

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)  
*N/A*

2 Total pages filed:

*3*

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

*Anna*

*E.*

NICKNAME

LAST

SUFFIX

*"Lisa" Gonzales*

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

*410 Grant Place  
Corpus Christi, Texas 78411*

change of address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

*(361) 8089368*

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

*Anna*

*E.*

NICKNAME

LAST

SUFFIX

*"Lisa" Gonzales*

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

*410 Grant Place  
Corpus Christi, Texas 78411*

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

*(361) 8089368*

9 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 COH - FR)

10 PERIOD  
COVERED

Month Day Year  
*07 / 01 / 13*

THROUGH

Month Day Year  
*12 / 31 / 13*

11 ELECTION

Month Day Year  
ELECTION DATE  
*03 / 04 / 14*

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

*Judge, Nueces  
County Court at Law  
No. 2*

13 OFFICE SOUGHT (if known)

*Judge, Nueces  
County Court at Law  
No. 2*

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## 2014-008

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Anna E. "Lisa" Gonzales

15 ACCOUNT # (Ethics Commission Filers) N/A

16 NOTICE FROM POLITICAL COMMITTEE(S) N/A

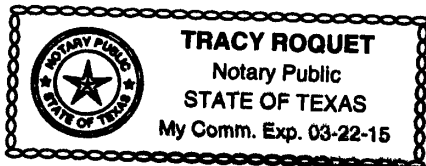
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE: [ ] GENERAL, [ ] SPECIFIC. COMMITTEE NAME: N/A. COMMITTEE ADDRESS: COMMITTEE CAMPAIGN TREASURER NAME: COMMITTEE CAMPAIGN TREASURER ADDRESS:

Table with 6 rows: 17 CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns include description, amount, and handwritten values like \$ -0- and \$ 1,500.00.

18 AFFIDAVIT

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



Signature of Candidate or Officeholder: Anna E. "Lisa" Gonzales

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anna E. "Lisa" Gonzales, this the 10th day of January, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Tracy Roquet

Print name of officer administering oath: Tracy Roquet

Title of officer administering oath: Notary Public

**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>1</b>	2 FILER NAME <b>Anna E. "Lisa" Gonzales</b>	3 ACCOUNT # (Ethics Commission Filers) <b>N/A</b>
4 Date <b>11-9-13</b>	5 Payee name <b>Nueces County Democratic Party</b>	
6 Amount (\$) <b>\$1,500.00</b>	7 Payee address; City; State; Zip Code <b>827 N. Tanchua Corpus Christi, Texas 78401</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fees - Filing Fees to be placed to have name placed on the ballot</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Filing fee paid to the Democratic Party on the ballot</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>on the ballot</b>	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED