

**NADINE P.  
GONZALEZ**

# 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:  <div style="text-align: center; font-size: 2em;">6</div>																					
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mrs.                      Nadine                      P. <small>NICKNAME                      LAST                      SUFFIX</small> <div style="text-align: center; font-size: 1.5em;">Gonzalez</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> Date Received  <div style="text-align: center;">                     CAMERON COUNTY                      DEPARTMENT OF ELECTIONS &amp;                      VOTER REGISTRATION                 </div> <div style="text-align: center; font-size: 1.2em;">                     2:54 PM FEB 08 2018                 </div> <div style="text-align: center;">                     RECEIVED                      BY: <i>[Signature]</i>  <small>Date Hand-delivered or Date Received</small> </div> <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged																
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  22690 N. Sam Houston    San Benito, TX 78586																							
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION (956) 343-2209																							
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Ms.                      Nora                      J <small>NICKNAME                      LAST                      SUFFIX</small> <div style="text-align: center; font-size: 1.5em;">Plata</div>																							
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE  27109 Cemetery Rd    San Benito Tx 78586																							
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION (956) 456-4157																							
<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)													
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">1</td> <td style="text-align: center; font-size: 1.5em;">/</td> <td style="text-align: center; font-size: 1.5em;">1</td> <td></td> <td style="text-align: center; font-size: 1.5em;">1</td> <td style="text-align: center; font-size: 1.5em;">/</td> <td style="text-align: center; font-size: 1.5em;">31</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em;">2018</td> <td></td> <td colspan="3" style="text-align: center; font-size: 1.5em;">2018</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	/	1		1	/	31	2018				2018		
Month	Day	Year	THROUGH	Month	Day	Year																		
1	/	1		1	/	31																		
2018				2018																				
<b>11 ELECTION</b>	ELECTION DATE  Month    Day    Year 03 / 06 / 18	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special																						
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  <div style="text-align: center; font-size: 1.2em;">Justice of the Peace Prec 3 Place 1</div>																						

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Mrs. Nadine P. Gonzalez 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.

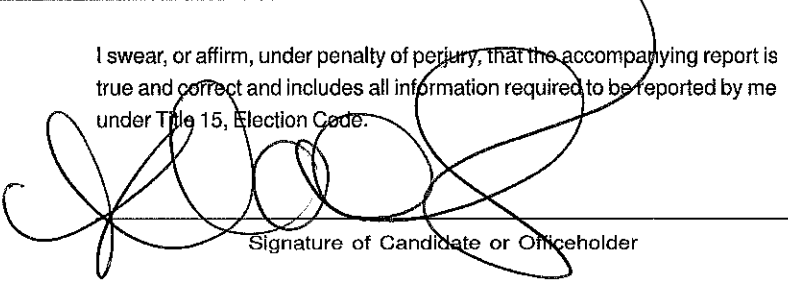
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

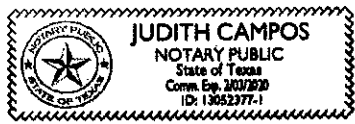
Additional Pages

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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,492.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

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



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nadine P. Gonzalez, this the 8<sup>th</sup> day of Feb., 2018, to certify which, witness my hand and seal of office.

Judith Campos Signature of officer administering oath  
Judith Campos Printed name of officer administering oath  
Notary Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Nadine P. Gonzalez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,492.41
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	\$
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	\$

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Nadine P. Gonzalez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>10/19/17</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nadine P. Gonzalez</i>	9 Loan Amount (\$) <i>5,000.00</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>2690 N. Sam Houston San Benito TX 78586</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Housewife</i>		13 Employer (See Instructions) <i>N/A</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan <i>1/18/18</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nadine P. Gonzalez</i>	Loan Amount (\$) <i>5,000.00</i>
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>2690 N. Sam Houston San Benito TX 78586</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <i>Housewife</i>		Employer (See Instructions) <i>N/A</i>
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# 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: 2	2 FILER NAME Nadine P. Gonzalez	3 Filer ID (Ethics Commission Filers)
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4 Date 1/22/18	5 Payee name American Audio Alarm + Tint
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6 Amount (\$) 1,650.00	7 Payee address; City; State; Zip Code 2113 N. Texas Blvd Westlaco Tx 78596
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Nadine P. Gonzalez	Office sought Justice of the Peace Pet 3 Place 1	Office held
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Date 1/30/18	Payee name Chapa's Embroidery + Screenprinting
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Amount (\$) 305.27	Payee address; City; State; Zip Code 1213 N. Sam Houston Blvd San Benito Tx 78586
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising 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 Nadine P. Gonzalez	Office sought Justice of Peace Pet 3 Place 1	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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	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.

<b>1</b> Total pages Schedule F1: <p style="text-align: center;">2</p>		<b>2</b> FILER NAME <p style="text-align: center;">Nadine P. Gonzalez</p>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <p style="text-align: center;">11/8/18</p>		<b>5</b> Payee name <p style="text-align: center;">American Audio Alarm + Tint</p>			
<b>6</b> Amount (\$) <p style="text-align: center;">519.60</p>		<b>7</b> Payee address; City; State; Zip Code <p style="text-align: center;">2113 N. Texas Blvd Weslaco, Tx 78596</p>			
<b>8</b> <p style="text-align: center;"><b>PURPOSE OF EXPENDITURE</b></p>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align: center;">Advertising Expense</p>		<b>(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	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <p style="text-align: center;">Nadine P. Gonzalez</p>		Office sought <p style="text-align: center;">Justice of the Peace Prec 3 Place 1</p>	
Date <p style="text-align: center;">11/8/18</p>		Payee name <p style="text-align: center;">Tractor Supply Co</p>			
Amount (\$) <p style="text-align: center;">1261.88</p>		Payee address; City; State; Zip Code <p style="text-align: center;">901 FM 509 San Benito, Tx 78586</p>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <p style="text-align: center;">Advertising Expense</p>		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 <p style="text-align: center;">Nadine P. Gonzalez</p>		Office sought <p style="text-align: center;">Justice of the Peace Prec 3 Place 1</p>	
Date <p style="text-align: center;">1/30/19</p>		Payee name <p style="text-align: center;">Capital Typesetting + Printing Co</p>			
Amount (\$) <p style="text-align: center;">9855.66</p>		Payee address; City; State; Zip Code <p style="text-align: center;">809 E. Tyler Harlingen, Tx 78550</p>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <p style="text-align: center;">Advertising Expense</p>		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 <p style="text-align: center;">Nadine P. Gonzalez</p>		Office sought <p style="text-align: center;">Justice of the Peace Prec 3 Place 1</p>	

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