

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="radio"/> FIRST SAUL MI NICKNAME LAST GONZALES SUFFIX	<b>OFFICE USE ONLY</b> Date Received  <h2>City Clerk</h2> OCT 07 2019  <h2>City of San Marcos</h2> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 816 STAGECOACH TRAIL SAN MARCOS TX 78666	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (512) 749-2549	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <input checked="" type="radio"/> FIRST Clinton MI C NICKNAME LAST Hoerner SUFFIX Jr	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 810 Stagecoach Trail SAN MARCOS TEXAS 78666	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (512) 757-7433	
<b>9 REPORT TYPE</b>	<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)	
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 7 / 16 / 2019    THROUGH    10 / 6 / 2019	
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 5 / 2019 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) CITY COUNCIL PLACE 2	<b>13 OFFICE SOUGHT (if known)</b>

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **SAUL GONZALES** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2773.52
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3173.52
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1917.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1614.73
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.

*Saul Gonzales*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Saul Gonzales, this the 7th day of October, 2019, to certify which, witness my hand and seal of office.

*Tammy K Cook*  
Signature of officer administering oath

Tammy K. Cook  
Printed name of officer administering oath

Dep. City Clerk  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME **SAUL GONZALES** 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3173.52
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 546.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1917.41
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <del>100.00</del>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule **1 1/2**

2 FILER NAME **SAUL GONZALES**

3 Filer ID (Ethics Commission Filers)

4 Date  
**7/20/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**SAN MARCOS ATHLETIC CLUB**

7 Amount of contribution (\$)  
**\$ 100.00**

6 Contributor address; City; State; Zip Code  
**126 S. LBJ San Marcos TX 78666**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
~~7/20/19~~  
**7/20/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**PAUL & Meredith MURRAY**

Amount of contribution (\$)  
**\$ 100.00**

Contributor address; City; State; Zip Code  
**102 BARCLAY PLACE SAN MARCOS TX 78666**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**7/20/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ruben Beccera**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**SAN MARCOS TX 78666**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**7/20/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Yoland Pavice**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**SAN MARCOS TX 78666**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2/2**

2 FILER NAME

**SAUL GONZALES**

3 Filer ID (Ethics Commission Filers)

4 Date

**7/20/19**

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

**JOHNNY GARCIA**

7 Amount of contribution (\$)

**50<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**SAN MARCOS TX 78666**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1/5</b>	
2 FILER NAME <b>SAUL GONZALES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>7/19/19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PRISCILLA Vargas</b>	8 Amount of Contribution \$ <b>30<sup>00</sup></b>	9 In-kind contribution description <b>Boxes of chips</b>
7 Contributor address; City; State; Zip Code <b>201 HOFHEINZ SAN MARCOS TX 78666</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>7/19/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRENDA VARGAS</b>	Amount of Contribution \$ <b>30<sup>00</sup></b>	In-kind contribution description <b>Boxes of chips</b>
Contributor address; City; State; Zip Code <b>201 HOFHEINZ San Marcos Tx 78666</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2/5</b>	
2 FILER NAME <b>SAUL GONZALES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>7/19/19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Olga Gonzales</b>	8 Amount of Contribution \$ <b>27<sup>00</sup></b>	9 In-kind contribution description <b>Box of Hamburger patties</b>
7 Contributor address; City; State; Zip Code <b>101 <del>Luann</del> LN Lockhart TX 78644</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>7/19/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mario Moreno</b>	Amount of Contribution \$ <b>65<sup>00</sup></b>	In-kind contribution description <b>Hamburger Buns</b>
Contributor address; City; State; Zip Code <b>1309 PROSPECT San Marcos TX 78666</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: **3/5**

2 FILER NAME **SAUL GONZALEZ** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date <b>7/19/19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lupe Castilla</b>	8 Amount of Contribution \$ <b>21<sup>00</sup></b>	9 In-kind contribution description <b>3 jars of pickles</b>
7 Contributor address; City; State; Zip Code <b>Barbara Dr San Marcos Tx 78666</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

