

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4148 FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

15

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI

HANK DAVIS GONZALEZ

NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

OCT 5 11 58 AM '98

FILED

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1811 South Congress Ave., Ste. B
Austin, Texas 78704

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI

JOHN L. BURGESS

NICKNAME LAST SUFFIX

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7801 N. Lamar, A142
Austin, Texas 78752

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 454-5646

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 1998 THROUGH 10 / 05 / 1998

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 03 / 1998

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Travis County Judge

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

HANK DAVIS GONZALEZ

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

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

\$ - 0 -

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

\$ 8,695⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 7,029.56

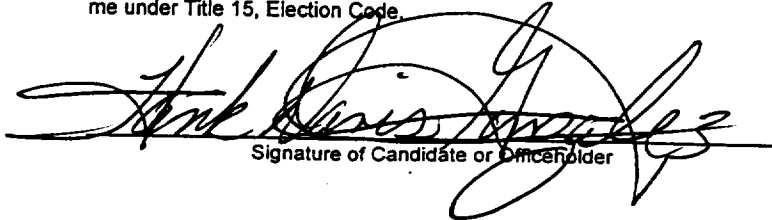
OUTSTANDING
LOAN TOTALS

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

\$ 9,500⁰⁰

19 AFFIDAVIT

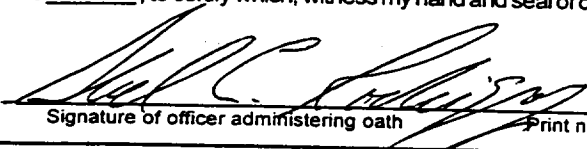
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said HANK DAVIS GONZALEZ, this the 5th. day of October

19 98, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Abel C. Rodriguez

Notary Public

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7 (1 of 7)

2 FILER NAME

HANK DAVIS GONZALEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/4/98

5 Full name of contributor

JAMES L. RAGSDILL

out of state PAC

7 Amount of contribution (\$)

\$50⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

15911 EDWARDS DR.
AUSTIN, TX. 78734-1301

9 Principal occupation

10 Employer (optional)

Date

7/20/98

Full name of contributor

C.D. "GUY" SAWYER

out of state PAC

Amount of contribution (\$)

\$150⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6800 AIRPORT BLVD.
AUSTIN, TX. 78702

Principal occupation

Employer (optional)

Date

7/20/98

Full name of contributor

ALBERT W. HOLMES

out of state PAC

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7800 SHOAL CREEK BLVD. #239
AUSTIN, TX. 78751

Principal occupation

Employer (optional)

Date

8/3/98

Full name of contributor

JAMES C. SPARKS

out of state PAC

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

14307 JACOBSON RD.
DEL VALLE, TX. 78617

Principal occupation

Employer (optional)

Date

8/3/98

Full name of contributor

LAKE TRAVIS REPUBLICANS PAC

out of state PAC

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO BOX 340033
AUSTIN, TX. 78734-0033

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: (2 of 7) 7	
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/5/98	5 Full name of contributor <input type="checkbox"/> out of state PAC ROSS STERZING	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1800 N. LAMAR #6 AUSTIN, TX. 78753			
9 Principal occupation		10 Employer (optional)	
Date 8/4/98	Full name of contributor <input type="checkbox"/> out of state PAC JACK CARMODY	Amount of contribution (\$) \$5,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3800 COUNTRY RD. #268 LEANDER, TX. 78641			
Principal occupation		Employer (optional)	
Date 8/12/98	Full name of contributor <input type="checkbox"/> out of state PAC JIM LAWSON	Amount of contribution (\$) \$350⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1107 N. LAMAR AUSTIN, TX. 78703			
Principal occupation		Employer (optional)	
Date 8/12/98	Full name of contributor <input type="checkbox"/> out of state PAC JAMES McNAMARA	Amount of contribution (\$) \$30⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3501 CARLA DR. AUSTIN, TX. 78754			
Principal occupation		Employer (optional)	
Date 8/12/98	Full name of contributor <input type="checkbox"/> out of state PAC ROBERT VANN	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10801 RUSH RD. AUSTIN, TX. 78732			
Principal occupation		Employer (optional)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 7 (3 of 7)	
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/12/98	5 Full name of contributor <input type="checkbox"/> out of state PAC ROBERT FLORES	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 500 E. RIVERSIDE DR. AUSTIN, TX. 78704			
9 Principal occupation		10 Employer (optional)	
Date 8/26/98	Full name of contributor <input type="checkbox"/> out of state PAC Joanna Chardy	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6723 Beauford Dr. AUSTIN, TX. 78750			
Principal occupation		Employer (optional)	
Date 9/9/98	Full name of contributor <input type="checkbox"/> out of state PAC CHAD CROW	Amount of contribution (\$) \$30⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9402 Granada Hills 78731			
Principal occupation		Employer (optional)	
Date 9/9/98	Full name of contributor <input type="checkbox"/> out of state PAC JYMT. DANIEL	Amount of contribution (\$) \$30⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13123 Grey Bull TRAIL AUSTIN, TX. 78729			
Principal occupation		Employer (optional)	
Date 9/9/98	Full name of contributor <input type="checkbox"/> out of state PAC JAMES McNAMARA	Amount of contribution (\$) \$20⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3501 CARLA DR. 78754			
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: (4 of 7)

7

2 FILER NAME

HANK DAVIS GONZALEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/9/98

5 Full name of contributor

A. CROCKETT KELLER

out of state PAC

7 Amount of contribution (\$)

\$190⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2611 WEST LAKE DR.
AUSTIN, TX. 78746

9 Principal occupation

10 Employer (optional)

Date

9/9/98

Full name of contributor

ROBERT VANN

out of state PAC

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10801 RUSH RD.
AUSTIN, TX. 78732

Principal occupation

Employer (optional)

Date

9/9/98

Full name of contributor

CLAYTON COKER

out of state PAC

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

12706 RHEA CT.
AUSTIN, TX. 78727

Principal occupation

Employer (optional)

Date

9/9/98

Full name of contributor

KERRY A. KELLER

out of state PAC

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

15911 EDWARDS DR.
AUSTIN, TX. 78734

Principal occupation

Employer (optional)

Date

9/9/98

Full name of contributor

RAUL LOPEZ

out of state PAC

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

111 WEST WM. CANNON
AUSTIN, TX. 78745

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 7 (5 of 7)	
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/9/98	5 Full name of contributor <input type="checkbox"/> out of state PAC Patsy Bernhardt	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1000 TALLEYRAN AUSTIN, TX. 78750			
9 Principal occupation		10 Employer (optional)	
Date 9/9/98	Full name of contributor <input type="checkbox"/> out of state PAC ROBERT B. FLORES	Amount of contribution (\$) \$20¹⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 E. RIVERSIDE DR, #111 AUSTIN, TX. 78704			
Principal occupation		Employer (optional)	
Date 9/9/98	Full name of contributor <input type="checkbox"/> out of state PAC AL HERRERA, III	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 20823 RACERS FORD LANE PFLUGERVILLE, TX. 78660			
Principal occupation		Employer (optional)	
Date 9/9/98	Full name of contributor <input type="checkbox"/> out of state PAC ALTON B. KAUS, JR.	Amount of contribution (\$) \$150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8411-1 Old Lockhart Rd. Buda, TX. 78610			
Principal occupation		Employer (optional)	
Date 8/21/98	Full name of contributor <input type="checkbox"/> out of state PAC ARWC PAC "MARCIA N. HORNER"	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2708 STRATFORD DR. AUSTIN, TX. 78746			
Principal occupation		Employer (optional)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 7 (6 of 7)	
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/08/98	5 Full name of contributor <input type="checkbox"/> out of state PAC TEX-CON PAC	7 Amount of contribution (\$) \$ 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 18463 AUSTIN, TX. 78760			
9 Principal occupation		10 Employer (optional)	
Date 9/9/98	Full name of contributor <input type="checkbox"/> out of state PAC TERALD NAYLE	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 801 YAUPON VALLEY BL. AUSTIN, TX. 78746			
Principal occupation		Employer (optional)	
Date 9/9/98	Full name of contributor <input type="checkbox"/> out of state PAC N.W. AUSTIN REPUBLICAN WOMEN PAC	Amount of contribution (\$) \$ 400⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12811 MODENA TR. AUSTIN, TX. 78729-7363			
Principal occupation		Employer (optional)	
Date 9/22/98	Full name of contributor <input type="checkbox"/> out of state PAC GREATER OAKHILL AREA PAC	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8300 ZYLE RD. AUSTIN, TX. 78737			
Principal occupation		Employer (optional)	
Date 9/21/98	Full name of contributor <input type="checkbox"/> out of state PAC JIM J. POLANCO	Amount of contribution (\$) \$ 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1609 GARDEN ST. AUSTIN, TX. 78702			
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **(7 of 7)**
7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9/23/98

Josephine Campos Alba

6 Contributor address; City; State; Zip Code

1122 1/2 GUNTER ST.
AUSTIN, TX. 78702-

\$500

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/1/98

Mack DeLeon

Contributor address; City; State; Zip Code

1811 S. CONGRESS AVE, STE. B
AUSTIN, TEXAS 78704

\$2,000

OFFICE & OFFICE SERVICES - PHONES, ETC. Political Advisor

THRU 9/24/98

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: **ONE (1)**

2 FILER NAME
HANK DAVIS GONZALEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan
1/9/98

7 Name of lender out of state PAC
HANK DAVIS GONZALEZ

9 Loan Amount (\$)
\$ 4,500⁰⁰

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
**2616 MARKET GARDEN LN.
AUSTIN, TEXAS 78745**

10 Interest rate

11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION

 not applicable

14 Name of guarantor

.....
15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation **Candidate for Travis County Judge**

18 Employer

Date of loan
3-10-98

Name of lender out of state PAC
KEITH B. KROELL

Loan Amount (\$)
\$5,000⁰⁰

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code
**3008 DRAKE COVE
LAKE VISTA, TEXAS 78645**

Interest rate

Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION

 not applicable

Name of guarantor

.....
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation **CEO**

Employer **DashBoard Plus**

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: (10 of 6) SIX
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/15/98	5 Payee name EAST AUSTIN CONCERNED HISPANICS (YOUTH)	7 Amount (\$) \$75.00
6 Payee address; City; State; Zip Code GILS PENA - AUSTIN, TX. 705 W. MARY ST AUSTIN, TX. 78704		
8 Purpose of expenditure Donation - YOUTH GROUP		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 7/20/98	Payee name Rufus Cortinas	Amount (\$) \$300.00
Payee address; City; State; Zip Code 1008 Brass St. Austin, Texas 78702		
Purpose of expenditure Sign Merchandising - PLACEMENT - SUPPLIES		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 7/15/98	Payee name GILS PENA - EAST AUSTIN YOUTH	Amount (\$) \$75.00
Payee address; City; State; Zip Code 705 W. MARY ST. AUSTIN, TX. 78702 - AUSTIN, TX. 78702		
Purpose of expenditure Advt. Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 7/21/98	Payee name PAUL ROGUE	Amount (\$) \$300.00
Payee address; City; State; Zip Code 6203 Waycross Dr. Austin, TX. 78745		
Purpose of expenditure Printing - CARDS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **(2 of 6)**
Six

2 FILER NAME
HANK DAVIS GONZALEZ

3 ACCOUNT # (Ethics Commission files):

4 Date
7/23/98

5 Payee name
JOHN RUIZ

7 Amount (\$)
\$ 50.00

6 Payee address; City; State; Zip Code
AUSTIN, TX. 78702

8 Purpose of expenditure
POL. ADVERTISEMENT

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

Date
7/25/98

Payee name
PRICILLA MARTINEZ

Amount (\$)
\$ 50.00

Payee address; City; State; Zip Code
AUSTIN, TX. 78702

Purpose of expenditure
POL. ADVERTISEMENT

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

Date
8/6/98

Payee name
AZTEC SIGNS

Amount (\$)
\$ 464.00

Payee address; City; State; Zip Code
**5100 COMMERCIAL PARK DR.
AUSTIN, TX. 78724**

