

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

7822

**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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
303 Wilbarger St Pflugerville, TX 78660		<b>OFFICE USE ONLY</b> Date Received: APR 30 PM 3:50 Dana DeBussche County Clerk Travis County, Texas FOR RECORD Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
303 Wilbarger St Pflugerville, TX 78660		NICKNAME LAST SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		County Commission Pct. 2	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

*VICTOR GONZALES*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

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

\$

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

\$

*7350.00*

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*3325.00*

CONTRIBUTION  
BALANCE

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

\$

*4024.55*

OUTSTANDING  
LOAN TOTALS

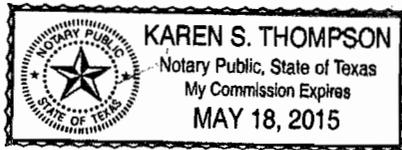
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

*—*

18 AFFIDAVIT

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



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said VICTOR GONZALES, this the 30TH day of APRIL, 2012, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

KAREN S. THOMPSON  
Printed name of officer administering oath

NOTARY  
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: <u>1 of 5</u>	
2 FILER NAME <u>VICTOR GONZALES</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>1/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>BANK TIMMERMAN</u>	7 Amount of contribution (\$) <u>1500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3208 Hampton Rd Austin, TX 78705</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>1/27</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kelly Kate</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>347 ESPERANZA TRAIL Johnson City, TX 78636</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <u>HR</u>	
Date <u>1/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rhett Dawson</u>	Amount of contribution (\$) <u>1000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4409 Sacred Heart Ln Austin, TX 78735</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Principle Owner</u>		Employer (See Instructions) <u>RMD Development</u>	
Date <u>1/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rob Tieman</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 1190 Flugerville, TX</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Principle Owner</u>		Employer (See Instructions) <u>TLC Development</u>	
Date <u>1/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rodriguez Engineering</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>13809 Turbine Dr. Austin TX 78728</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Oscar Rodriguez - owner Rodriguez Engineering</u>		Employer (See Instructions) <u>Rodriguez Engineering</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <i>265</i>	
2 FILER NAME <i>Victor Gonzalez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vera Massaro</i>	7 Amount of contribution (\$) <i>150.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3000 SAUDY Austin TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Realtor</i>		10 Employer (See Instructions) <i>Massaro Realty</i>	
Date <i>4/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Pfluger</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>805 Sykes Ct Pflugerville TX 78660</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Real Estate Broker</i>		Employer (See Instructions) <i>John Pfluga Realty</i>	
Date <i>4/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald Moelkenberg</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>215 Courtnees Way Georgetown TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Fire Chief</i>		Employer (See Instructions) <i>ESD # 2</i>	
Date <i>4/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DANN GARLICK</i>	Amount of contribution (\$) <i>200.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>601 Olympic Dr Pflugerville TX 78660</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Wordyisms</i>	
Date <i>4/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE MARSH</i>	Amount of contribution (\$) <i>200.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2624 PUNKS DR. Pflugerville TX 78660</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>COO</i>		Employer (See Instructions) <i>Broking Homes</i>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:  
*3 of 5*

2 FILER NAME  
*VICTOR GONZALEZ*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*4/26*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*VERNA BROWING*

6 Contributor address; City; State; Zip Code

*P.O. Box 1669  
Georgetown, TX 78627*

7 Amount of contribution (\$)

*100.00*

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

*Account Executive*

10 Employer (See Instructions)

*TRUS Disposal Systems*

Date

*4/26*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Ronald Bayer*

Contributor address; City; State; Zip Code

*P.O. Box 1028  
Huguenot, TX*

Amount of contribution (\$)

*150.00*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

*owner*

Employer (See Instructions)

*Self Employed.*

Date

*4/26*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Robert Sheehan*

Contributor address; City; State; Zip Code

*2625 Amen Corner  
Huguenot, TX 78060*

Amount of contribution (\$)

*500.00*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

*Real Estate Broker*

Employer (See Instructions)

*Sheehan Realty*

Date

*4/26*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Jeff Marsh*

Contributor address; City; State; Zip Code

*2524 Dunns Dr  
Huguenot, TX 78060*

Amount of contribution (\$)

*100.00*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

*Real Estate Agent*

Employer (See Instructions)

*Kelle Williams*

Date

*4/26*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Rob Reyes*

Contributor address; City; State; Zip Code

*3409 Trickley Springs  
Huguenot, TX 78060*

Amount of contribution (\$)

*200*

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

*Business Development*

Employer (See Instructions)

*Powers & Associates*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: **4/6 5**

2 FILER NAME: **VICTOR BONZAKES**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

**4/26**

**MIKE BOSSNER**  
Contributor address; City; State; Zip Code  
**1504 COSMOS WAY  
PLUGERVILLE, TX 78766**

**25.00**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
**Financial Advisor**

10 Employer (See Instructions)  
**Self Employed**

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**4/26**

**TIM TIMMERMANN**  
Contributor address; City; State; Zip Code  
**4903 WHITE HORN CT  
AUSTIN, TX 78746**

**500.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Owner**

Employer (See Instructions)  
**Star Ranch**

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**4/26**

**KARIN FRICKEN**  
Contributor address; City; State; Zip Code  
**15804 TETONS COURT  
AUSTIN, TX 78738**

**200.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Property Developer**

Employer (See Instructions)  
**Newland Communities**

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**4/26**

**WAYNE COOPER**  
Contributor address; City; State; Zip Code  
**106 SADDLE RISE CT**

**100.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**VP - Development**

Employer (See Instructions)  
**Halt & Associates**

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**4/26**

**PATRICIA GEMMA BROWN**  
Contributor address; City; State; Zip Code  
**P.O. Box 483  
PLUGERVILLE, TX 78766**

**25.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Executive Direct.**

Employer (See Instructions)  
**Plugerville Chamber of Commerce**

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

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 5 of 5

2 FILER NAME Victor Cowdrees 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>2/10/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tommy Ramsey</u>	7 Amount of contribution (\$) <u>700.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>15630 Vision Dr. Hugemile TX 78062</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) OWNER 10 Employer (See Instructions) SMARTY SNACKS

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

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

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

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

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

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

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

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1063	<b>2</b> FILER NAME VICTOR GONZALES	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/7	<b>5</b> Payee name Worley Printing
----------------------	--

<b>6</b> Amount (\$) 1455.05	<b>7</b> Payee address; City; State; Zip Code 3217 North IH35 Austin, TX
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Advertis	(b) Description (If travel outside of Texas, complete Schedule T) Road Signs
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Victor Gonzales	Office sought County Commission Act 2	Office held
--	--	--	-------------

Date 4/7	Payee name Budget Banners
-------------	------------------------------

Amount (\$) 119.00	Payee address; City; State; Zip Code 16106 Stoneham Cir Pflugerville TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Adver. Signs/Print	Description (If travel outside of Texas, complete Schedule T) Road Signs
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Victor Gonzales	Office sought County Commission Act 2	Office held
---	--	--	-------------

Date 8/16	Payee name Gaddys Hardware
--------------	-------------------------------

Amount (\$) 6.49	Payee address; City; State; Zip Code 403 Fm 685 Pflugerville, TX 78666
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertis	Description (If travel outside of Texas, complete Schedule T) Wasters
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Victor Gonzales	Office sought County Commission Act 2	Office held
---	--	--	-------------

Date 2/28	Payee name Kinkus / Fed Ex
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Amount (\$) 261.42	Payee address; City; State; Zip Code 451 W. Louis Hennig Round Rock
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Printing - Push Cards
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Victor Gonzales	Office sought County Commission Act 2	Office held
---	--	--	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>203</i>	2 FILER NAME <i>Victor Gonzalez</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3/13/12</i>	5 Payee name <i>LA VOZ</i>
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6 Amount (\$) <i>281.25</i>	7 Payee address; City; State; Zip Code <i>P.O. BOX 19457 AUSTIN, TX 78760</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Newspaper Ad</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>VICTOR GONZALEZ</i>	Office sought <i>County Commissioner Act 2</i>	Office held
---	---	---	-------------

Date <i>4/2</i>	Payee name <i>Worley Printing</i>
--------------------	--------------------------------------

Amount (\$) <i>450.25</i>	Payee address; City; State; Zip Code <i>3217 North IH 35 Austin TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Yard Signs</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>VICTOR GONZALEZ</i>	Office sought <i>County Commissioner Act 2</i>	Office held
---	---	---	-------------

Date <i>4/27/12</i>	Payee name <i>Republic Printing</i>
------------------------	--

Amount (\$) <i>268.40</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Printing</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/30</i>	Payee name <i>Community Impact</i>
---------------------	---------------------------------------

Amount (\$) <i>1,245.42</i>	Payee address; City; State; Zip Code <i>P.O. BOX 2895 FUGERU 16 TX 78660</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Newspaper Ad</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>30</b>	2 FILER NAME <b>VICTOR GONZALEZ</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>6/25/12</b>	5 Payee name <b>Austin SHIRT WORKS</b>
--------------------------	---

6 Amount (\$) <b>99.78</b>	7 Payee address; City; State; Zip Code <b>1406 Mueserale Alegre 14, TX 78660</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>T-SHIRTS</b>
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>VICTOR GONZALEZ</b>	Office sought <b>County Commissioner</b>	Office held <b>Pct. 2</b>
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Date <b>4/27</b>	Payee name <b>Workday Printing</b>
---------------------	---------------------------------------

Amount (\$) <b>981.07</b>	Payee address; City; State; Zip Code <b>3217 North IH 35 Austin TX</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing</b>	Description (If travel outside of Texas, complete Schedule T) <b>Road Signs</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>VICTOR GONZALEZ</b>	Office sought <b>County Commissioner</b>	Office held <b>Pct 7</b>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED