# DAVID GONZALES, III

Runoff Report July 15, 2020

	CANDIDATE / OFFICE I FINANCE REPORT	HOLDER			HEET PG 1
CAMP AION					
The JC/OH Instruction	Guide explains how to complete this	s form. 1 Filer ID		2 Total pages file	
GANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST David		MI	OFFICE OF DEPARTMENT Date Received VOTES	SECONE STONE &
	NICKNAME LAST Gonza	ales III	SUFFIX	JU	L 1 5 2020
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE	#; CITY;	ZIP CODE	Date Hand-delivered or Receipt #	
Change of Address				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Melinda		L.	MI	
	NICKNAME LAST Weaver		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SUFFIX	
CAMPAIGN TREASURER ADDRESS (Residence of Business)	STREET ADDRESS (NO PO BOX PL 4014 Darrell Street, Harling		7/SUITE#; CITY;	STA <sup>*</sup>	FE; ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUME 832- 696-9201	BER EXTENSION		· ··	i
REPORT TYPE		day before election	Runoff Exceeded \$500 limit	15th day after cam appointment (office Final Report (Attac	holder only)
PERIOD COVERED	Month Day Year 01/01/2020	THROUGH	Month Day 06/30/202	Year O	
.0 ELECTION	ELECTION DATE  Month Day Year  03/01/2022	X Primary General	ELECTION TYPE Runoff Special	Other	
1 OFFICE	OFFICE HELD (if any) County Court at Law Place #3 Ca	ameron	12 OFFICE SOUGHT County Court at		
		GO TO PAGE 2			
orms provided by Tex	as Ethics Commission	www.ethics.state.tx.us		Vers	on V1.1.3a6aa <b>f</b> 7d

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

				2 of 12
<b>13</b> C / OH NAME	Gonzales III, David	14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by political c These expenditures may have been made without the candidate's or office d officeholders are required to report this information only if they receive no	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL.			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTIBUTION • TOTALS	1. TOTAL POLITIC LOANS, OR GU	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, ARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	i .	ICAL CONTRIBUTIONS	\$	0.00
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES OF LOANS) AL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
TOTALS	4. TOTAL POLIT	ICAL EXPENDITURES	<del></del>	0.00
			\$	1,266.83
CONTRIBUTION BALANCE	5. TOTAL POLITICATE REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE RIOD	\$	12,898.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY TING PERIOD	\$	0.00
17 AFFADAVIT	Rosa Nelly Sanch Notary Public, State of Te Comm. Expires 06-23-20 Notary ID 1021380-	exas 023 5	be reporte	
AFFIX NOT	TARY STAMP / SEAL ABO	Signature of Candidate or Officehold	<i>ter</i>	
Sworn to and subsc		aid Day 10 Gonzales III , this the /-	3 <sup>#</sup>	day
Signature of office	er administering oath	Rosp Nelly Saucher Untay IN AND For the Printed name of difficer administering oath Title of officer	State o administer	of Texas ing oath

# FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 3 of 12 19 Filer ID **18 FILER NAME** Gonzales III, David 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ SCHEDULE E(J): LOANS (JUDICIAL) \$ 1,038.27 Х SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD Х 228.56 \$ 8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ 11. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 4,223.69 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12. TO FILER www.ethics.state.tx.us Version V1.1.3a6aaf7d

