JOSE ADRIAN GONZALEZ

SEMI-ANNUAL REPORT JANUARY 16, 2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	3uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS /MB	FIRST TOSE	Å.	OFFICE USE ONLY	
	CI HAME	Gonzala	SUFFIX	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS &	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1301 AD San Ben	ans St	CITY; STATE; ZIP CODE	VOTER REGISTRATION WORLD AUG 2 1 2024	
Change of Address			<u></u>	RECEIVED O. L	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (916) 4	156 - 0797	EXTENSION	Date Hand-deliver or late yosknarked Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	lesenia	ζ,	Date Processed	
	NICKNAME	Costilla	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE 78552	
	 				
8 CAMPAIGN TREASURER PHONE	AREA CODE (PB)	622-1592	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year / 1 / 2024	THROUGH 6	730 / 2024	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	-	
	Manth Day	Vegs Primary	Runoff Other		
	Month Day	1641	Description		
	4/5/	ZOLY General	Special		
12 OFFICE	Pet 3	mstalk	13 OFFICE SOUGHT (If known)	
14 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	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS				
ı	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	The state of the s	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		16 Filer ID (Ethics Commission Filers
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.70
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES .	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
	Mr.	
	Agnature of Cano	lidate or Officeholder
	Please complete either option below:	
) Affidavit		
NOTARY STAMP/SEAL vorn to and subscribed be	ore me by this the	day of
NOTARY STAMP/SEAL vorn to and subscribed be	fore me by this the ch, witness my hand and seal of office.	day of,
NOTARY STAMP/SEAL vorn to and subscribed be	ch, witness my hand and seal of office.	
NOTARY STAMP / SEAL vorn to and subscribed be), to certify whin nature of officer administering	ch, witness my hand and seal of office.	day of Title of officer administering oath
worn to and subscribed beginning, to certify white administering Unsworn Declaration	ch, witness my hand and seal of office. oath Printed name of officer administering oath OR	
NOTARY STAMP/SEAL worn to and subscribed be continuous, to certify white mature of officer administering Unsworn Declaration name is	oath Printed name of officer administering oath OR GM UR and my date of birth is	
NOTARY STAMP/SEAL worn to and subscribed be , to certify whit mature of officer administering Unsworn Declaration name is	ch, witness my hand and seal of office. oath Printed name of officer administering oath OR	Title of officer administering oath