

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers) 2 Total pages filed:

| | | | | | | | |
|----------|-------------------------------|--|-----------------------|----|----------|-------------------------|--------|
| 3 | CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <input checked="" type="radio"/> | FIRST <i>Trini</i> | MI | NICKNAME | LAST <i>Gonzalez</i> | SUFFIX |
|----------|-------------------------------|--|-----------------------|----|----------|-------------------------|--------|

OFFICE USE ONLY

RECEIVED

APR 30 2010

City Secretary's Office

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed *HD 4/30/10 10:45 am*

Date Imaged

| | | | | | | |
|--|--|------------------|---------------|------|-------|----------|
| 4 | CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE |
| <input type="checkbox"/> Change of Address | <i>1316 Bullewood Rd. Irving, TX 75060</i> | | | | | |

| | | | | |
|----------|--------------------------------|-----------|--------------|-----------|
| 5 | CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | <i>(214) 707-6380</i> | | | |

| | | | | | | | |
|----------|-------------------------|--|------------------------|----|------------------------|---------------------|--------|
| 6 | CAMPAIGN TREASURER NAME | MS / MRS / MR <input checked="" type="radio"/> | FIRST <i>Robert</i> | MI | NICKNAME <i>Bob</i> | LAST <i>Moon</i> | SUFFIX |
|----------|-------------------------|--|------------------------|----|------------------------|---------------------|--------|

| | | | | | | |
|----------|--|-----------------------------------|---------------|------|-------|----------|
| 7 | CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE # | CITY | STATE | ZIP CODE |
| | <i>3317 Ridgemont St. Irving, TX 75062</i> | | | | | |

| | | | | |
|----------|--------------------------|-----------|--------------|-----------|
| 8 | CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | <i>(972) 252-6384</i> | | | |

| | | | | | | |
|----------|-------------|--|--|--|--|--|
| 9 | REPORT TYPE | <input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | |

| | | | | | | | | |
|-----------|---------------------------------|-------|-----|------|---------|-------|-----|------|
| 10 | PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | <i>04/09/2010 04/30/09</i> | | | | | | | |

| | | | |
|-----------|----------|-------------------|---|
| 11 | ELECTION | ELECTION DATE | ELECTION TYPE |
| | | <i>05/08/2010</i> | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |

| | | | |
|-----------|----------------------|-----------|--------------------------|
| 12 | OFFICE HELD (if any) | 13 | OFFICE SOUGHT (if known) |
| | <i>None</i> | | <i>Place 01</i> |

| | | | | |
|-----------|--|--|------|-------------------|
| 14 | NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure .. | | |
| | Name | <i>N/A</i> | | |
| | Address / PO Box | Apt / Suite # | City | State Zip Code |
| | <input type="checkbox"/> additional pages | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Trini Gonzalez 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

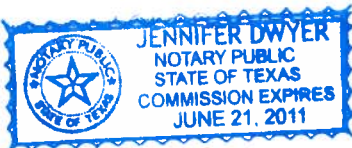
.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..

| | |
|--|--|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | <u>Campaign Finance Committee</u> |
| <input checked="" type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| | <u>139 S. Main Irving, Tx 75060</u> |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | <u>Robert Moon</u> |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| | <u>3317 Ridgemont St. Irving, TX 75062</u> |

| | | |
|-------------------------|---|-------------------------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>2,075.⁰⁰</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ <u>166.65</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>1,281.40</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>2,075</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

19 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.



Trini C. Gonzalez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Trini Gonzalez, this the 30th day of April, 20 10, to certify which, witness my hand and seal of office.