Forms provided by Texas Ethics Commission

#### SCHEDULE F1

Advertising Expense

Event Expense Fees

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpens	e e /Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment		The Instruction Guide explain	ins how to co	mple	ete this form.	
1 Total pages Schedule F1:	2 FILER NAM	E			3	Filer ID
Sch: 1/5 Rpt: 4/12	Gonzales					
1 Date					-	
	5 Payee name Amazon Ir					
02/12/2020						
3 Amount (\$)	7 Payee addr	, ,,	ate; Zip Co	de		
\$27.61	410 Terry	Avenue				
	Seattle, W	A 98109				
B PURPOSE	(a) Category	See Categories listed at the top of this	schedule)	(b)	Description	WW.
OF	1	rhead/Rental Expense	oonoudie)			ide of Texas. Complete Schedule T.
EXPENDITURE	}				Check if Austin, TX	, officeholder living expense
					toner ink	
Complete ONLY if direct		ficeholder name	Office sou	ght		Office held
expenditure to benefit C/O	H					
Date	Payee name			_		
01/13/2020	American I					
			_, _			
Amount (\$)	Payee addre	-	ate; Zip Co	de		
\$34.58	P.O. Box 6	50448				
	Dallas, TX	75265				
PURPOSE	(a) Category «	See Categories listed at the top of this	achodula)	(b)	Description	· · · · · · · · · · · · · · · · · · ·
OF	Credit Car		scredule)	ν-,	:	ide of Texas. Complete Schedule T.
EXPENDITURE	Orean can	ar aymone			Check if Austin, TX	, officeholder living expense
					Democratic T-S	hirt listed on previous report
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Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ght		Office held
expenditure to benefit C/O						
Date	Payee name					
01/26/2020	American E	-xpress				
Amount (\$)	Payee addre	ess; City; Sta	ite; Zip Co	de		
\$119.53	P.O. Box 6	50448				
	Dallas, TX	75265				
PURPOSE		<del></del>		(b)	Description	
OF		ee Categories listed at the top of this	schedule)	(0)		de of Texas. Complete Schedule T.
EXPENDITURE	Credit Card	ı Раушеш			LI	officeholder living expense
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expenditure to benefit C/OF		TOTAL TIME	51,,56 55Q	J		-,1100
orms provided by Texas Et	hics Commiss	on www.ethic	s.state.tx.u	S		Version V1.1.3a6aal

#### SCHEDULE F1

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

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		xpens Vages	se :/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1: Sch: 2/5 Rpt: 5/12	2 FILER NAM Gonzales					3	Filer ID	
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4	Date 01/21/2020	5 Payee name American							
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6	Amount (\$)	7 Payee addr	•	State; Zip Co	oue				
	\$154.11	P.O. Box 6	000446						
		Dallas, TX	75265						
8	PURPOSE	(a) Category (	See Categories listed at the top of the	nis schedule)	(b)	Description			
	OF EXPENDITURE	Credit Car	d Payment			<u></u>		e of Texas, Complete Schedule T.	
						payment	I, 1 X, E	ifficeholder living expense	
						paymont			
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office held	
9	expenditure to benefit C/O		incendidei Hame	Office 300	gric			Office ficial	
	Date	Payee name	9						
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	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	de				
	\$20.56	2728 E Ha	rrison Ave						
		Harlingen,	TX 78550						
Г	PURPOSE	(a) Category (s	See Categories listed at the top of th	nis schedule)	(b)	Description			
	OF EXPENDITURE		rage Expense	-		<u></u>		e of Texas, Complete Schedule T.	
	EDIT ENTERPRETE					Constituent lu		fficeholder living expense	
						CONSTRUCTION IN	111011		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght			Office held	
	expenditure to benefit C/OI	H							
	Date	Payee name	}						
	01/29/2020	Chase Fre	edom						
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	de				
	\$228.56	P. O. Box 9	94014						
		Palatine, IL	. 60094-4014						
	PURPOSE	(a) Category (s	ee Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE	Credit Card	l Payment					of Texas. Complete Schedule T.	
		<u> </u>				Check if Auslin, storage fee	, TX, 0	fficeholder living expense	
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	Complete ONLY if dispet	Condidate/Off	iceholder name	Office sou	aht	<u> </u>		Office held	
	Complete ONLY if direct expenditure to benefit C/OH		ICERUIGEI HAIRE	Omce Sou	yııı			Office field	
	4								
								Version V1.1.2eC	

#### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		mmittee	Fees Office Overhead/Rental I Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Falaries/Wages/Contract  The Instruction Guide explains how to complete this		e se s/Contract Labor		T T T	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	=				······································	3	F	iler ID
ľ	Sch: 3/5 Rpt: 6/12		Gonzales II						_	•	<u>-</u>
4	Date	-	Payee name						<u> </u>		
	01/28/2020	ľ	Cheddar's I								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
ľ	\$101.94	ľ	•	pressway 83	<b>,</b>						
	4101/01		2 100 711	p. 100, 00							
			Brownsville	, TX 78520							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top	o of this sched	lule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				<b>=</b>			of Texas. Complete Schedule T.
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L		<u> </u>	····								
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	Off	fice sou	gnt				Office held
	Date		Payee name								
	03/16/2020	l	City of Harli	ngen							
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	\$22,30		118 East Ty		•	·					
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			Harlingen, 1	ΓX 78550							
Г	PURPOSE	(a)	Category (Se	ee Categories listed at the top	of this schedu	ule)	(b)	Description			
	OF EXPENDITURE		Fees					므			of Texas. Complete Schedule T.
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						]		Storage Unit	Ul€	ear	iup cnarge
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	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Off	ice souç	ght				Office held
	experiulture to benefit C/Oi	1									
	Date		Payee name								
	02/13/2020		KY Democra	atic Party							
Г	Amount (\$)		Payee addres	ss; City;	State; :	Zip Cod	de				
	\$83.25		P.O. Box 69	14							
			Frankfort , K	(Y 40602							
	PURPOSE	(a)	Category (Se	e Categories listed at the top	of this schedu	uie)	(b)	Description			
	OF EXPENDITURE		Advertising	Expense				<b>-</b>			of Texas, Complete Schedule T.
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	Complete ONEVITATION		andidas for	poboldov z sze s	∧1r	ion as::	•h+				Office held
	Complete ONLY if direct expenditure to benefit C/OH		anuidate/Offic	ceholder name	UM	ice souç	ğı IL				Office held
$\vdash$	•										

#### SCHEDULE F1

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	lemorials Expense Printing Expense		e se	Travel in District Travel Out of District		
	Credit Card Payment		The Instruction Guide expl	ains how to co	omple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	
	Sch: 4/5 Rpt: 7/12	Gonzales I	I, David						
4	Date	5 Payee name							
	02/10/2020	Las Cazue	itas						
6	Amount (\$) \$14.92	7 Payee addre 220 Palm E		itate; Zip C	ode				
		Brownsville	, TX 78520						
8	PURPOSE OF EXPENDITURE	Į .	ee Categories listed at the top of th rage Expense	is schedule)	(b)	<del></del>	, TX,	de of Texas. Complete Schedule T. officeholder living expense Ch	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	<u>ı</u> ught			Office held	
Г	Date	Payee name							
	01/15/2020	Pena, Leof	redo (Mr.)						
	Amount (\$)	Payee addre	ss; City; S	tate; Zip Co	ode				
	\$100.00	974 E. Hari	ison						
		Brownsville	, TX 78520						
	PURPOSE	(a) Category (s	ee Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made By			므		de of Texas. Complete Schedule T. officeholder living expense	
		Candidate/	Officeholder/Political Co	mmittee		campaign do			
-	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	<u>l</u> ight			Office held	
	expenditure to benefit C/OI	-1			-				
_	Date	Pavee name							
	01/09/2020		s, Laura (Mrs.)						
	Amount (\$)	Payee addre		tate; Zip Co	ode				
	\$100.00	P.O. Box 45		, —,					
	·								
		Brownsville	TX 78523						
$\vdash$	PURPOSE		ee Categories listed at the top of thi	n nahadula)	(b)	Description			
	OF		e categories asted at the top of thi ns/Donations Made By	s scredule)	``		outsio	de of Texas. Complete Schedule T.	
	EXPENDITURE		Officeholder/Political Ćo	mmittee				officeholder living expense	
						campaign dor	nati	on	
ldash			* 11	0"	<u> </u>			or Lit	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ceholder name	Office sou	ight			Office held	

# SCHEDULE F1

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

Event Expense Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
2 FILER NAME	3	Filer ID
Gonzales III, David		
5 Payee name		
Washington Post		
7 Payee address; City; State; 1301 K Street NW  Washington, DC 20006	Zip Code	
(a) Category (See Categories listed at the top of this sche Fees	Check if travel outs Check if Austin, TX	ide of Texas. Complete Schedule T. , officeholder living expense SCription
Candidate/Officeholder name O	ffice sought	Office held
	Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide explains I  2 FILER NAME Gonzales III, David  5 Payee name Washington Post  7 Payee address; City; State; 1301 K Street NW  Washington, DC 20006  (a) Category (See Categories listed at the top of this sche Fees	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Polling Expense Polling Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.  2 FILER NAME Gonzales III, David  5 Payee name Washington Post  7 Payee address; City; State; Zip Code 1301 K Street NW  Washington, DC 20006  (a) Category (See Categories listed at the top of this schedule) Check if travel outs Check if Austin, TX newspaper Substitute of Candidate/Officeholder name  Candidate/Officeholder name  Office sought

### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F4: 2 FILER NAME Sch: 1/1 Rpt: 9/12 Gonzales III, David TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 01/17/2020 City of Harlingen Payee address; 7 Amount (\$) City; State; Zip Code 118 East Tyler \$228.56 Harlingen, TX 78550 TYPE OF Non-Political $|\mathbf{x}|$ Political **EXPENDITURE** PURPOSE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage Fees Office held 11 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Version V1.1.3a6aaf7d Forms provided by Texas Ethics Commission www.ethics.state.tx.us

SCHEDULE I

	The Instruction Guide explains how to	o complete this form.
Total pages Schedule I:     Sch: 1/2 Rpt:	2 FILER NAME Gonzales III, David	3 Filer ID
4 Date	5 Payee name	
06/29/2020	Amazon Inc.	
6 Amount (\$)	7 Payee Address; City; State; Zip	
30.07	410 Terry Avenue	
	Seattle, WA 98109	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	l ·
EXPENDITURE	Office Overhead/Rental Expense	computer cleaning supplies
Date	Payee name	
06/03/2020	Amazon Inc.	
Amount (\$)	Payee Address; City; State; Zip	
799.38	410 Terry Avenue	
	Seattle, WA 98109	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	1
EXPENDITURE	Office Overhead/Rental Expense	Computer Monitor
Date	Payee name	
05/31/2020	Amazon Inc.	
Amount (\$)	Payee Address; City; State; Zip	
81.80	410 Terry Ave	
	Seattle, WA 98109	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Office Overhead/Rental Expense	Warranty Service for Computer
EXI ENDITORS		
Doto	I Pausa nama	
Date 06/03/2020	Payee name Best Buy	
Amount (\$)	Payee Address; City; State; Zip	
248.96	2701 Pablo Kisel Blvd	
240.50		
	Brownsville, TX 78526	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	· · · · · · · · · · · · · · · · · · ·
EXPENDITURE	Omoc Overneau/Nental Expense	Computer Peripherals

#### SCHEDULE

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		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Gonzales III, David				
4	Date	5 Payee name				
Ļ	06/02/2020	Best Buy				
6	Amount (\$)	7 Payee Address; City; State; Zip 2701 Pablo Kisel Blvd				
	162.37	2701 Padio Kisei Bivo				
		Brownsville, TX 78526				
8	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)  Office Overhead/Rental Expense				
	EXPENDITURE	Office Overhead/Rental Expense Keyboard				
	Date	Payee name				
L	06/07/2020	Microsoft Inc.				
	Amount (\$)	Payee Address; City; State; Zip One Microsoft Way				
	75.76	One Microsoft way				
L		Redmond, WA 98052				
	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)  Office Overhead/Rental Expense Data storage				
	EXPENDITURE	Office Overhead/Rental Expense Data storage				
	Date	Payee name				
	06/01/2020	Simply NUC				
	Amount (\$)	Payee Address; City; State; Zip 495 Round Rock West Dr.				
	2,475.35	495 Rouliu Rock West Dr.				
		Round Rock, TX 78681				
	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  (b) Description (See instructions regarding type of information required.)  Office Overhead/Rental Expense  Home Desktop Computer				
	EXPENDITURE	Office Overhead/Rental Expense Home Desktop Computer				
	Date	Payee name				
	06/03/2020	State Bar of Texas				
,	Amount (\$)	Payee Address; City; State; Zip 1414 Colorado St				
	350.00	1414 COIDIAGO SC				
		Austin, TX 78701				
	OF	(a) Category (See instructions for examples of acceptable categories)  (b) Description (See instructions regarding type of information required.)  Fees Dues				
ı	EXPENDITURE	Dues				

Description of Asset Computer Desktop	ASSETS VALUED AT \$500	OR MORE	SCHEDULE
Computer Desktop  Description of Asset Computer Monitor  Description of Asset Computer Monitor	The Instruction Guide explains I	now to complete this form.	
Description of Asset Computer Monitor	FILER NAME Gonzales III, David		3 Filer ID
Computer Monitor	Description of Asset Computer Desktop		
	Description of Asset Computer Monitor		