out of District OTHER (enter a category	y not listed above)
L				The Instruction (	Guide explains	how to co	mple	te this form.		
1	Total pages Schedule F1:	2	FILER NAME	=					3 Filer ID	
L	Sch: 17/40 Rpt: 22/47		Gonzalez, I							
4	Date	5	Payee name							
	06/04/2015		Etoile Cuisi	ne						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode			
	\$70.62		1101 Uptov	vn Park						
			Houston, T	X 77056						
8	PURPOSE	(a)	Category (s	ee Categories listed a	t the ton of this sch	redule)	(b)	Description		
	OF	` `		rage Expense	t the top of this sor			•	outside of Texas, Complete Sci	hedule T.
	EXPENDITURE			3 1				L	n, TX, officeholder living expens	е
								Office Holde	r Meeting	
9	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	ıght		Office held	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	03/02/2015		FACEBOO	K						
H	Amount (\$)	╁	Payee addre	ss; City;	State	; Zip Co	ode			
	\$5.00		1601 S. Ca							
	40.00									
			Dala Alta C	24 04204						
_		_	Palo Alto, C							
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	nedule)	(b)	Description		
	EXPENDITURE		Advertising	Expense				لسسا	l outside of Texas. Complete Sc n, TX, officeholder living expens	
								Online Comr		ic .
┝	Complete ONLY if direct	Щ		iceholder name		Office sou	aht		Office held	
	expenditure to benefit C/OI			icendider name	`	Office 300	agrit		Office field	
L		<del></del>								
l	Date		Payee name							
	03/02/2015		FACEBOO	K						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	ode			
	\$120.00	l	1601 S. Ca	lifornia Ave						
			Palo Alto, 0	CA 94304						
一	PURPOSE	(a)	Category (s	ee Categories listed a	at the ton of this sch	redule)	(b)	Description		
	OF	'	Advertising		it the top or this sor	icauic)	``		outside of Texas. Complete Sc	hedule T.
	EXPENDITURE							Check if Austin	n, TX, officeholder living expens	se
								Online Comr	munication	
L							L			
Γ	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	ught		Office held	
	expenditure to benefit C/O	Η								
					***************************************					
1										
ı										

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		nmittee	Gift/Awards/Me Legal Services	morials Expens	se	Printing Ex Salaries/M	pens			Travel Out of District OTHER (enter a category not listed above)	
				The Instruct	ion Guide e	xplains h	ow to co	mple	te this form.			
1	Total pages Schedule F1:	2	FILER NAMI							3	Filer ID	
	Sch: 18/40 Rpt: 23/47		Gonzalez,	Ed								
4	Date	5	Payee name	!								
	04/01/2015		FACEBOO	K								
6	Amount (\$)	7	Payee addre	ss; City		State;	Zip Co	de				
	\$160.00		1601 S. Ca	lifornia Ave	<b>:</b>							
			Palo Alto, 0	CA 94304								
8	PURPOSE	(a)	Category (s	ee Categories lis	sted at the ton o	of this sche	dule)	(b)	Description			
	OF	l	Advertising		noo at the top t	), (1115 BOTTO	,			outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE								Check if Austin	ı, TX,	, officeholder living expense	
									Online Comn	nun	nication	
9	Complete ONLY if direct		Candidate/Off	iceholder na	me	0	ffice sou	ght			Office held	
	expenditure to benefit C/OI											
	Date		Payee name									
	05/01/2015		FACEBOO	K								
┪	Amount (\$)		Payee addre	ess; City		State;	Zip Co	de				
	\$167.01		1601 S. Ca	lifornia Ave	<u> </u>							
			Palo Alto, 0	CA 94304								
┢	PURPOSE	(a)	Category (s	oo Cotogoring li	tod at the ton	of this sobo	odula)	(b)	Description			
	OF	``	Advertising		sieu ai ine iop i	JI (IIIS SCITE	edule)	(,		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE								Check if Austin	n, TX,	, officeholder living expense	
									Online Comr	nun	nication	
	Complete ONLY if direct		Candidate/Off	iceholder na	me	0	ffice sou	ght			Office held	
	expenditure to benefit C/OI	H										
Г	Date		Payee name									
	06/01/2015		FACEBOO	K								
┢	Amount (\$)	一	Payee addre	ess; City	······································	State;	Zip Co	de				
	\$250.38		1601 S. Ca	ılifornia Ave	•							
			Palo Alto, (	CA 94304								
┝	PURPOSE	(2)						(h)	Description			
	OF	(a,	Category (s Advertising		sted at the top	of this sche	edule)	(1)	Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Auvertising	Expense					L		, officeholder living expense	
									Online Comr	nun	nication	
T	Complete ONLY if direct		Candidate/Off	iceholder na	me	0	ffice sou	ght			Office held	
	expenditure to benefit C/OI	Н						-				
H												
l												

#### SCHEDULE F1

Advertising Expense

Event Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W	pense (pense /ages/	e /Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains	s how to con	mple	te this form.		
1	. 5	2 FILER NAM			_	;	3	Filer ID
	Sch: 19/40 Rpt: 24/47	Gonzalez	, Ed					
4	Date	5 Payee nam	ne				•	
	06/01/2015	FACEBOO	OK					
6	Amount (\$)	7 Payee add	Iress; City; State	e; Zip Coo	de		······	
	\$58.18	1	California Ave	-, ,	-			
	,							
	:	Palo Alto,	, CA 94304					
8	PURPOSE	(a) Category	(See Categories listed at the top of this sc	chedule)	(b)	Description		
	OF EXPENDITURE		ng Expense					le of Texas. Complete Schedule T.
						Check if Austin, Tonline Commi		officeholder living expense
	!					Online Comm	um	cation
<u> </u>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name	Office souç	ght			Office held
	Date	Payee nam	ne					
	06/01/2015	FACEBOO	OK					
<b></b> -	Amount (\$)	Payee add	Iress; City; State	e; Zip Coo	de			
	\$58.18		California Ave	-11				
	,							
	!	Dala Alta	04.04004					
<u> </u>		Palo Allo,	, CA 94304					
	PURPOSE OF	(a) Category	(See Categories listed at the top of this sc	chedule)	(b)	Description		
	EXPENDITURE	Advertisin	ng Expense					le of Texas. Complete Schedule T.
						Online Commi		officeholder living expense
	!			l		Online Comm	Urm	cation
ļ								
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office soug	ght			Office held
	onpondituro to continue	•						
	Date	Payee nam	ne		<del></del>			
	02/02/2015	FACEBOO						
	Amount (\$)	Payee addi	ress; City; State	e; Zip Coo	de			
	\$100.00	1 -	California Ave	o1 <del>-</del> -₁				
	<del></del>	10020.2	unorna / Wo					
	!		7.04004					
		Palo Alto,	, CA 94304					
	PURPOSE	(a) Category	(See Categories listed at the top of this sc	chedule)	(b)	Description		
	OF EXPENDITURE	Advertisin	ng Expense					le of Texas. Complete Schedule T.
	harti bulliant ortho					h-mark		officeholder living expense
						Online Commi	uni	cation
	Complete ONLY if direct		Officeholder name	Office soug	ght			Office held
	expenditure to benefit C/OF	4						
			M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					Andrews

#### SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense

Event Expense

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

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exper Printing Expe			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explai	ns how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAMI				3	Filer ID
	Sch: 20/40 Rpt: 25/47	Gonzalez,	Ed				
4	Date	5 Payee name				_L	
	01/13/2015	GODADDY					
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Code			
ľ	\$62.84	5000 Carille	-	ate, Lip couc			
	Ψ0 <b>Σ.</b> 0 γ	ooo can	on round				
		Kirkland, W	/A 97000				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule) (t	) Description		
	OF	Advertising				l outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		•				officeholder living expense
					Website Dor	naır	n Renewal
L							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ïceholder name	Office sough	t		Office held
	Date	Payee name	)				
	01/22/2015	Greater Fir	st Baptist Church				
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Code	<u> </u>		
	\$50.00	4441 Hayg		, ,			
	755,55						
		Houston T	V 77033				
L		Houston, T	X 11022				
	PURPOSE OF		See Categories listed at the top of this	s schedule) (t	Description		
	EXPENDITURE		ns/Donations Made By Officeholder/Political Cor	mmitta a			ide of Texas. Complete Schedule T. , officeholder living expense
		Candidate/	Officerolder/Political Col	mmuee	ll		Sponsorship
					27.27.27.		- openiesp
<u> </u>	Complete ONLY if direct	Condidate/Of	ficeholder name	Office sough	····		Office held
	Complete ONLY if direct expenditure to benefit C/OI		ilcentituer name	Office Sough	ıı		Office field
	•				***************************************		
	Date	Payee name	•				
	05/29/2015	Guadalajar	a Restaurant				
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Code	9	···········	
	\$48.14	3522 Irving	ton Boulevard				
		Houston, T	X 7700Q				
		ļ		Т.			
	PURPOSE OF		See Categories listed at the top of this	s schedule)	Description	l oute	ide of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	rage Expense	]	L		, officeholder living expense
					Officeholder		
							-
<b> </b> -	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sough	nt		Office held
	expenditure to benefit C/O		nocholaer harrie	Omce sough			Omoc neju
<u> </u>							
1							

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit	Food/Beverage Expense Gift/Awards/Memorials Expense tee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 FI	LER NAME		3 Filer ID
Sch: 21/40 Rpt: 26/47 G	onzalez, Ed		
4 Date 5 Pa	yee name		
01/28/2015 HI	LTON POST OAK PARKNG		
6 Amount (\$) 7 Pa	yee address; City; State	; Zip Code	
\$7.00 20	01 Post Oak Boulevard		
Ho	ouston, TX 77056		
8 PURPOSE (a) Ca	ttegory (See Categories listed at the top of this sci	nedule) (b) Description	
OE I	avel Out of District	Check if trave	outside of Texas. Complete Schedule T.
EXTERDITORE			in, TX, officeholder living expense
		Parking Fee	
	D1 106		
9 Complete <u>ONLY</u> if direct Car expenditure to benefit C/OH	didate/Officeholder name	Office sought	Office held
	yee name		
02/26/2015 Hi	ılsey, Carla (Ms.)		
Amount (\$)	yee address; City; State	; Zip Code	
\$118.53 51	.6 1/2 N. Eastwood		
He	ouston, TX 77003		
PURPOSE (a) Ca	ategory (See Categories listed at the top of this sc	hedule) (b) Description	
	an Repayment/Reimbursement	Check if trave	el outside of Texas. Complete Schedule T.
		<u> </u>	in, TX, officeholder living expense Pastry Day Reimbursement
		City Couriei	r astry bay reimbursement
Complete <u>ONLY</u> if direct Car	didate/Officeholder name	Office sought	Office held
expenditure to benefit C/OH	didate/Officerolder frame	Office Sought	Office field
	lyee name		
	Remarketing		
* ·	• •	; Zip Code	
	600 Long Point		
	te. 103		
He	ouston, TX 77055		
PURPOSE (a) Ca	ategory (See Categories listed at the top of this sc		
OF EXPENDITURE	vent Expense	<u> </u> i	el outside of Texas. Complete Schedule T.
		II	in, TX, officeholder living expense strict Event Cost
		LVVasie Dis	Salot Event Cost
Complete ONLY if direct Car	ndidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OH	uluate/Onicendidel Hame	Omce sought	Onice nelu

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries/	Expens	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 EII E					3	Filer ID	
Ĺ	Sch: 22/40 Rpt: 27/47	ĺ	zalez, Ed						
4	Date	5 Paye	e name						
	05/04/2015	Inde	pendence Heights Collabo	orative Action Co	oaliti	on			
6	Amount (\$)	7 Paye	e address; City;	State; Zip C	ode			***************************************	
	\$300.00	334	East TC Jester						
		#H2	7						
			ston, TX 77018						
Ļ	DUDDOCE				T/53				
8	PURPOSE OF		gory (See Categories listed at the to		(0)	Description  Check if travel	outsi	de of Texas, Complete Schedule T.	
	EXPENDITURE		tributions/Donations Made didate/Officeholder/Politica			<u></u>		officeholder living expense	
					1	Juneteenth F	ara	de Sponsorship	
:									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		date/Officeholder name	Office so	ught			Office held	
	Date	Paye	e name						
	06/23/2015	JJ F	lumble City Café						
<u> </u>	Amount (\$)	Paye	ee address; City;	State; Zip C	ode				
	\$25.72	200	E Main Street						
l		Hou	ston, TX 77338						
<u> </u>	DUDDOCE				(b)	B			
ŀ	PURPOSE OF	1	gory (See Categories listed at the to	pp of this schedule)	(0)	Description Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE	-00	d/Beverage Expense		Ì			officeholder living expense	
						Office Holder	r Me	eeting	
┢	Complete ONLY if direct		date/Officeholder name	Office so	ught			Office held	
	expenditure to benefit C/O	Н							
F	Date	Pave	ee name						
	06/23/2015	1 1	lumble City Café						
<u> </u>	Amount (\$)	ļ	ee address; City;	State; Zip C	ode				
	\$25.72		E Main Street	Grato, Zip G	ouo				
	Ψ20.12	200	L. Wall Office						
			- t TV 77000						
		Hou	ston, TX 77338			,			
	PURPOSE OF		gory (See Categories listed at the to	pp of this schedule)	(b)	Description			
	EXPENDITURE	Foo	d/Beverage Expense			LJ		de of Texas. Complete Schedule T.	
						Office Holde		officeholder living expense	
						Jinoc Holde	1411	Joany	
$\vdash$	Complete ONLY if direct	Candi	date/Officeholder name	Office	Labt			Office held	
	Complete ONLY if direct expenditure to benefit C/O		uate/Onicentituel flame	Office so	uynt			Onice nelu	
<u> </u>	•								
l									

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		mmittee	Gift/Awards/Memor Legal Services			Vages	/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
L		,		The Instruction	Guide explains	how to co	mple	te this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 23/40 Rpt: 28/47		Gonzalez, E	Ed							
4	Date	5	Payee name								
	03/30/2015		Jason Cisne	eroz Campaig	n						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$1,000.00		P.O. Box 10	0401							
			Houston, TX	K 77200							
8	PURPOSE	(a)		ee Categories listed	at the top of this ech	alubar	(b)	Description			
	OF	'		ns/Donations		ledule)			outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE			Officeholder/P		nittee		Check if Austin,	, TX,	officeholder living expense	
								Campaign Co	ontr	ribution	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office held	
	expenditure to benefit C/OI	H									
	Date		Payee name								
İ	04/27/2015		Jefferson D	avis High Sch	ool Band						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode				
	\$150.00		1101 Quitm	an Street							
			Houston, T	X 77009							
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			ns/Donations						de of Texas. Complete Schedule T.	
			Candidate/0	Officeholder/P	olitical Comn	nittee		Land		officeholder living expense	
								Student Trave	ei s	sponsorship	
_	Complete ONLY if direct	L		ceholder name		Office sou	L			Office held	
	expenditure to benefit C/OI		Januluale/Om	cenduel name	,	Office Soc	gni			Office field	
	Data	T									·
	Date		Payee name LAZ Parking	_							
<u> </u>	02/18/2015	_		-							
	Amount (\$)		Payee addre	-	State	; Zip Co	ode				
	\$8.00		1317 Austir	Street							
			Houston, T	X 77002							
	PURPOSE OF	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Travel Out	of District			l	<u></u>		de of Texas. Complete Schedule T.	
								Parking Fee	, IX,	officeholder living expense	
								a and the			
<u> </u>	Complete ONLY if direct	Ц,	^andidate/Offi	ceholder name		Office sou	laht			Office held	
	expenditure to benefit C/OI		Januale/OIII	ocholder Haille	,	Omot 30L	gut			Onice neiu	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expens

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 24/40 Rpt: 29/47	Gonzalez, Ed
4	Date	5 Payee name
	03/02/2015	LIVING PARADIGM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	210 W. 44th St
		Houston, TX 77018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Community Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
Г	Date	Payee name
	01/22/2015	LULAC District VIII
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	PO BOX 8620
	Φ1.0.00	1000000
		Haveten TV 77040
<u> </u>		Houston, TX 77249
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		24th Annual Cinco de Mayo Parade Entry
		2 May and a may a made Emay
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	05/08/2015	La Mexicana Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.78	1018 Fairview
		Houston, TX 77006
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Holder Meeting
_		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>n</del>