Jennifer Dwyer
Signature of officer administering oath

Jennifer Dwyer
Printed name of officer administering oath

notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 1 of 2 | |
| 2 FILER NAME Trini Gonzalez | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 4/25/10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberto R. Calderon | 7 Amount of contribution (\$) 25.⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code P.O. Box 1045 Denton, TX 76202 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) Univ. of North Texas | |
| Date 3/24/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jorge L. Calderon | Amount of contribution (\$) 50.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3970 Clover Ln. Dallas, TX 75220 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/16/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Humberto Rodriguez + Carol Udel-Rodriguez | Amount of contribution (\$) 50.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code P.O. Box 7 Melissa, TX 75454 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Homebuilder | | Employer (See Instructions) Self-employed | |
| Date 4/16/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eddie Reyes | Amount of contribution (\$) 50.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1512 Silverleaf Dr. Carrollton, TX 75007 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Recruiter | | Employer (See Instructions) Univ. of North Texas | |
| Date 4/15/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prakash Rana | Amount of contribution (\$) 1,500. | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4612 Windsor Ridge Irving, TX 75038 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A <i>2 of 2</i> | |
| 2 FILER NAME <i>Trini Gonzalez</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>4/20/10</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Haninder K. Sur.</i> | 7 Amount of contribution (\$) <i>300.⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>5975 Westgrove Circle Dallas, TX 75248</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) <i>owner</i> | | 10 Employer (See Instructions) <i>Amco Transmission</i> | |
| Date <i>4/20/10</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jose Serrano</i> | Amount of contribution (\$) <i>100.⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>1303 Parr St. Fruing, TX 75061</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>Banker</i> | | Employer (See Instructions) <i>Comerica Bank</i> | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | | |
|---|--|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages this Schedule B: | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇩ ⇨ ⇨ ⇨ ⇨ | | | \$ |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City, State, Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| | | | |
|---|--|--|--|
| LOANS | | SCHEDULE E | |
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E. | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 TOTAL OF UNITEMIZED LOANS: ↻ ↻ ↻ ↻ ↻ ↻ | | \$ | |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) | 9 Loan Amount (\$) | |
| 6 Is lender a financial institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate | |
| | | 11 Maturity date | |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) | |
| 14 Description of Collateral <input type="checkbox"/> none | | | |
| 15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 16 Name of guarantor | 18 Amount Guaranteed (\$) | |
| | 17 Guarantor address; City; State; Zip Code | | |
| 19 Principal Occupation | | 20 Employer | |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) | Loan Amount (\$) | |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code | Interest rate | |
| | | Maturity date | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Description of Collateral <input type="checkbox"/> none | | | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) | |
| | Guarantor address; City; State; Zip Code | | |
| Principal Occupation | | Employer | |
| <p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME Trini Gonzalez 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|---------------------------------|-------------------------------|
| 4 Date <u>4/16/10</u> | 5 Payee name <u>Syed Ali</u> | 7 Amount (\$) <u>74.00</u> |
| 6 Payee address; City, State; Zip Code <u>2719 Meadow Dr. Grand Prairie, TX 75050</u> | | |

| | |
|--|---|
| 8 Purpose of payment (See instructions regarding type of information required.) <u>1000 Political Business Cards</u> (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |
|--|---|

| | | |
|--|------------------------------------|------------------------------|
| Date <u>4/14/10</u> | Payee name <u>Elvia Wallace</u> | Amount (\$) <u>150.00</u> |
| Payee address; City, State; Zip Code <u>500 N Occorror Irving, TX 75061</u> | | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) <u>Table Rental</u> (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |
|---|---|

| | | |
|--|-----------------------------------|------------------------------|
| Date <u>4/13/10</u> | Payee name <u>Anthony Bond</u> | Amount (\$) <u>350.00</u> |
| Payee address; City, State; Zip Code <u>4109 W. Northgate #821 Irving, TX 75062</u> | | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) <u>Political Consultant</u> (If travel outside of Texas, complete Schedule T) | 9 ** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |
|--|---|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule G. 1-282 |
| 2 FILER NAME Trini Gonzalez | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 4/5/10 | 5 Payee name Verizon | 8 Amount (\$) 44.⁴⁴ |
| 6 Payee address; City, State, Zip Code 1316 Balleywood Rd., Irving, TX 75060 | | <input type="checkbox"/> Reimbursement from political contributions intended |
| 7 Purpose of expenditure (See instructions regarding type of information required.) Internet for Political Campaign use <small>(If travel outside of Texas, complete Schedule T)</small> | | |
| Date 4/10/10 | Payee name Dollar General Store | Amount (\$) 10.85 |
| Payee address; City, State, Zip Code 400 S. Nursery Rd. Irving, TX 75060 | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) Supplies + water for Blockwalking. <small>(If travel outside of Texas, complete Schedule T)</small> | | |
| Date 4/10/10 | Payee name Subway Sandwiches + Salads | Amount (\$) 43.29 |
| Payee address; City, State, Zip Code 700 Irving Blvd. Irving, TX 75060 | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) Food for Volunteer at Political Blockwalking <small>(If travel outside of Texas, complete Schedule T)</small> | | |
| Date 4/10/10 | Payee name Kroger Store | Amount (\$) 37.01 |
| Payee address; City, State, Zip Code 515 S. MacArthur Blvd. Irving, TX 75060 | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) Gasoline purchased for Political Blockwalking <small>(If travel outside of Texas, complete Schedule T)</small> | | |
| Date 4/21/10 | Payee name Kroger Store | Amount (\$) 50.25 |
| Payee address; City, State, Zip Code 515 S. MacArthur Blvd. Irving, TX 75060 | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) Gasoline purchased for Campaign Events <small>(If travel outside of Texas, complete Schedule T)</small> | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G.
2 of 2

