

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

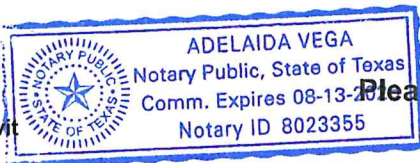
1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1 of 11</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report Other (specify) _____	
	5 ORIGINAL PERIOD COVERED			Receipt #	
	Month Day Year <u>07</u> <u>01</u> <u>23</u> THROUGH <u>9</u> <u>28</u> <u>23</u>			Amount \$	
			Date Processed		
			Date Imaged		

6 EXPLANATION OF CORRECTION
 Amended report to include: contributions not listed (A1), expenditures to include from personal funds (F1+G), report to reflect loan (E) and political balance maintained.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Adrian Gonzalez this the 16th day of January, 2024, to certify which, witness my hand and seal of office.

Adelaida Vega Adelaida Vega Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

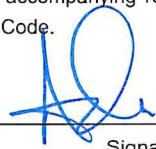
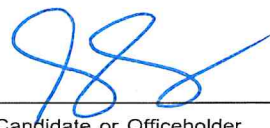
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Adrian		OFFICE USE ONLY Date Received 1-16-24 AW Date Hand-delivered or Date Postmarked 1-16-24 AW Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Gonzalez			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1718 N. Missouri Weslaco TX 78596			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 678-8382			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Nicolas			
	NICKNAME LAST SUFFIX Carranza			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2007 W. Mimosa Weslaco TX 78596			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 498-7366			
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>			
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 23 THROUGH 9 / 28 / 23			
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 23			
	ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description 30-Day Before Election Report </div> </div>			
12 OFFICE	OFFICE HELD (if any)			
13 OFFICE SOUGHT (if known)	Mayor, City of Weslaco			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

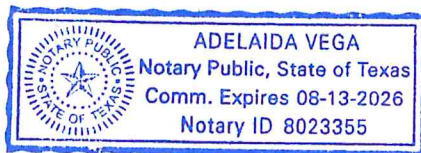
15 C/OH NAME ADRIAN GONZALEZ		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 50,196.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,057.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,000.00

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Adrian Gonzalez this the 16th day of January, 2024, to certify which, witness my hand and seal of office.
Adelaida Vega Adelaida Vega Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****ADRIAN GONZALEZ****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 9,000.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,242.14
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 35,954.25
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME ADRIAN GONZALEZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code ==SEE ATTACHED SCHEDULE==	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

ADRIAN GONZALEZ / CONTRIBUTIONS

7/1/23 through 9/28/23 Schedule A1 (attachment)

30-Day Before Election Report

DATE	CONTRIBUTOR / DONOR	AMT	ADDRESS	CITY	ZIP	EMPLOYMENT
9/16/2023	Juan Gonzalez	\$ 500.00	3308 Rosewood Dr.	Weslaco	78596	attorney
9/16/2023	Sara N. Longoria	\$ 2,000.00	1474 W. Price Rd.	Brownsville	78520	self-employed
9/8/2023	RGV Case Management, LLC	\$ 1,000.00	505 Angelita Dr. Ste 15	Weslaco	78596	self-employed
9/8/2023	Kreative Kidz Learning Ctr	\$ 300.00	114 Adelita St.	Weslaco	78596	academic center
8/29/2023	David Salinas	\$ 1,000.00	1613 Key Largo	Weslaco	78596	self-employed
8/22/2023	Innovative Works, LLC	\$ 2,500.00	1615 Guadalajara	Brownsville	78526	engineering firm
8/15/2023	Joe Salazar III	\$ 2,500.00	611 E. Loop 499	Harlingen	78550	self-employed
7/15/2023	Bibb R. Beale	\$ 2,500.00	28182 S. Kansas City	La Feria	78589	self-employed
7/13/2023	The Lopez Law Group, PLLC	\$ 1,500.00	2611 TX Blvd North Ste. 1	Weslaco	78596	law firm
7/7/2023	J. Wayne Lowry	\$ 1,000.00	P O Box 3419	Harlingen	78551	self-employed
7/3/2023	First Care EMS	\$ 1,500.00	515 E. Pike Blvd	Weslaco	78596	medical services

TOTAL CONTRIBUTIONS \$ 16,300.00

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">ADRIAN GONZALEZ</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/15/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Gonzalez	9 Loan Amount (\$) 9,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1718 N. Missouri Weslaco TX 78596	10 Interest rate 0.00
		11 Maturity date 08/15/2024
12 Principal occupation / Job title (See Instructions) self-employed		13 Employer (See Instructions) self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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

If the requested information is not applicable, **DO NOT** include this page in the report.

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 ADRIAN GONZALEZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code ==SEE ATTACHED SCHEDULE==	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 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
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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

ADRIAN GONZALEZ / EXPENDITURES

7/1/23 through 9/28/23

Schedule F(J) 1 (attachment)

30-Day Before Election Report

DATE	NAME	Amount	CATEGORY	DESCRIPTION	ADDRESS	CITY	ZIP
09/25/23	Luciano Garza	\$ 150.00	contract labor	campaign labor	3515 Pecan Grove Dr.	Weslaco	78596
09/23/23	David's Meat Market	\$ 400.77	food/beverage expense	for fundraiser	3310 E. Barrera St.	Mercedes	78570
09/22/23	Dave Ocanas	\$ 270.00	donation by candidate	for fundraiser	702 S. Pleasantview	Weslaco	78596
09/15/23	Marco Perez	\$ 500.00	consulting expense	campaign consulting	2008 W. Jonquil	McAllen	78501
9/9/23	Weslaco FFA	\$ 500.00	donation by candidate	donation	1005 W. Pike Blvd	Weslaco	78596
09/07/23	Marco Perez	\$ 1,500.00	consulting expense	campaign consulting	2008 W. Jonquil	McAllen	78501
09/02/23	Weslaco High School	\$ 250.00	donation by candidate	donation	1005 W. Pike Blvd	Weslaco	78596
09/01/23	Luciano Garza	\$ 250.00	contract labor	campaign labor	3515 Pecan Grove Dr.	Weslaco	78596
08/31/23	V & M Printing	\$ 2,136.86	advertising expense	campaign attire	401 S. Iowa Ave.	Weslaco	78596
08/26/23	Weslaco Womors	\$ 200.00	donation by candidate	donation	319 W. 4th St.	Weslaco	78596
08/24/23	H-E-B	\$ 350.00	travel in district	fuel	310 N. Westgate Dr.	Weslaco	78596
08/19/23	Weslaco High Drumette	\$ 250.00	donation by candidate	donation	1005 W. Pike Blvd	Weslaco	78596
08/16/23	Oak Texas Bar & Grill	\$ 2,084.51	event expense	meet & greet	303 S. TX Blvd	Weslaco	78596
08/03/23	Panther Parents	\$ 500.00	donation by candidate	donation	810 Pleasant View Dr.	Weslaco	78596
08/02/23	Knights of Columbus	\$ 500.00	donation by candidate	donation	901 Texas Blvd	Weslaco	78596
07/31/23	Brand Boosters	\$ 1,000.00	printing expense	campaign material	301 N. McColl Rd.	McAllen	78501
07/26/23	Weslaco East Athletic Club	\$ 350.00	advertising expense	football programs	810 Pleasant View Dr.	Weslaco	78596
07/18/23	Valley Nature Center	\$ 500.00	donation by candidate	donation	301 S. Border Ave.	Weslaco	78596
07/16/23	Jorge Zavala	\$ 500.00	donation by candidate	donation	401 Teran	Weslaco	78596
07/12/24	Luciano Garza	\$ 300.00	contract labor	campaign labor	3515 Pecan Grove Dr.	Weslaco	78596
07/08/23	Luciano Garza	\$ 250.00	contract labor	campaign labor	3515 Pecan Grove Dr.	Weslaco	78596
07/03/23	Julio Marines	\$ 1,500.00	advertising expense	boxing event	203 S. Texas Blvd.	Weslaco	78596
	TOTAL :	\$ 14,242.14					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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 G: 2	2 FILER NAME ADRIAN GONZALEZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) ✓ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code ==SEE ATTACHED SCHEDULE==	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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

ADRIAN GONZALEZ / EXPENDITURES MADE FROM PERSONAL FUNDS

7/1/23 through 9/28/23

Schedule G (attachment)

30-Day Before Election Report

DATE	NAME	Amount	CATEGORY	DESCRIPTION	ADDRESS	CITY	ZIP
9/20/2023	V & M Printing	\$ 5,000.00	advertising expense	campaign attire	401 S. Iowa Ave.	Weslaco	78596
09/07/23	MAP Studies Consulting	\$ 6,928.00	advertising expense	campaign shirts	2008 W. Jonquil	McAllen	78501
08/28/23	Brand Boosters	\$ 4,000.00	printing expense	campaign material	301 N. McColl Rd.	McAllen	78501
07/06/23	MAP Studies Consulting	\$ 20,026.25	advertising expense	signs & material	2008 W. Jonquil	McAllen	78501
TOTAL :		\$ 35,954.25					