Purpose of expenditure
POL. SIGNS

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

Date
8/6/98

Payee name
PAUL FORQUE

Amount (\$)
\$ 145.00

Payee address; City; State; Zip Code
**6203 WAYCROSS DR.
AUSTIN, TX. 78745**

Purpose of expenditure

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **(3 of 6)**
Six

2 FILER NAME

HANK DAVIS GONZALEZ

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

8/7/98

GUS PENA

\$60⁰⁰

6 Payee address: City: State: Zip Code

**705 W. MARY ST.
AUSTIN, TX. 78704**

8 Purpose of expenditure

**YOUTH ORGANIZATION EAST AUSTIN
TERMINATION**

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

8/11/98

PAUL ROQUE

\$200⁰⁰

Payee address: City: State: Zip Code

**6203 Waycross DR.
AUSTIN, TX. 78745**

Purpose of expenditure

BUMPER STICKERS

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

8/13/98

LAKE AUSTIN REPUBLICANS (LTRPAC)

\$150⁰⁰

Payee address: City: State: Zip Code

**PO BOX 340033
AUSTIN, TX. 78734-0033**

Purpose of expenditure

SPONSORSHIP

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

8/13/98

GUS PENA

\$350⁰⁰

Payee address: City: State: Zip Code

**705 W. MARY ST.
AUSTIN, TEXAS 78704**

Purpose of expenditure

**CONSULTANT MEDIA
SERVICES**

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F (4 of 6)
Six

2 FILER NAME
HANK DAVIS GONZALEZ

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

8/26/98

Paul Robue

\$ 70⁰⁰

6 Payee address; City; State; Zip Code

*6203 Weyerross Dr.
Austin, TX 78745*

8 Purpose of expenditure

PRINTING

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

8/27/98

Mark DeLeon

\$ 800⁰⁰

Payee address; City; State; Zip Code

*1811 S. Congress Ave, Ste B
Austin Texas 78704*

Purpose of expenditure

CONSULTANT SERVICES

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

8/31/98

PFLUGERVILLE FLAG (PFLUGERVILLE FLAG)

\$ 217⁵⁰

Payee address; City; State; Zip Code

*P.O. Box 447
PFLUGERVILLE, TEXAS 78691*

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

9/10/98

AZTEC MARKETING CO.

893⁰⁰

Payee address; City; State; Zip Code

*5100 COMMERCIAL PARK DR.
Austin, Texas 78724*

Purpose of expenditure

Signs

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **(5 of 6)**
Six

2 FILER NAME
HANK DAVIS GONZALEZ

3 ACCOUNT # (Ethics Commission files)

4 Date
9/14/98

5 Payee name
I-MART SERVICES (MACK DELEDN)

6 Payee address; City; State; Zip Code
**1811 S. CONGRESS AVE, SH. B
AUSTIN, TX. 78704**

7 Amount (\$)
\$500⁰⁰

8 Purpose of expenditure
**Consulting Services &
Admin. Svcs.**

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

Date
9/17/98

Payee name
Austin Hispanic Chamber of Commerce

Payee address; City; State; Zip Code
Austin, TX. 78701

Amount (\$)
\$120⁰⁰

Purpose of expenditure
Pol. Advt.

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

Date
9/17/98

Payee name
BANNER SIGN GRAPHICS

Payee address; City; State; Zip Code
**650 Canion
AUSTIN, TX 78752**

Amount (\$)
\$1500⁰⁰

Purpose of expenditure
Signs

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

Date
9/22/98

Payee name
THE GOOD LIFE MAGAZINE

Payee address; City; State; Zip Code
**P.O. BOX 4400
AUSTIN, TEXAS 78765**

Amount (\$)
\$330⁰⁰

Purpose of expenditure
ADVERTISEMENT

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F **(6 OF 6)**
Six

2 FILER NAME
HANK DAVIS GONZALEZ

3 ACCOUNT # (Ethics Commission files)
:

4 Date
9/22/98

5 Payee name
UNIVERSAL PUBLISHERS

7 Amount (\$)
\$200⁰⁰

6 Payee address; City; State; Zip Code
**P.O. Box 4452
Austin, TX 78765**

8 Purpose of expenditure
ADVERTISEMENT

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

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

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