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

12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date <b>7/19/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alice RODRIGUEZ</b>	Amount of Contribution \$ <b>27<sup>00</sup></b>	In-kind contribution description <b>Box of Hamburger patties</b>
Contributor address; City; State; Zip Code <b>NEIMITZ SAN MARCOS TX 78666</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>4/5</b>
2 FILER NAME <b>SAUL GONZALES</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <b>7/19/19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dale HUERTA</b>	8 Amount of Contribution \$ <b>20.00</b>
7 Contributor address; City; State; Zip Code <b>1506 SI-35 APT 3212 SAN MARCOS TX 78666</b>		9 In-kind contribution description <b>NAPKINS</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date <b>7/19/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BARRY JAMES</b>	Amount of Contribution \$ <b>300.00</b>	In-kind contribution description <b>SODAS, BUNS, HAMBURGERS, PATTIES AND CONDIMENTS</b>
Contributor address; City; State; Zip Code <b>PO BOX 1656 SAN MARCOS TX 78666</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>5/5</b>	
2 FILER NAME <b>SAUL GONZALES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>7/19/19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SYLVIA DELA CRUZ</b>	8 Amount of Contribution \$ <b>27<sup>00</sup></b>	9 In-kind contribution description <b>Box of HAMBURGER PATTIES</b>
7 Contributor address; City; State; Zip Code <b>114 Clair Dr San Marcos TX 78666</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>279 1/3</b>		2 FILER NAME: <b>SAUL GONZALES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>8/1/19</b>		5 Payee name			
6 Amount (\$): <b>250<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>CITY OF SAN MARCOS TX 78666</b> <del>221</del> <b>401 E HOPKINS</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>RENTAL OF DUNBAR HALL</b> <b>EVENT EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date: <b>9/9/19</b>		Payee name: <b>SUPER CHEAP SIGNS</b>			
Amount (\$): <b>1216.20</b>		Payee address; City; State; Zip Code <b>9200 WATERFORD CENTRE BLVD SUITE 100</b> <b>AUSTIN TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CAMPAIGN SIGNS</b> <b>PRINTING</b> <b>ADVERTISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date: <b>10/6/19</b>		Payee name: <b>LOWES</b>			
Amount (\$): <b>32.45</b>		Payee address; City; State; Zip Code <b>2211 IH 35 South</b> <b>SAN MARCOS TX 78666</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>STEEL POST DRIVER</b> <b>ADVERTISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <del>3</del> 2/3	2 FILER NAME SAUL GONZALES	3 Filer ID (Ethics Commission Filers)
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4 Date 9/19/19	5 Payee name USPS
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6 Amount (\$) 55.00	7 Payee address; City; State; Zip Code 210 S STAGE COACH TR SAN MARCOS TX 78666
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) POSTAGE ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/15/19	Payee name JANE HUGASON
-----------------	----------------------------

Amount (\$) 6000	Payee address; City; State; Zip Code SAN MARCOS TX 78666
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE SPACE RENTAL FEES/RENTAL Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/20/19	Payee name CPR SAN MARCOS
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Amount (\$) 75.76	Payee address; City; State; Zip Code 750 BARNES DR Suite 116 SAN MARCOS TX 78666
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Repair campaign phone OFFICE OVERHEAD	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete 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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>3/3</b>		2 FILER NAME <b>SAUL GONZALES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7/16/19</b>		5 Payee name <b>JANE HUGHSON</b>			
6 Amount (\$) <b>120<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>San Marcos TX 78666</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>OFFICE SPACE RENTAL 2 months RENTAL EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>8/6/19</b>		Payee name <b>LOWES</b>			
Amount (\$) <b>\$48<sup>06</sup></b>		Payee address; City; State; Zip Code <b>2211 IH 35 South San Marcos TX 78666</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Campaign sign materials Advertising Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>9/9/19</b>		Payee name <b>Jane Hughson</b>			
Amount (\$) <b>\$60<sup>00</sup></b>		Payee address; City; State; Zip Code <b>Office space Rental San Marcos TX 78666</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office space Rental Fees/Rental Exp</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED