

# 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: <b>8</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Adrian		<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 2em; color: blue;">1-16-24</div> <div style="color: blue;">AW</div>  Date Hand-delivered or Date Postmarked  <div style="font-size: 2em; color: blue;">1-16-24</div> Receipt # Amount \$  Date Processed  Date Imaged	
	NICKNAME LAST SUFFIX Gonzalez			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1718 N. Missouri Weslaco TX 78596  Change of Address			
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	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2007 W. Mimosa Weslaco TX 78596 (Residence or Business)			
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 checked="" type="checkbox"/> January 15         </div> <div style="width: 50%;"> <input 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 9 / 29 / 23      THROUGH      10 / 28 / 23			
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 23		ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General         </div> <div> <input type="checkbox"/> Runoff  <input type="checkbox"/> Special         </div> <div>           Other Description            JAN 2024 Semi-Annual Report         </div> </div>	
12 OFFICE	OFFICE HELD (if any)			
	13 OFFICE SOUGHT (if known) Mayor, City of Weslaco			
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		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
<b>GO TO PAGE 2</b>				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

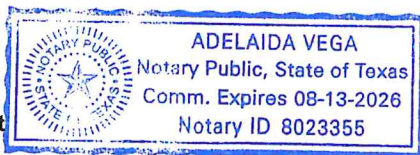
15 C/OH NAME ADRIAN GONZALEZ		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,384.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 68,048.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 31,189.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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]*  
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.

*[Signature]*  
Signature of officer administering oath

Adelaída Vega  
Printed name of officer administering oath

Notary  
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**

<b>19 FILER NAME</b>  <b>ADRIAN GONZALEZ</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,384.69
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,373.55
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.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 46,675.00
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: <b>2</b>
2 FILER NAME <b>ADRIAN GONZALEZ</b>		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 <b>==SEE ATTACHED SCHEDULE==</b>	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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# ADRIAN GONZALEZ / CONTRIBUTIONS

10/29/23 through 12/31/23 Schedule A1 (attachment)				JAN 2024 Semi-Annual Report		
DATE	CONTRIBUTOR / DONOR	AMT	ADDRESS	CITY	ZIP	EMPLOYMENT
12/29/2023	City of Weslaco	\$ 69.26	255 S. Kansas Ave.	Weslaco	78596	municipality (for mtg)
12/22/2023	Jacinto Garza	\$ 1,500.00	2100 W. Expwy 83	Mercedes	78570	self-employed
12/20/2023	Ricardo Guerra	\$ 1,500.00	6700 N. Mile 3 1/2	Weslaco	78599	self-employed
12/19/2023	Julio Cesar Cerda	\$ 1,500.00	2800 N. Stewart Rd	Mission	78574	self-employed
12/19/2023	Erasmio Lopez	\$ 1,500.00	2100 W. Expwy 83	Mercedes	78570	self-employed
12/18/2023	Alida Gonzalez	\$ 3,000.00	2307 Silverado S.	Mission	78572	self-employed
12/15/2023	City of Weslaco	\$ 69.26	255 S. Kansas Ave.	Weslaco	78596	municipality (for mtg)
12/15/2023	Charalambos Simeonidis	\$ 1,500.00	P O Box 550344	Houston	77255	self-employed
12/14/2023	Border Health PAC	\$ 1,500.00	612 W. Nolana, Ste 340	McAllen	78501	political committee
12/14/2023	Joe D. Olivarez	\$ 1,500.00	P O Box 1667	Weslaco	78599	self-employed
12/14/2023	Charles Crockett	\$ 1,500.00	25721 Altas Palmas Rd	Harlingen	78552	self-employed
12/14/2023	Armando J. Sandoval Sr.	\$ 1,500.00	4003 Pepsimmon Dr.	Palmhurst	78573	self-employed
12/12/2023	Orlando S. Cruz	\$ 5,000.00	5105 N. 1st Ln.	McAllen	78504	self-employed
12/12/2023	Andres Palma	\$ 1,500.00	1801 Battista St.	Edinburg	78542	self-employed
12/12/2023	Hiram Gutierrez	\$ 2,500.00	701 N. Bentsen Rd.	McAllen	78501	attorney
12/12/2023	Carlos M. Marin	\$ 2,500.00	295 Calle Jacaranda	Brownsville	78520	self-employed
12/12/2023	Brian A. Godinez	\$ 1,500.00	5007 N. 9th St.	McAllen	78504	CEO, ERO Architects
12/11/2023	Southern Trenchless Solutions, LLC	\$ 5,000.00	P O Box 8084	Weslaco	78599	utiities company
12/1/2023	City of Weslaco	\$ 46.17	255 S. Kansas Ave.	Weslaco	78596	municipality (for mtg)
11/28/2023	Employees Better Govt. PAC	\$ 1,500.00	18500 N. Allied Way	Phoenix, AZ	85054	political committee
11/21/2023	Half Associates-State PAC	\$ 1,000.00	1201 N. Bowser Rd.	Richardson	75081	political committee
11/13/2023	Dolores B. Gonzalez	\$ 1,000.00	121 E. Quamasia Ave.	McAllen	78504	self-employed
11/13/2023	Jaime Ricardo Solis	\$ 500.00	13504 Stags Leap	Edinburg	78541	pharmacist
11/12/2023	David Cavazos	\$ 500.00	self-employed+C8.C35	Phoenix, AZ	85016	self-employed
11/2/2023	Frank Garza Law Firm, PLLC	\$ 700.00	P O Box 1635	Weslaco	78596	law firm
11/1/2023	Law Office of Eloy Sepulveda	\$ 500.00	716 S. TX Blvd	Weslaco	78596	law firm
TOTAL CONTRIBUTIONS		\$ 40,384.69				

# 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.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME ADRIAN GONZALEZ		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code  ==SEE ATTACHED SCHEDULE==		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description	
	<div style="display: flex; justify-content: space-between;"> <span><b>(c)</b> Check if travel outside of Texas. Complete Schedule T.</span> <span>Check if Austin, TX, officeholder living expense</span> </div>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<div style="display: flex; justify-content: space-between;"> <span>Check if travel outside of Texas. Complete Schedule T.</span> <span>Check if Austin, TX, officeholder living expense</span> </div>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<div style="display: flex; justify-content: space-between;"> <span>Check if travel outside of Texas. Complete Schedule T.</span> <span>Check if Austin, TX, officeholder living expense</span> </div>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		

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





# 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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME <b>ADRIAN GONZALEZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/04/2023	<b>5</b> Payee name AIM Media Texas	
<b>6</b> Amount (\$) 9,775.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P O Box 3267 McAllen TX 78502	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expense	<b>(b)</b> Description media and messaging
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/06/2023	Payee name MAP Studies Consulting	
Amount (\$) 36,900.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2008 W. Jonquil McAllen TX 78501	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) consulting & printing expense	Description canvassing, GOTV, mailers
	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	
<b>PURPOSE OF EXPENDITURE</b>	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