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
1	Total pages Schedule F1: Sch: 25/40 Rpt: 30/47	2 FILER NAME Gonzalez, Ed 3 Filer ID	
4	Date 01/22/2015	5 Payee name Lindale Little League	
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 3725 Fulton  Houston, TX 77009	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Team Sponsorship - 2015 Season	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 05/21/2015	Payee name Lindale Park Civic Club	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 218 Joyce  Houston, TX 90045	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LPCC 4th of July Parade	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date 02/25/2015	Payee name Lindale Park Civic Club	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code  218 Joyce  Houston, TX 90045	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Community Sponsorship	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 26/40 Rpt: 31/47	Gonzalez, Ed	
4	Date	5 Payee name	
	01/05/2015	Lindale Youth Basketball	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.00	3725 Fulton	
		Houston, TX 77009	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
-	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Youth Basketball Team Sponsor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	06/08/2015	MY BRIGHT BOX	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.05	39 West 37th Street	
		New York, NY 10018	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Cell Phone	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitare to benefit C/O		
	Date	Payee name	
	01/28/2015	Maggiano's Little Italy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.71	2019 Post Oak Blvd.	
		Houston, TX 77056	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EVENDITUE	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office Holder Meeting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorale to belieff C/Of		

#### SCHEDULE F1

Advertising Expense

Event Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense e Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			e /Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)		
<u> </u>	Total nagge Cab - July Pa	2		5 710 VF 10 COT	··hic	to this form.	2	Eilor ID	
	Total pages Schedule F1: Sch: 27/40 Rpt: 32/47		alez, Ed				3	Filer ID	
4	Date	5 Paye	name	·····			L		
	04/20/2015		ormick & Schmick's						
6	Amount (\$)	7 Paye	e address; City; Stat	e; Zip Coo	de				
	\$51.27	1201	Fannin						
		Hous	ton, TX 77002						
8	PURPOSE	(a) Categ	Ory (See Categories listed at the top of this se	chedule)	(b)	Description			
	OF EXPENDITURE	Food	/Beverage Expense					ide of Texas. Complete Schedule T.	
						Office Holder		, officeholder living expense	
						Office Floraci	141	cetting	
9	Complete ONLY if direct	Candid	ate/Officeholder name	Office soug	ab+			Office held	
9	expenditure to benefit C/OI		ate/Officerfolder flame	Office Sout	Ain			Office field	
T	Date	Paye	e name						
	01/20/2015	McC	ormick & Schmick's						
	Amount (\$)	Paye	e address; City; Stat	te; Zip Co	de				
	\$127.02	1201	Fannin						
		Hous	ton, TX 77002						
<u> </u>	PURPOSE				(h)	Description			
	OF	l .	lory (See Categories listed at the top of this s /Beverage Expense	cnedule)	(~)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE	' 000	Develage Expense			Check if Austin	ı, TX	, officeholder living expense	
						Office Holder	M	eeting	
	Complete ONLY if direct		ate/Officeholder name	Office sou	ght			Office held	
	expenditure to benefit C/O	Н							
F	Date	Paye	e name		XX				
	02/18/2015	McC	ormick & Schmick's						
<b> </b>	Amount (\$)	Paye	e address; City; Stat	te; Zip Co	de				
	\$45.76	1201	Fannin						
		Hous	ston, TX 77002						
	PURPOSE	<u> </u>		I	(h)	Description			
	OF	1	lory (See Categories listed at the top of this s /Beverage Expense	scnedule)	(~)	•	outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Abeverage Expense					, officeholder living expense	
						Office Holder	r M	eeting	
	Complete ONLY if direct		ate/Officeholder name	Office sou	ght			Office held	
	expenditure to benefit C/O	Н							
T									

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
H		·	
	Total pages Schedule F1: Sch: 28/40 Rpt: 33/47	2 FILER NAME  Gonzalez, Ed  3 Filer ID	
4	Date 04/29/2015	5 Payee name NALEO	
	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1314 Texas Street Ste. 410 Houston, TX 77002	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Annual Membership	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 01/15/2015	Payee name NET VICTORIES, LLC	
	Amount (\$) \$24.00	Payee address; City; State; Zip Code P.O. Box 5013  Austin, TX 78763	
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Digital Communication	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 01/21/2015	Payee name NET VICTORIES, LLC	
	Amount (\$) \$1,050.00	Payee address; City; State; Zip Code P.O. Box 5013  Austin, TX 78763	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Digital Communication	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica		nmittee		rds/Memorials I ervices		Printing E Salaries/	Expens			Travel In District Travel Out of District OTHER (enter a category not listed a	bove)
				The In	struction Gu	ide explains	how to co	omple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAMI	Ξ						3	Filer ID	
	Sch: 29/40 Rpt: 34/47		Gonzalez,									
4	Date	5	Payee name									
	02/23/2015		NET VICTO	DRIES,	, LLC							
6	Amount (\$)	7	Payee addre	ss;	City;	State;	Zip C	ode				
	\$800.00		P.O. Box 5	013								
			Austin, TX	78763								
8	PURPOSE	(a)	Category (s	ee Categ	ories listed at th	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Consulting	Expen	se				<u>Ll</u>		le of Texas. Complete Schedule T.	
									Digital Comn		officeholder living expense	
									Digital Collin	Harm	cation	
9	Complete ONLY if direct	L	Candidate/Off	icehold	er name		Office so	uaht			Office held	
	expenditure to benefit C/OI		Janaraate/On	10011010	er riarrie	`	JIII00 50	ugiii			Omoc nota	
-	Date	Ī	Payee name									
	03/24/2015		NET VICTO		, LLC							
┝	Amount (\$)	┢	Payee addre		City;	State	Zip C	ode				
	\$800.00		P.O. Box 5		,							
	7-2-2-2											
			Austin, TX	78763								
┝	PURPOSE	(a)						(h)	Description			•
	OF	("	Category (S Consulting			ne top of this sch	eaule)	(",		outsid	le of Texas. Complete Schedule T.	
	EXPENDITURE		Concatang						Check if Austir	n, TX,	officeholder living expense	
									Digital Comn	nuni	cation	
		<u> </u>										***
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	icehold	er name	(	Office so	ught			Office held	
	experience to believe of or					X						
	Date		Payee name									
	04/21/2015		NET VICTO	DRIES	, LLC							
	Amount (\$)		Payee addre		City;	State	; Zip C	ode				
	\$800.00		P.O. Box 5	013								
			Austin, TX	78763								
	PURPOSE OF	(a)	Category (s			ne top of this sch	edule)	(b)	Description			
	EXPENDITURE		Consulting	Expen	ise						le of Texas. Complete Schedule T. officeholder living expense	
									Digital Comm			
									g 001111			
$\vdash$	Complete ONLY if direct		Candidate/Of	icehold	er name	(	Office so	uaht			Office held	
	expenditure to benefit C/OI					Ì						
<del> </del>												
1												

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ommittee Legal Services	Office Ove Polling Exp Printing Ex	rhea pense pens			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L			The Instruction Guide explain	ns how to co	mple	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID
l	Sch: 30/40 Rpt: 35/47		Gonzalez, Ed					
4	Date	5	Payee name				A	
l	05/22/2015		NET VICTORIES, LLC					
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	de			
	\$800.00		P.O. Box 5013					
			Austin, TX 78763					
Ļ	- DUDDOOF	ļ.,			<i>(</i> 1.)			
8	PURPOSE OF	(a)	Caregory (See Categories listed at the top of this s	schedule)	(D)	Description  Check if travel	oute	ide of Texas. Complete Schedule T.
l	EXPENDITURE		Consulting Expense			hammed .		, officeholder living expense
l						Digital Comm		
						-		
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office held
	expenditure to benefit C/O	Н			•			
F	Date	T	Payee name					
	06/22/2015		NET VICTORIES, LLC					
L		-			ـ اـ			
	Amount (\$)		•	ite; Zip Co	ae			
	\$800.00		P.O. Box 5013					
L			Austin, TX 78763					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description		
l	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.
l						Digital Comn		, officeholder living expense
						Digital Collin	IUI	iloadon
H	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht			Office held
l	expenditure to benefit C/O		Candidate/Officeriolder Harrie	Office 300	yııı			Office field
L		<del></del>						
	Date		Payee name					
L	04/24/2015		Orlando Ybarra Campaign					
	Amount (\$)		Payee address; City; Sta	ite; Zip Co	de			
	\$450.00		224 Wafer					
l			Pasadena, TX 77506					
H	PURPOSE	(a	Category (See Categories listed at the top of this	a a b a ad a d a d	(b)	Description		
l	OF	``	Contributions/Donations Made By	scriedule)	()		outs	ide of Texas. Complete Schedule T.
l	EXPENDITURE		Candidate/Officeholder/Political Com	nmittee		Check if Austin	ı, TX	, officeholder living expense
						Campaign C	ont	ribution
L								
Γ	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office held
	expenditure to benefit C/O	Н						
Г								
1								

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Exp Legal Services		Expens			Travel Out of District OTHER (enter a category not listed above)	
			The Instruction Guide	e explains how to c	omple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	
	Sch: 31/40 Rpt: 36/47	Gonzalez,	Ed						
4	Date	5 Payee name	:						
	03/30/2015	Our Lady o	f Guadalupe Schoo	ol					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$50.00	2405 Navig	ation Boulevard						
		Houston, T	X 77003						
8	PURPOSE		iee Categories listed at the t	op of this schedule)	(b)	Description			
	OF	1	ns/Donations Made				outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/	Officeholder/Politic	al Committee		L		officeholder living expense	
						Spring Festiv	val (	Contribution	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office held	
	Date	Payee name							
	01/05/2015	Peruchini,	Gerardo (Mr.)						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				***************************************
	\$60.00	1615 Herm	ann Drive						
		#1408							
		Houston, T	X 77004						
					105				
	PURPOSE OF	1	See Categories listed at the t		(a)	Description	Loutei	de of Texas. Complete Schedule T.	
	EXPENDITURE	Loan Repa	yment/Reimburser	nent				officeholder living expense	
								xpenses Reimbursement - Trade	:
						Mission		·	
	Complete ONLY if direct	Candidate/Of	iceholder name	Office so	ught			Office held	
	expenditure to benefit C/OI	Н							
	Date	Payee name	<u> </u>						
	03/30/2015		Gerardo (Mr.)						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$60.00	1615 Herm	ann Drive						
		#1408							
		Houston, T	X 77004						
					105				
	PURPOSE OF	I .	See Categories listed at the t		(a)	Description	l outoi	de of Texas. Complete Schedule T.	
	EXPENDITURE	Loan Repa	yment/Reimburser	nent				officeholder living expense	
								xpenses Reimbursement - Trade	<u>i</u>
						Mission			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office held	••••••
	expenditure to benefit C/OI	Н			-				

### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
Ļ		The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 32/40 Rpt: 37/47	2 FILER NAME Gonzalez, Ed 3 Filer ID							
4	Date 05/21/2015	5 Payee name Peruchini, Gerardo (Mr.)							
6	Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 1615 Hermann Drive #1408 Houston, TX 77004							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Administrative Expenses Reimbursement - Trade  Mission							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	06/19/2015	Post Oak Grill							
	Amount (\$) \$61.26	Payee address; City; State; Zip Code  1415 S Post Oak  Houston, TX 77056							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Holder Meeting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date 03/04/2015	Payee name RESURRECTION CATHOLIC CHUCH							
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 915 Zoe St  Houston, TX 77020							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Community Sponsorship							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Committee Legal Services 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: Sch: 33/40 Rpt: 38/47	2 FILER NAME Gonzalez, Ed	B Filer ID
4	Date	5 Payee name	
	01/08/2015	Recepciones Zoreda Restaurant	
6	Amount (\$) \$58.90	7 Payee address; City; State; Zip Code Calle 8 129 Vista Alegre Norte Merida 97000 Mexico	
8	PURPOSE OF EXPENDITURE	1 Ood/Deverage Expense	utside of Texas, Complete Schedule T. TX, officeholder living expense Meal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
	01/08/2015	Recepciones Zoreda Restaurant	
一	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.41	Calle 8 129	
		Vista Alegre Norte	
		Merida 97000 Mexico	
	PURPOSE OF EXPENDITURE	Food/Deverage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense ANS. FEE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	02/25/2015	Reef	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.04	2600 Travis Street	
		Houston, TX 77006	
	PURPOSE OF EXPENDITURE	1 000/Deverage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		mmittee	Gift/Award Legal Serv		Expense		Expens //Wages			Travel Out of District OTHER (enter a category not listed about	ve)
<u> </u>		т_				ue expiairis	11044 (0 (	Unipie	te ans torm.	Т_		
1	, ,	2	FILER NAME							3	Filer ID	
	Sch: 34/40 Rpt: 39/47		Gonzalez, I	Ed								
4	Date	5	Payee name									
	01/22/2015		Resurrection	n Catho	olic Churc	h						
6	Amount (\$)	7	Payee addre	ss: (	Dity;	State	; Zip C	ode				
	\$127.02	ľ	915 Zoe St				,					
	Quita i Ola		010 200 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
L			Houston, T	X //U20	)							
8	PURPOSE	(a)	Category (S	ee Categori	ies listed at the	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Contribution						<u></u>		ide of Texas. Complete Schedule T.	
	may 11 mil 1 my 2 1 William	1	Candidate/	Officeho	lder/Polit	ical Comm	nittee		ld		, officeholder living expense	
		l							valentine's L	Jano	ce Sponsorship - Theresa F	'adilla
9	Complete ONLY if direct		Candidate/Off	iceholdeı	r name	(	Office so	ught			Office held	
	expenditure to benefit C/OI	Н										
F	Date	Π	Payee name									
	01/09/2015		Slavia Cub		taurant							
⊢	Amount (\$)	-	Payee addre	.cc: (	City;	State	; Zip C	'odo				
	\$93.33		Calle 29 49	-	Jity,	Siale	, 21µ C	oue				
	Φ93.33	l		-								
			Vista Alegr									
			Merida 970	00 Mex	ico							
	PURPOSE	(a)	Category (S	iee Categor	ies listed at the	e top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE	l	Food/Beve			·	·		Check if travel	l outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE								Id		, officeholder living expense	
								1	Office Holde	r Me	eal	
		l										
	Complete ONLY if direct		Candidate/Off	iceholde	r name	(	Office so	ught			Office held	
	expenditure to benefit C/OI	Н										
F	Date	T	Payee name									
	01/08/2015	l	Slavia Cub		taurant							
<u> </u>		┞-				01-1-	7'	N 1				
	Amount (\$)		Payee addre	•	City;	State	; Zip C	oae				
	\$0.93		Calle 29 49									
			Vista Alegr	e Norte								
			Merida 970	00 Mex	ico							
┢	PURPOSE	(a)	Category (S	ee Cateoor	ies listed at the	e ton of this sch	nedule)	(b)	Description			
	OF	Ι.,	Food/Beve			o top of this soi	icadicy			outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE	l		J	•				Check if Austin	n, TX,	, officeholder living expense	
									FOREIGN T	RAI	NS. FEE	
	Complete ONLY if direct	• (	Candidate/Off	iceholde	r name	(	Office so	ught			Office held	
	expenditure to benefit C/OI	Н										
<del> </del>												

### SCHEDULE F1

Advertising Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expens		Transportation Equipment & Relate Travel in District Travel Out of District OTHER (enter a category not listed	
			The Instruction Guide explain	s how to compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAM	ĪE			3 Filer ID	
	Sch: 35/40 Rpt: 40/47	Gonzalez,	Ed				
4	Date	5 Payee name	е			***************************************	
	01/30/2015	Spaghetti \					
6	Amount (\$)	7 Payee addre	ess; City; Stat	te; Zip Code			
	\$34.28	1608 Shep	oherd				
		Houston, T	ΓX 77007				
8	PURPOSE		See Categories listed at the top of this s	chadula) (b)	Description		
İ	OF	1	erage Expense	icricadic)	Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE					, TX, officeholder living expense	
					Office Holder	Meeting	
9	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Office sought		Office held	
	Date	Payee name	е				
	04/27/2015	St. Benedi	ict Catholic Church				
	Amount (\$)	Payee addre	ress; City; Stat	te; Zip Code			
	\$100.00	4025 Grap	pevine				
	!						
	!	Houston, T	ΓX 77045				
┢	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule) (b)	Description		
	OF EXPENDITURE	1	ds/Memorials Expense	, one case,	Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITORE		•		L	n, TX, officeholder living expense	
	!				In Memoriam	n: Catherine Green	
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sought		Office held	
	Date	Payee name					
	04/27/2015	St. Patrick	Catholic Church				
	Amount (\$)	Payee addr	•	ite; Zip Code			
	\$250.00	4918 Coch	hran Street				
	J						
	!	Houston, 7	ΓX 77009				
<del> </del>	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule) (b)	Description		
	OF EXPENDITURE		ons/Donations Made By	301,00015,	Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE		e/Officeholder/Political Ćom	nmittee	harrend .	n, TX, officeholder living expense	
	!				Summer Fes	stival Sponsorship	
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sought	•	Office held	
	expenditure to benefit Groi	<b>1</b>					

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W	pense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to co	nplete this form.
1 Total pages Schedule F1:		3 Filer ID
Sch: 36/40 Rpt: 41/47	Gonzalez, Ed	
4 Date	5 Payee name	
02/26/2015	Tampico Seafood	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$146.22	2115 Airline Drive	
	Houston, TX 77009	
0 DUDDOCT		(h)
8 PURPOSE OF		(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Staff Meal
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O		<b>5</b>
D-1-	T _	
Date	Payee name	
02/04/2015	Tampico Seafood	
Amount (\$)	Payee address; City; State; Zip Co	de
\$53.40	2115 Airline Drive	
	Houston, TX 77009	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Office Holder Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	'n	
Date	Payee name	
05/04/2015	Target	
Amount (\$)	Payee address; City; State; Zip Co	de
\$22.71	2580 Shearn Street	
47 his his 1   2h		
	Havetan TV 77000	
	Houston, TX 77002	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies
•		- Spp. 100
Complete CNII V if direct	Condidate/Officeholder name	ght Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		Legal Services  The Instruction Guide explains		/ages	Contract Labor		OTHER (enter a category not listed above)	
<u> </u>	T.11 01 11 F1	Ta =11 == 1/41	-	5 110 W 10 CO	inhic				
1	Total pages Schedule F1: Sch: 37/40 Rpt: 42/47	Gonzalez					3	Filer ID	
Ŀ									
4	Date	<b>5</b> Payee nam							
	03/24/2015	Texas De	mocratic Women						
6	Amount (\$)	7 Payee add	ress; City; State	e; Zip Co	de				
	\$250.00	766 Thorr	branch Drive						
		Houston,	TX 77079						
8	PURPOSE	(a) Category	(See Categories listed at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE		ons/Donations Made By			LI		e of Texas. Complete Schedule T.	
		Candidate	e/Officeholder/Political Comr	mittee				officeholder living expense	
						Barbara Jorda	an S	Sponsorship for Luncheon	
_									
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ght			Office held	
L	experialture to benefit C/Oi								
	Date	Payee nam	е						
	02/27/2015	The Blue	Fish						
<u> </u>	Amount (\$)	Payee addı	ress; City; State	e; Zip Co	de				
	\$83.45	550 Texas		, ,					
		Houston .	エン ブブロロク						
L		Houston,							
	PURPOSE OF		(See Categories listed at the top of this sc	hedule)	(b)	Description			
	EXPENDITURE	Food/Bev	erage Expense					e of Texas. Complete Schedule T. officeholder living expense	
						Office Holder			
						Omoc Holder	IVIC	cuitg	
_	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	abt			Office held	
	expenditure to benefit C/OI		meendider name	Onice Soul	giit			Office field	
<u> </u>									
	Date	Payee nam							
	02/06/2015	The Grove	9						
	Amount (\$)	Payee addı	ress; City; State	e; Zip Co	de				_
	\$57.80	1611 Lam	ar						
		Houston,	TX 77010						
	PURPOSE	(a) Category	(See Categories listed at the top of this sc	had.da	(b)	Description			
	OF		erage Expense	nedule)	<b>(-)</b>		utsid	e of Texas. Complete Schedule T.	
	EXPENDITURE	1 000,000	orage Experies			Check if Austin,	TX, c	fficeholder living expense	
						Office Holder	Ме	eting	
	Complete ONLY if direct		fficeholder name	Office sou	ght			Office held	
	expenditure to benefit C/OI			`					
-									
ŀ									

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		xpens Vages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
_	Total various Cobadula F1.	a EUEDNAL	-	Mains HOW to Co	тріс	te this form.	T-	Files ID
1	Total pages Schedule F1: Sch: 38/40 Rpt: 43/47	Gonzalez,					3	Filer ID
_								
4	Date	5 Payee nam						
_	05/21/2015		mers Club of Houston					
6	Amount (\$)	7 Payee addr	•	State; Zip Co	de			
	\$50.00	/040 1/2 (	Canal Street					
		Houston, <sup>-</sup>	TX 77011					
8	PURPOSE	(a) Category	See Categories listed at the top of t	this schedule)	(b)	Description		
	OF EXPENDITURE	Contribution	ons/Donations Made By			<u></u>		de of Texas. Complete Schedule T,
		Candidate	/Officeholder/Political C	ommittee		lI		officeholder living expense Gala Sponsor
						Au - Scholais	siiih	Gala Sporisor
Ļ	Consulate ONLY if disease	C = = d! d = 4 = 10	(C   -   -   -   -   -   -	O#:				Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sou	ignt			Office neid
	Date	Payee nam	е					
	02/03/2015	Thin Blue	Line, LEMC					
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode			
	\$500.00	3904 Valle	y View Dr.					
		Rosharon,	TX 77583					
	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		ons/Donations Made By				outsi	de of Texas. Complete Schedule T.
	EXPENDITORE	Candidate	/Officeholder/Political C	ommittee		Ld		officeholder living expense
						Law Enforce	mer	nt MC Golf Tournament Sponsor
					<u> </u>			
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ight			Office held
	Date	Payee nam						
	03/10/2015	UH Parkin	g					
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode			
	\$3.00	4800 Calh	oun					
		Houston,	ΓX 77004					
┢	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b)	Description		
	OF		t of District	una soncuale,	``		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE					I	n, TX,	officeholder living expense
						Parking Fee		
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ight			Office held
	experiorale to belief C/O	1						

#### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
ļ <u>.</u>	T-1-1 C-11-1- E1-		
1	' "	2 FILER NAME 3 Filer ID	
L	Sch: 39/40 Rpt: 44/47	Gonzalez, Ed	
4	Date	5 Payee name	
	03/16/2015	United Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,387.00	1600 Smith Street	
	, ,		
		Houston, TX 77002	
L			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Trade Mission to China	
9	Camplete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	,		
	Date	Payee name	
	05/29/2015	Villa Arcos Tacos	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$99.59	3009 Navigation Boulevard	
		-	
		Houston, TX 77002	
<u> </u>			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Officeholder Meeting	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
<u> </u>			
	Date	Payee name	
	04/15/2015	Wal Mart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.66	111 Yale Street	
		Houston, TX 77007	
<u> </u>			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Supplies	
┝	Complete ONLY if dire -+	Candidate/Officeholder name Office sought Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
_			

#### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense P	Polling Expen Printing Exper Salaries/Wage			Travel in District Travel Out of District OTHER (enter a category not listed above)	
			The Instruction Guide	explains ho	w to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	
	Sch: 40/40 Rpt: 45/47	Gonzalez,	Ed						
4	Date	5 Payee name	е						
1	01/05/2015	Wal Mart							
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Code				
	\$58.90	111 Yale S	Street						
		Houston, 1	X 77007						
8	PURPOSE				/h	N D 1 - 1			
ľ	OF		See Categories listed at the to		ule) (D	Description  Check if trave	Loutsia	de of Texas, Complete Schedule T.	
	EXPENDITURE	Office Ove	rhead/Rental Exper	150				officeholder living expense	
						Supplies			
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Offi	ice sough			Office held	
	expenditure to benefit C/O	-1			J				
F	Date	Payee name							
	02/25/2015	Wal Mart	<b>5</b>						
<u> </u>			<b>~</b> ∵		7' 0 1				
	Amount (\$)	Payee addr		State;	Zip Code				
	\$90.48	111 Yale S	street						
		Houston, 7	X 77007						
Г	PURPOSE	(a) Category (	See Categories listed at the to	op of this schedu	<sub>ule)</sub> (b	Description			
	OF EXPENDITURE	B .	rhead/Rental Exper			ii		de of Texas. Complete Schedule T.	
	m/11 m/11 011 m					I		officeholder living expense	
						Office Suppl	lies		
<u> </u>									
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Off	ice sough			Office held	
L	enperioration to portain Gran	•							
	Date	Payee nam	е						
	04/27/2015	War on Dr	ugs						
Г	Amount (\$)	Payee addr	ess; City;	State;	Zip Code				
	\$250.00	725 E. 41s	st Street						
		Houston, 7	TX 77022						
┝	PURPOSE				1/6	N. D			
	OF		See Categories listed at the to		ule) (b	Description  Check if trave	d nutsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		ons/Donations Made /Officeholder/Politica		tee			officeholder living expense	
						hammad.		hter Appreciation Dinner	
一	Complete ONLY if direct	Candidate/Of	ficeholder name	Off	ice sough			Office held	
	expenditure to benefit C/O			3,,,	9"				
<u> </u>									

#### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K CONTRIBUTIONS RETURNED TO FILER 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 46/47 2 FILER NAME 3 Filer ID Gonzalez, Ed 4 Date 5 Name of person from whom amount is received 8 Amount (\$) \$0.30 01/30/2015 Amegy Bank 6 Address of person from whom amount is received; City; State; Zip Code 10118 Westheimer Rd Houston, TX 77042 7 Purpose for which amount is received Check if political contribution returned to filer Account Interest Payment Amount (\$) Date Name of person from whom amount is received 02/27/2015 Amegy Bank \$0.38 Address of person from whom amount is received; City; State; Zip Code 10118 Westheimer Rd Houston, TX 77042 Purpose for which amount is received Check if political contribution returned to filer Account Interest Payment Date Name of person from whom amount is received Amount (\$) 03/31/2015 Amegy Bank \$0.38 Address of person from whom amount is received; City; State; Zip Code 10118 Westheimer Rd Houston, TX 77042 Purpose for which amount is received Check if political contribution returned to filer Account Interest Payment Date Name of person from whom amount is received Amount (\$) 04/30/2015 Amegy Bank \$0.21 Address of person from whom amount is received; City; State; Zip Code 10118 Westheimer Rd Houston, TX 77042 Purpose for which amount is received Check if political contribution returned to filer Account Interest Payment Date Name of person from whom amount is received Amount (\$) 05/29/2015 \$0.21 Amegy Bank Address of person from whom amount is received; City; State; Zip Code 10118 Westheimer Rd Houston, TX 77042 Purpose for which amount is received Check if political contribution returned to filer Account Interest Payment

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 47/47 2 FILER NAME 3 Filer ID Gonzalez, Ed 8 Amount (\$) 4 Date 5 Name of person from whom amount is received 06/30/2015 \$0.21 Amegy Bank 6 Address of person from whom amount is received; City; State; Zip Code 10118 Westheimer Rd Houston, TX 77042 7 Purpose for which amount is received Check if political contribution returned to filer Account Interest Payment