2 FILER NAME *Trini Gonzalez* 3 ACCOUNT # (Ethics Commission filers)

| | | |
|---|--|--|
| 4 Date <i>4/27/10</i> | 5 Payee name <i>Kroger Store</i> 6 Payee address; City; State; Zip Code <i>515 S MacArthur Blvd. Irving, TX 75060</i> | 8 Amount (\$) <i>31.50</i> |
| 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Gasoline purchased for Campaign Events</i> (If travel outside of Texas, complete Schedule T) | | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|---|--|
| Date <i>4/15/10</i> | Payee name <i>Bobby's T-Shirt + Express Photography</i> Payee address; City; State; Zip Code <i>907 Wynnewood Village Dallas, TX 75224</i> | Amount (\$) <i>90.53</i> |
| Purpose of expenditure (See instructions regarding type of information required.) <i>48 Political Pictures Button</i> (If travel outside of Texas, complete Schedule T) | | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|--|--|
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|--|--|
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|--|--|
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form. 1 Total pages Schedule H

2 FILER NAME *Trini C. Gonzalez* 3 ACCOUNT # (Ethics Commission filers)

| | | |
|---|---|---|
| 4 Date <i>4/7/10</i> | 5 Business name <i>World Wide Services</i> | 7 Amount (\$) <i>100.⁰⁰</i> |
| 6 Business address; City; State; Zip Code <i>139. S. Main St. Irving, TX 75060</i> | | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Rent for Campaign</i> <small>(If travel outside of Texas, complete Schedule T)</small> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|---|---|---|
| Date <i>4/16/10</i> | Business name <i>World Wide Services</i> | Amount (\$) <i>150.⁰⁰</i> |
| Business address; City; State; Zip Code <i>139. S. Main St. Irving, TX 75060</i> | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>Rent for Campaign</i> <small>(If travel outside of Texas, complete Schedule T)</small> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--|---|---|
| Date <i>4/23/10</i> | Business name <i>World Wide Services</i> | Amount (\$) <i>150.⁰⁰</i> |
| Business address; City; State; Zip Code <i>139 S. Main St. Irving, TX 75060</i> | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|---|---------------|-------------|
| Date | Business name | Amount (\$) |
| Business address; City; State; Zip Code | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| | |
|---|--|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule I |
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|--------|---|---------------|
| 4 Date | 5 Payee name | 8 Amount (\$) |
| | 6 Payee address; City; State; Zip Code | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) | |

| | | |
|------|---|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |

| | | |
|------|---|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |

| | | |
|------|---|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |

| | | |
|------|---|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K |
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|---------------|---|----------------------|
| 4 Date | 5 Payor name 6 Payor address; City, State, Zip Code 7 Reason for credit | 8 Amount (\$) |
|---------------|---|----------------------|

| | | |
|------|--|-------------|
| Date | Payor name Payor address; City, State, Zip Code Reason for credit | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payor name Payor address; City, State, Zip Code Reason for credit | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payor name Payor address; City, State, Zip Code Reason for credit | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payor name Payor address; City, State, Zip Code Reason for credit | Amount (\$) |
|------|--|-------------|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| 6 Dates of travel | 7 Name of person(s) traveling | |
| | 8 Departure city or name of departure location | |
| | 9 Destination city or name of destination location | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) | |

| | | |
|---|---|--|
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |

| | | |
|---|---|--|
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Trini C. Gonzalez

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder