

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Charles A. Gonzalez Congressional Campaign

ADDRESS (number and street) PO Box 12612  
 Check if different than previously reported. (ACC)  
San Antonio TX 78212

2. **FEC IDENTIFICATION NUMBER** C00330084  
**CITY** **STATE** TX **ZIP CODE** TX 20  
3. **IS THIS REPORT**  **NEW (N)** **OR**  **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Irene S. Baldrige

Signature of Treasurer Electronically Filed by Irene S. Baldrige Date 04 15 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Charles A. Gonzalez Congressional Campaign

Report Covering the Period: From:    To:

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 77625.00                | 77625.00                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 77625.00                | 77625.00                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 66038.14                | 108233.47                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 66038.14                | 108233.47                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 125640.82               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Charles A. Gonzalez Congressional Campaign

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5750.00

5750.00

(ii) Unitemized.....

175.00

175.00

(iii) TOTAL of contributions

5925.00

5925.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

71700.00

71700.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

77625.00

77625.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

77625.00

77625.00

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Election Cycle-to-Date**

|  |          |           |
|--|----------|-----------|
| 17. OPERATING EXPENDITURES.....  | 66038.14 | 108233.47 |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00     | 0.00      |
| 19. LOAN REPAYMENTS:   |          |           |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00     | 0.00      |
| (b) Of all Other Loans.....  | 0.00     | 0.00      |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00     | 0.00      |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |          |           |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00     | 0.00      |
| (b) Political Party Committees.....  | 0.00     | 0.00      |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00     | 0.00      |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00     | 0.00      |
| 21. OTHER DISBURSEMENTS.....   | 4550.00  | 14209.50  |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 70588.14 | 122442.97 |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 118603.96 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 77625.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 196228.96 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 70588.14  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 125640.82 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

|   |                              |
|---|------------------------------|
| FOR LINE NUMBER:                        | PAGE 5 / 63                  |
| (check only one)                        |                              |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
| <input type="checkbox"/>                | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|   |   |                          |   |  |  |
|---|---|--------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Andrew Athy          |                          | Date of Receipt<br>MM / DD / YYYY<br>02 / 27 / 2009   |  |  |
|   | Mailing Address 1310 19th St., NW                               |                          | <b>Transaction ID:</b> C7024  |  |  |
|   | City<br>Washington  | State<br>DC              | Zip Code<br>20036-1602  | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |  |
|   | Name of Employer<br>Self  | Occupation<br>Attorney   |   |  |  |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼ |   | 500.00                                       |  |

|   |   |                                   |   |  |  |
|---|---|-----------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Kevin W. Brown       |                                   | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009   |  |  |
|   | Mailing Address 2748 Silver Cloud Dr.                           |                                   | <b>Transaction ID:</b> C7073  |  |  |
|   | City<br>Park City   | State<br>UT                       | Zip Code<br>84060   | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |  |
|   | Name of Employer<br>Sinclair Oil Corp.                          | Occupation<br>Exec VP, Operations |   |  |  |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼          |   | 250.00                                       |  |

|   |   |                          |   |   |  |
|---|---|--------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Jamie Capelo         |                          | Date of Receipt<br>MM / DD / YYYY<br>01 / 02 / 2009   |   |  |
|   | Mailing Address 807 Rock Creek Dr.                              |                          | <b>Transaction ID:</b> C7020  |   |  |
|   | City<br>Austin  | State<br>TX              | Zip Code<br>78746   | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |   |  |
|   | Name of Employer<br>Law Offices of Jamie Cape-<br>lo            | Occupation<br>attorney   |   |   |  |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼ |   | 1000.00                                       |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 63                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|   |   |                         |   |  |  |
|---|---|-------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Carl N. Guerrerri    |                         | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009   |  |  |
|   | Mailing Address 10102 Holland Ct.                               |                         | <b>Transaction ID:</b> C7044  |  |  |
|   | City<br>Manassas  | State<br>VA             | Zip Code<br>20110-6059  | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                         | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |  |
|   | Name of Employer<br>EWA, Inc.                                   | Occupation<br>President |   |  |  |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00                              |                         |   |  |  |

|   |   |                           |   |   |  |
|---|---|---------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Hunton & Williams    |                           | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009   |   |  |
|   | Mailing Address 1900 K Street, NW                               |                           | <b>Transaction ID:</b> C7030  |   |  |
|   | City<br>Washington  | State<br>DC               | Zip Code<br>20006-1109  | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                           | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |   |  |
|   | Name of Employer<br>Hunton & Williams                           | Occupation<br>Partnership |   |   |  |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00                             |                           | Attributed evenly among 300 partne  |   |  |

|   |   |                         |   |  |  |
|---|---|-------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mickey Ibarra        |                         | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009   |  |  |
|   | Mailing Address 4808 Moorland Lane, #803                        |                         | <b>Transaction ID:</b> C7042  |  |  |
|   | City<br>Bethesda  | State<br>MD             | Zip Code<br>20814-6140  | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                         | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |  |
|   | Name of Employer<br>Mickey Ibarra & Associates, Inc.            | Occupation<br>President |   |  |  |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00                              |                         |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Melvin F. Sykes</p> <p>Mailing Address 623 Tayman Drive</p> <p>City State Zip Code<br/>Annapolis MD 21403</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer<br/>Self-Employed</p> <p>Occupation<br/>Attorney</p> <p>Receipt For: 2010<br/> <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">03 / 24 / 2009</span></p> <p><b>Transaction ID:</b> C7041</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

|  |   |
|--|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Thomas J. Williams</p> <p>Mailing Address 43914 Cheltenham Cir.</p> <p>City State Zip Code<br/>Ashburn VA 20147</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer<br/>Electronic Warfare Assoc., Inc.</p> <p>Occupation<br/>Vice President</p> <p>Receipt For: 2010<br/> <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">03 / 24 / 2009</span></p> <p><b>Transaction ID:</b> C7043</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

|   |  |
|---|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>John W. Barger</p> <p>Mailing Address 3210 Goldsboro Street</p> <p>City State Zip Code<br/>San Antonio TX 78230</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer<br/>San Antonio Radio Works</p> <p>Occupation<br/>President &amp; CEO</p> <p>Receipt For: 2010<br/> <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2009</span></p> <p><b>Transaction ID:</b> C7079</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p>* Earmarked Contribution:<br/>See Below</p> |
|---|--|

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">1500.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>       |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|   |   |             |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 8 / 63 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |             |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACT   |  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009  |
| Mailing Address 1771 N Street NW  |  | Transaction ID: C7079B   |
| City<br>Washington  | State<br>DC                                  | Zip Code<br>20036  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00009985  | Amount of Each Receipt this Period<br>500.00 |  |
| Name of Employer  | Occupation<br>Conduit total: \$500.00        | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>Note: Above Contribution earmarked through this organization. |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>0.00             |  |

**B.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Wiley Rein LLP   |  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009   |
| Mailing Address 1776 K Street, NW   |  | Transaction ID: C7056   |
| City<br>Washington  | State<br>DC                                  | Zip Code<br>20006   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>500.00 |   |
| Name of Employer  | Occupation                                   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>PARTNERSHIP--partners below if itemized</b> |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 500.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 5750.00 |



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 63

(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

Charles A. Gonzalez Congressional Campaign

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 1050 31st Street N.W.

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: C7053

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE GOVERNMENT, THE

Mailing Address 1 Riverside Plaza - 26th Floor  
P.O. Box 16036

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 27 / 2009

Transaction ID: C7025

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE; THE (GASPAC)

Mailing Address 400 N. Capitol St. N.W.

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00007450

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: C7031

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1100 15th Street NW  
Suite 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00193854

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 03 / 10 / 2009  
**Transaction ID: C7034**  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES APAC

Mailing Address 1575 I Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 24 / 2009  
**Transaction ID: C7047**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street  
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: C7068**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street  
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: C7069**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CLEAR CHANNEL COMMUNICATIONS INC POLITICAL ACTION COMMITTEE

Mailing Address 200 E. Basse Road

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: C7065**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street  
35th Floor

City Philadelphia State PA Zip Code 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: C7070**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 63  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Date of Receipt: MM / DD / YYYY  
03 / 31 / 2009

Mailing Address 8400 Westpark Drive  
City State Zip Code  
McLean VA 22102

Transaction ID: C7064

Amount of Each Receipt this Period  
2500.00

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DTE ENERGY CO. PAC - FEDERAL

Date of Receipt: MM / DD / YYYY  
03 / 17 / 2009

Mailing Address 2000 Second Avenue Room 1585 WCB  
City State Zip Code  
Detroit MI 48226

Transaction ID: C7040

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee. **C** C00081547

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
EDWARDS LIFESCIENCES POLITICAL ACTION COMMITTEE (EWPAC)

Date of Receipt: MM / DD / YYYY  
03 / 05 / 2009

Mailing Address ONE EDWARDS WAY  
City State Zip Code  
IRVINE CA 92614

Transaction ID: C7029

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee. **C** C00411900

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Full Name (Last, First, Middle Initial)  
Mailing Address 1125 17TH ST. NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: C7078

Amount of Each Receipt this Period

5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Entergy Corporation PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 425 W. Capitol Avenue Suite 40B

City State Zip Code  
Little Rock AR 72203

FEC ID number of contributing federal political committee. **C** C00363879

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 27 / 2009

Transaction ID: C7026

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** EXXON MOBIL CORPORATION-MOBIL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
Mailing Address 5959 LAS COLINAS BLVD

City State Zip Code  
IRVING TX 75039

FEC ID number of contributing federal political committee. **C** C00095406

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: C7082

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 14 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
FULBRIGHT

Mailing Address 1301 MCKINNEY SUITE 5100

City State Zip Code  
HOUSTON TX 77010

FEC ID number of contributing federal political committee. **C** C00149013

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 0 6 / 2 0 0 9

**Transaction ID:** C7023

Amount of Each Receipt this Period  
1400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 Pennsylvania Ave NW  
Suite 900W

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

**Transaction ID:** C7052

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
HEARTPLACE FEDERAL PAC

Mailing Address 14800 LANDMARK BLVD STE 700

City State Zip Code  
DALLAS TX 75254

FEC ID number of contributing federal political committee. **C** C00430124

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 2 / 2 0 0 9

**Transaction ID:** C7021

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4700.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)  
Mailing Address 655 15th Street NW Suite 445

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 03 / 11 / 2009  
**Transaction ID:** C7036  
 Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)  
Mailing Address 655 15th Street NW Suite 445

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** C7081  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
LYONDELL CHEMICAL COMPANY PAC  
Mailing Address 1221 MCKINNEY STREET SUITE 700

City HOUSTON State TX Zip Code 77010

FEC ID number of contributing federal political committee. **C** C00306175

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** C7076  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND

Mailing Address 700 MARITIME BLVD SUITE 500

City State Zip Code  
LINTHICUM HEIGHTS MD 21090

FEC ID number of contributing federal political committee. **C** C00073056

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** C7067

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Mailing Address 2000 14TH ST  
SUITE 450

City State Zip Code  
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** C7072

Amount of Each Receipt this Period  
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2009

**Transaction ID:** C7048

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address PO BOX 820292

City MEMPHIS State TN Zip Code 38182

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: C7058**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M Street NW Suite 540

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: C7074**  
 Amount of Each Receipt this Period: 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NORTHEAST UTILITIES EMPLOYEES POLITICAL ACTION COMMITTEE-FEDERAL

Mailing Address 901 F Street, NW, Suite 602

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00102160

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: C7055**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1776 I Street NW 4th Floor

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00239848

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 4 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C7049

Amount of Each Receipt this Period  

|         |
|---------|
| 2000.00 |
|---------|

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
PG&E CORPORATION EMPLOYEES ENERGYPAC

Mailing Address 77 Beale Street Mail Code: B29H

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C7038

Amount of Each Receipt this Period  

|         |
|---------|
| 1000.00 |
|---------|

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
POWER & ENERGY POLITICAL ACTION COMMITTEE OF TXU CORP.

Mailing Address 1601 Bryan St.  
37-036

City Dallas State TX Zip Code 75201

FEC ID number of contributing federal political committee. **C** C00255950

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C7028

Amount of Each Receipt this Period  

|         |
|---------|
| 2000.00 |
|---------|

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
POWERPAC OF THE EDISON ELECTRIC INSTITUTE

Mailing Address 701 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 17 / 2009  
Transaction ID: C7037  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
PROGRESS ENERGY EMPLOYEES' FEDERAL PAC

Mailing Address PO Box 1510

City Raleigh State NC Zip Code 27602

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 10 / 2009  
Transaction ID: C7032  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
RIO GRANDE VALLEY SUGAR GROWERS INC POLITICAL ACTION COMMITTEE

Mailing Address 2.5 MILES WEST ON HIGHWAY 107  
PO BOX 459

City SANTA ROSA State TX Zip Code 78543

FEC ID number of contributing federal political committee. **C** C00185686

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: C7054  
Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
SANOFI PASTEUR POLITICAL ACTION COMMITTEE

Mailing Address DISCOVERY DRIVE

City State Zip Code  
SWIFTWATER PA 18370

FEC ID number of contributing federal political committee. **C** C00215236

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2009

**Transaction ID:** C7051

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
TECO ENERGY INC EMPLOYEES' PAC

Mailing Address 702 N FRANKLIN STREET

City State Zip Code  
TAMPA FL 33602

FEC ID number of contributing federal political committee. **C** C00161422

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** C7057

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
TESORO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 300 CONCORD PLAZA DRIVE

City State Zip Code  
SAN ANTONIO TX 78216

FEC ID number of contributing federal political committee. **C** C00358366

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2009

**Transaction ID:** C7033

Amount of Each Receipt this Period  
 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 63  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
TRANSPORTATION INTERMEDIARIES ASSOCIATION'S TIAPAC

Mailing Address 1625 PRINCE ST SUITE 200

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00335091

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** C7045

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** C7039

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 600 13th St. NW  
Suite 340

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** C7050

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
UNIVISION COMMUNICATIONS INC POLITICAL ACTION COMMITTEE

Mailing Address 520 S GRAND AVE #700

City State Zip Code  
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00435735

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2009

**Transaction ID:** C7046

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address One Valero Way

City State Zip Code  
San Antonio TX 78249

FEC ID number of contributing federal political committee. **C** C00109546

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** C7071

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City State Zip Code  
Bentonville AR 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** C7066

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|   |                              |   |
|---|------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 23 / 63                            |
|   | (check only one)             |   |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 11d  | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a            |
| <input type="checkbox"/> 13b  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>WYOMING REFINING COMPANY POLITICAL ACTION COMMITTEE  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009   |
| Mailing Address 1600 BROADWAY SUITE 2300  |                                    | <b>Transaction ID:</b> C7075  |
| City DENVER   | State CO                           | Zip Code 80202  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00330837  |                                    | Amount of Each Receipt this Period<br>500.00  |
| Name of Employer  | Occupation                         | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009   |
| Mailing Address 1225 17TH STREET, SUITE 1200<br>Suite 900   |                                     | <b>Transaction ID:</b> C7035  |
| City DENVER   | State CO                            | Zip Code 80202  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00107771  |                                     | Amount of Each Receipt this Period<br>2000.00   |
| Name of Employer  | Occupation                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00 |   |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2500.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 71700.00 |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>AT&T Mobility   | Transaction ID: D7762<br>Date of Disbursement<br>01 / 02 / 2009  |
|    | Mailing Address PO Box 650574  | Amount of Each Disbursement this Period<br>218.60  |
|    | City Dallas State TX Zip Code 75265-0574   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Telephone expense<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>AT&T Mobility   | Transaction ID: D7761<br>Date of Disbursement<br>01 / 29 / 2009  |
|    | Mailing Address PO Box 650574  | Amount of Each Disbursement this Period<br>224.47  |
|    | City Dallas State TX Zip Code 75265-0574   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Telephone expense<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>AT&T Mobility   | Transaction ID: D7840<br>Date of Disbursement<br>02 / 24 / 2009  |
|    | Mailing Address PO Box 650574  | Amount of Each Disbursement this Period<br>215.82  |
|    | City Dallas State TX Zip Code 75265-0574   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Telephone expense<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

658.89

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AT&amp;T</p> <p>Mailing Address P.O. Box 2971</p> <p>City Omaha State NE Zip Code 68103-2971</p> <p>Purpose of Disbursement Telephone expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D7760</p> <p>Date of Disbursement<br/>01 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>271.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AT&amp;T</p> <p>Mailing Address P.O. Box 2971</p> <p>City Omaha State NE Zip Code 68103-2971</p> <p>Purpose of Disbursement Telephone expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D7839</p> <p>Date of Disbursement<br/>02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>254.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AT&amp;T</p> <p>Mailing Address P.O. Box 2971</p> <p>City Omaha State NE Zip Code 68103-2971</p> <p>Purpose of Disbursement Telephone expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D7886</p> <p>Date of Disbursement<br/>03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period<br/>290.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

815.68

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Creative Coalition<br><hr/> Mailing Address 1100 Avenue of the Americas<br><hr/> City New York State NY Zip Code 10036<br><hr/> Purpose of Disbursement<br>Event tickets<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                         | <b>Transaction ID:</b> D7778<br>Date of Disbursement<br>01 / 14 / 2009<br><hr/> Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Davey Consulting, LLC<br><hr/> Mailing Address 236 Massachusetts Avenue NE Suite<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement<br>Fundraising consulting fee<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | <b>Transaction ID:</b> D7780<br>Date of Disbursement<br>01 / 06 / 2009<br><hr/> Amount of Each Disbursement this Period<br>4000.00<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Davey Consulting, LLC<br><hr/> Mailing Address 236 Massachusetts Avenue NE Suite<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement<br>Telephone expense<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:          | <b>Transaction ID:</b> D7779<br>Date of Disbursement<br>01 / 06 / 2009<br><hr/> Amount of Each Disbursement this Period<br>35.00<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>6035.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Davey Consulting, LLC<br><hr/> Mailing Address 236 Massachusetts Avenue NE Suite<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement Telephone expense<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: D7850<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>35.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| B. | Full Name (Last, First, Middle Initial)<br>Davey Consulting, LLC<br><hr/> Mailing Address 236 Massachusetts Avenue NE Suite<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement Fundraising consulting fee<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D7849<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>4000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial)<br>Davey Consulting, LLC<br><hr/> Mailing Address 236 Massachusetts Avenue NE Suite<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement Fundraising consulting fee<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D7851<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>4000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 8035.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Davey Consulting, LLC   | Transaction ID: D7848<br>Date of Disbursement<br>02 / 26 / 2009  |
|    | Mailing Address 236 Massachusetts Avenue NE Suite  | Amount of Each Disbursement this Period<br>35.00   |
|    | City Washington State DC Zip Code 20002  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Telephone expense<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Davey Consulting, LLC   | Transaction ID: D7892<br>Date of Disbursement<br>03 / 27 / 2009  |
|    | Mailing Address 236 Massachusetts Avenue NE Suite  | Amount of Each Disbursement this Period<br>10.00   |
|    | City Washington State DC Zip Code 20002  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Parking<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Davey Consulting, LLC   | Transaction ID: D7891<br>Date of Disbursement<br>03 / 27 / 2009  |
|    | Mailing Address 236 Massachusetts Avenue NE Suite  | Amount of Each Disbursement this Period<br>35.00   |
|    | City Washington State DC Zip Code 20002  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Telephone expense<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 80.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Davey Consulting, LLC<br><hr/> Mailing Address 236 Massachusetts Avenue NE Suite<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement Fundraising/catering<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: D7889<br>Date of Disbursement<br>03 / 27 / 2009<br><hr/> Amount of Each Disbursement this Period<br>575.79<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| B. | Full Name (Last, First, Middle Initial)<br>Davey Consulting, LLC<br><hr/> Mailing Address 236 Massachusetts Avenue NE Suite<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement Fundraising consulting fee<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D7890<br>Date of Disbursement<br>03 / 27 / 2009<br><hr/> Amount of Each Disbursement this Period<br>4000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial)<br>Elizondo Flower Shop<br><hr/> Mailing Address 445 Castroville Road<br><hr/> City San Antonio State TX Zip Code 78207<br><hr/> Purpose of Disbursement Flowers<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                 | Transaction ID: D7781<br>Date of Disbursement<br>01 / 07 / 2009<br><hr/> Amount of Each Disbursement this Period<br>215.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4790.79

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Elizondo Flower Shop<br><br>Mailing Address 445 Castroville Road<br><br>City San Antonio State TX Zip Code 78207<br><br>Purpose of Disbursement<br>Flowers<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D7893<br>Date of Disbursement<br>03 / 18 / 2009<br><br>Amount of Each Disbursement this Period<br>55.00<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial)<br>Federal Express<br><br>Mailing Address P.O. Box 1140<br><br>City Memphis State TN Zip Code 38101<br><br>Purpose of Disbursement<br>Shipping<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: D7782<br>Date of Disbursement<br>01 / 02 / 2009<br><br>Amount of Each Disbursement this Period<br>21.65<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial)<br>Federal Express<br><br>Mailing Address P.O. Box 1140<br><br>City Memphis State TN Zip Code 38101<br><br>Purpose of Disbursement<br>Shipping<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: D7783<br>Date of Disbursement<br>01 / 29 / 2009<br><br>Amount of Each Disbursement this Period<br>83.87<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

160.52

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Federal Express<br>Mailing Address P.O. Box 1140<br>City Memphis State TN Zip Code 38101<br>Purpose of Disbursement Shipping<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: D7854<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 4 / 2 0 0 9   |
|  | Amount of Each Disbursement this Period<br>15.81<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Category/<br>Type   |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Locust Street Properties, Ltd.<br>Mailing Address 206 East Locust Street<br>City San Antonio State TX Zip Code 78212<br>Purpose of Disbursement Office rent<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: D7790<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 9  |
|   | Amount of Each Disbursement this Period<br>600.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Category/<br>Type  |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Locust Street Properties, Ltd.<br>Mailing Address 206 East Locust Street<br>City San Antonio State TX Zip Code 78212<br>Purpose of Disbursement Office rent<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: D7866<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 9  |
|   | Amount of Each Disbursement this Period<br>600.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Category/<br>Type  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1215.81     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Locust Street Properties, Ltd.  | Transaction ID: D7907<br>Date of Disbursement<br>03 / 02 / 2009  |
|    | Mailing Address 206 East Locust Street   | Amount of Each Disbursement this Period<br>600.00  |
|    | City San Antonio State TX Zip Code 78212   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Office rent<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Message, Audience & Presentation, Inc.  | Transaction ID: D7869<br>Date of Disbursement<br>02 / 02 / 2009  |
|    | Mailing Address 2400 S. 4th Street   | Amount of Each Disbursement this Period<br>10000.00  |
|    | City Austin State TX Zip Code 78704  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Ad production<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>National Democratic Club  | Transaction ID: D7917<br>Date of Disbursement<br>03 / 27 / 2009  |
|    | Mailing Address 30 Ivy Street, SE  | Amount of Each Disbursement this Period<br>480.00  |
|    | City Washington State DC Zip Code 20003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Dues<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11080.00

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>NGP Software Inc.   | Transaction ID: D7796<br>Date of Disbursement<br>01 / 05 / 2009  |
|    | Mailing Address 5039 Connecticut Ave., NW, #1A   | Amount of Each Disbursement this Period<br>300.00  |
|    | City Washington State DC Zip Code 20008  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Tech support<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>NGP Software Inc.   | Transaction ID: D7919<br>Date of Disbursement<br>03 / 26 / 2009  |
|    | Mailing Address 5039 Connecticut Ave., NW, #1A   | Amount of Each Disbursement this Period<br>3300.00   |
|    | City Washington State DC Zip Code 20008  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Tech support<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Overstreet Studios  | Transaction ID: D7922<br>Date of Disbursement<br>03 / 12 / 2009  |
|    | Mailing Address 8126 Broadway  | Amount of Each Disbursement this Period<br>562.26  |
|    | City San Antonio State TX Zip Code 78209   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Photographic services<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4162.26 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Rendon Photography & Fine Art<br><hr/> Mailing Address 733 S. Alamo San Antonio, TX 7820<br><hr/> City San Antonio State TX Zip Code 78205<br><hr/> Purpose of Disbursement<br>Photographic services<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D7928<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>351.40<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial)<br>Myrna M. Reyes<br><hr/> Mailing Address 2910 Chisolm Trail<br><hr/> City San Antonio State TX Zip Code 78217<br><hr/> Purpose of Disbursement<br>Fundraising consulting fee<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                          | Transaction ID: D7795<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 5 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>600.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial)<br>Myrna M. Reyes<br><hr/> Mailing Address 2910 Chisolm Trail<br><hr/> City San Antonio State TX Zip Code 78217<br><hr/> Purpose of Disbursement<br>Fundraising consulting fee<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                          | Transaction ID: D7915<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>600.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1551.40     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>St. Luke's Episcopal School<br><br>Mailing Address 15 St. Luke's Lane<br><br>City San Antonio State TX Zip Code 78209<br><br>Purpose of Disbursement<br>Event sponsor<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:                   | Transaction ID: D7878<br>Date of Disbursement<br>02 / 23 / 2009<br><br>Amount of Each Disbursement this Period<br>250.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| B. | Full Name (Last, First, Middle Initial)<br>Texas Presidential Inaugural Ball<br><br>Mailing Address 5903 Wurzbach Road Suite 100-6<br><br>City Leon Valley State TX Zip Code 78238<br><br>Purpose of Disbursement<br>Event tickets<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: D7814<br>Date of Disbursement<br>01 / 12 / 2009<br><br>Amount of Each Disbursement this Period<br>550.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| C. | Full Name (Last, First, Middle Initial)<br>The Arc<br><br>Mailing Address 4354 Thousand Oaks<br><br>City San Antonio State TX Zip Code 78217<br><br>Purpose of Disbursement<br>Event tickets<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:                                       | Transaction ID: D7934<br>Date of Disbursement<br>03 / 30 / 2009<br><br>Amount of Each Disbursement this Period<br>1000.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1800.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

A.

Full Name (Last, First, Middle Initial)  
Twenty-First Century Group

Transaction ID: D7938

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 9 |   | 2 | 0 | 0 | 9 |

Mailing Address 434 New Jersey Avenue SE

Amount of Each Disbursement this Period

1750.00

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Fundraising event expense

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Twig Book Shop

Transaction ID: D7939

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 3 |   | 2 | 0 | 0 | 9 |

Mailing Address 5005 Broadway

Amount of Each Disbursement this Period

428.30

City State Zip Code  
San Antonio TX 78209

Purpose of Disbursement  
Gifts for supporters

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
West San Antonio Chamber of Commerce

Transaction ID: D7829

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 0 | 9 |

Mailing Address 301 South Frio Street

Amount of Each Disbursement this Period

225.00

City State Zip Code  
San Antonio TX 78207

Purpose of Disbursement  
Event sponsor

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

2403.30

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Winpisinger & Associates, Inc.  | Transaction ID: D7831<br>Date of Disbursement<br>01 / 02 / 2009  |
|    | Mailing Address 315 Inspiration Lane   | Amount of Each Disbursement this Period<br>1509.24   |
|    | City Gaithersburg State MD Zip Code 20878  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>FEC preparation<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Winpisinger & Associates, Inc.  | Transaction ID: D7832<br>Date of Disbursement<br>01 / 22 / 2009  |
|    | Mailing Address 315 Inspiration Lane   | Amount of Each Disbursement this Period<br>1500.00   |
|    | City Gaithersburg State MD Zip Code 20878  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>FEC preparation<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Winpisinger & Associates, Inc.  | Transaction ID: D7884<br>Date of Disbursement<br>02 / 02 / 2009  |
|    | Mailing Address 315 Inspiration Lane   | Amount of Each Disbursement this Period<br>113.44  |
|    | City Gaithersburg State MD Zip Code 20878  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>FEC preparation<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3122.68</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Winpisinger & Associates, Inc.<br><br>Mailing Address 315 Inspiration Lane<br><br>City Gaithersburg State MD Zip Code 20878<br><br>Purpose of Disbursement<br>FEC preparation<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D7950<br>Date of Disbursement<br>03 / 03 / 2009<br><br>Amount of Each Disbursement this Period<br>1519.92<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                         |
| B. | Full Name (Last, First, Middle Initial)<br>American Express<br><br>Mailing Address Suite 0001<br><br>City Chicago State IL Zip Code 60679-0001<br><br>Purpose of Disbursement<br>Credit Card (see below)<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 | Transaction ID: D7756<br>Date of Disbursement<br>01 / 23 / 2009<br><br>Amount of Each Disbursement this Period<br>5846.45<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                         |
| C. | Full Name (Last, First, Middle Initial)<br>Federal Express<br><br>Mailing Address P.O. Box 1140<br><br>City Memphis State TN Zip Code 38101<br><br>Purpose of Disbursement<br>Shipping<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                   | Transaction ID: D7784<br>Date of Disbursement<br>01 / 23 / 2009<br><br>Amount of Each Disbursement this Period<br>18.75<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>[MEMO ITEM]</b> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**7366.37**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Plus Three LP<br>Mailing Address 50 Broadway #28<br>City New York State NY Zip Code 10004<br>Purpose of Disbursement<br>Inaugural event tickets<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: D7805<br>Date of Disbursement<br>01 / 23 / 2009   |
|   | Amount of Each Disbursement this Period<br>4000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Presidential Inaugural Committee<br>Mailing Address PO Box 23562<br>City Washington State DC Zip Code 20026<br>Purpose of Disbursement<br>Inaugural event tickets<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: D7809<br>Date of Disbursement<br>01 / 23 / 2009   |
|   | Amount of Each Disbursement this Period<br>1717.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>American Express<br>Mailing Address Suite 0001<br>City Chicago State IL Zip Code 60679-0001<br>Purpose of Disbursement<br>Credit Card (see below)<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: D7757<br>Date of Disbursement<br>01 / 13 / 2009   |
|   | Amount of Each Disbursement this Period<br>75.92<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

75.92

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.**

Full Name (Last, First, Middle Initial)  
Corner Bakery

Mailing Address 50 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Event catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/Type

Transaction ID: D7777  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address Suite 0001

City Chicago State IL Zip Code 60679-0001

Purpose of Disbursement  
Credit Card (see below)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/Type

Transaction ID: D7758  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Corner Bakery

Mailing Address 50 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Event catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/Type

Transaction ID: D7776  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

A.

Full Name (Last, First, Middle Initial)  
Bank of America Visa

Transaction ID: D7763  
Date of Disbursement

Mailing Address PO Box 15019

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 0 | 9 |

City Wilmington State DE Zip Code 19886-5019

Amount of Each Disbursement this Period

|        |
|--------|
| 173.74 |
|--------|

Purpose of Disbursement  
Credit card (see below if itemized)

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Hertz

Transaction ID: D7786  
Date of Disbursement

Mailing Address 300 Army Navy Drive

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 0 | 9 |

City Arlington State VA Zip Code 22201

Amount of Each Disbursement this Period

|        |
|--------|
| 173.74 |
|--------|

Purpose of Disbursement  
Travel/Car rental

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Bank of America Visa

Transaction ID: D7764  
Date of Disbursement

Mailing Address PO Box 15019

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 0 | 9 |

City Wilmington State DE Zip Code 19886-5019

Amount of Each Disbursement this Period

|        |
|--------|
| 518.22 |
|--------|

Purpose of Disbursement  
Credit card (see below if itemized)

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

|        |
|--------|
| 691.96 |
|--------|

TOTAL This Period (last page this line number only) .....

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.**

Full Name (Last, First, Middle Initial)  
Metro SmarTrip

Mailing Address PO Box 10063

City State Zip Code  
McLean VA 22102-8063

Purpose of Disbursement  
Metro Smart-Trip cards

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7793

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

|        |
|--------|
| 270.00 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Michael's

Mailing Address 255 E. Basse

City State Zip Code  
San Antonio TX 78209

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7794

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

|      |
|------|
| 6.29 |
|------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Presidential Inaugural Committee

Mailing Address PO Box 23562

City State Zip Code  
Washington DC 20026

Purpose of Disbursement  
Event tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7808

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

|        |
|--------|
| 170.75 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

A.

Full Name (Last, First, Middle Initial)  
Charles A. Gonzalez

Mailing Address 206 E. Locust Street

City San Antonio State TX Zip Code 78212

Purpose of Disbursement Expenses (see below)

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D7769  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Alamo Wireless

Mailing Address 333 W. Olmos Dr.

City San Antonio State TX Zip Code 78212-1959

Purpose of Disbursement Telephone Expense

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D7755  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
House Gift Shop

Mailing Address B-217 Longworth House Office Bldg.

City Washington State DC Zip Code 20515

Purpose of Disbursement Gifts for supporters

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D7787  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Panchito's  | Transaction ID: D7803<br>Date of Disbursement<br>01 / 05 / 2009  |
|    | Mailing Address 4118 McCullough Avenue   | Amount of Each Disbursement this Period<br>17.68   |
|    | City San Antonio State TX Zip Code 78210   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |
|    | Purpose of Disbursement Meal<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Panchito's  | Transaction ID: D7802<br>Date of Disbursement<br>01 / 05 / 2009  |
|    | Mailing Address 4118 McCullough Avenue   | Amount of Each Disbursement this Period<br>15.40   |
|    | City San Antonio State TX Zip Code 78210   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |
|    | Purpose of Disbursement Meal<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Panchito's  | Transaction ID: D7804<br>Date of Disbursement<br>01 / 05 / 2009  |
|    | Mailing Address 4118 McCullough Avenue   | Amount of Each Disbursement this Period<br>16.01   |
|    | City San Antonio State TX Zip Code 78210   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |
|    | Purpose of Disbursement Meal<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|           |  |   |  |
|-----------|--|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Panchito's<br>Mailing Address 4118 McCullough Avenue<br>City San Antonio State TX Zip Code 78210<br>Purpose of Disbursement Meal<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:                                  | Transaction ID: D7801<br>Date of Disbursement<br>01 / 05 / 2009<br>Amount of Each Disbursement this Period<br>13.19<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>  |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Santikos Theatres, Inc.<br>Mailing Address 601 Embassy Oaks Suite 105<br>City San Antonio State TX Zip Code 78216<br>Purpose of Disbursement Gifts for Supporters<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: D7811<br>Date of Disbursement<br>01 / 05 / 2009<br>Amount of Each Disbursement this Period<br>225.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Valero Gas<br>Mailing Address 727 McCullough Avenue<br>City San Antonio State TX Zip Code 78215<br>Purpose of Disbursement Gas<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:                                    | Transaction ID: D7820<br>Date of Disbursement<br>01 / 05 / 2009<br>Amount of Each Disbursement this Period<br>8.82<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>   |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

A.

Full Name (Last, First, Middle Initial)

Valero Gas

Mailing Address 727 McCullough Avenue

City State Zip Code  
San Antonio TX 78215

Purpose of Disbursement  
Gas

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7819

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

16.88

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Valero Gas

Mailing Address 727 McCullough Avenue

City State Zip Code  
San Antonio TX 78215

Purpose of Disbursement  
Gas

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7818

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

5.15

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Valero Gas

Mailing Address 727 McCullough Avenue

City State Zip Code  
San Antonio TX 78215

Purpose of Disbursement  
Gas

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7817

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

10.39

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Walgreens   | Transaction ID: D7825<br>Date of Disbursement<br>01 / 05 / 2009   |
|    | Mailing Address 6635 Bandera Rd  | Amount of Each Disbursement this Period<br>8.64   |
|    | City San Antonio State TX Zip Code 78238   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
|    | Purpose of Disbursement Office supplies<br>Candidate Name  |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 |   |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Walgreens   | Transaction ID: D7826<br>Date of Disbursement<br>01 / 05 / 2009   |
|    | Mailing Address 6635 Bandera Rd  | Amount of Each Disbursement this Period<br>8.49   |
|    | City San Antonio State TX Zip Code 78238   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
|    | Purpose of Disbursement Office supplies<br>Candidate Name  |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 |   |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Walgreens   | Transaction ID: D7823<br>Date of Disbursement<br>01 / 05 / 2009   |
|    | Mailing Address 6635 Bandera Rd  | Amount of Each Disbursement this Period<br>28.60  |
|    | City San Antonio State TX Zip Code 78238   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
|    | Purpose of Disbursement Office supplies<br>Candidate Name  |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 |   |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Walgreens   | Transaction ID: D7824<br>Date of Disbursement<br>01 / 05 / 2009  |
|    | Mailing Address 6635 Bandera Rd  | Amount of Each Disbursement this Period<br>6.97  |
|    | City San Antonio State TX Zip Code 78238   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Office supplies  | <b>[MEMO ITEM]</b>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Walgreens   | Transaction ID: D7822<br>Date of Disbursement<br>01 / 05 / 2009  |
|    | Mailing Address 6635 Bandera Rd  | Amount of Each Disbursement this Period<br>1.98  |
|    | City San Antonio State TX Zip Code 78238   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Office supplies  | <b>[MEMO ITEM]</b>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Chase Card Services   | Transaction ID: D7771<br>Date of Disbursement<br>01 / 26 / 2009  |
|    | Mailing Address PO Box 94014   | Amount of Each Disbursement this Period<br>177.75  |
|    | City Palatine State IL Zip Code 60094-4014   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Credit card (see below)  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

177.75

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

**A.** Full Name (Last, First, Middle Initial)  
Presidential Inaugural Committee

Mailing Address PO Box 23562

City Washington State DC Zip Code 20026

Purpose of Disbursement  
Inauguration event tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7810

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Chase Card Services

Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094-4014

Purpose of Disbursement  
Credit card (see below)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7772

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Presidential Inaugural Committee

Mailing Address PO Box 23562

City Washington State DC Zip Code 20026

Purpose of Disbursement  
Inauguration event tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7807

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

A.

Full Name (Last, First, Middle Initial)  
Presidential Inaugural Committee

Mailing Address PO Box 23562

City Washington State DC Zip Code 20026

Purpose of Disbursement

Event ticket

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7753

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

170.75

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address Suite 0001

City Chicago State IL Zip Code 60679-0001

Purpose of Disbursement

Credit Card (see below)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7834

Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

3346.37

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Capitol Host Catering

Mailing Address B-339 Rayburn Bldg.

City Washington State DC Zip Code 20515

Purpose of Disbursement

Event catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7844

Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

3346.37

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

3346.37

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D7835<br>Date of Disbursement<br>02 / 18 / 2009  |
|    | Mailing Address Suite 0001   | Amount of Each Disbursement this Period<br>195.00  |
|    | City Chicago State IL Zip Code 60679-0001  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>Credit Card (see below if itemized)   |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D7836<br>Date of Disbursement<br>02 / 13 / 2009  |
|    | Mailing Address Suite 0001   | Amount of Each Disbursement this Period<br>49.39   |
|    | City Chicago State IL Zip Code 60679-0001  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>Credit Card (see below)   |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Charles A. Gonzalez   | Transaction ID: D7847<br>Date of Disbursement<br>02 / 02 / 2009  |
|    | Mailing Address 206 E. Locust Street   | Amount of Each Disbursement this Period<br>2434.71   |
|    | City San Antonio State TX Zip Code 78212   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>Expenses (see below)  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2679.10 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>AT&T<br><br>Mailing Address P.O. Box 2971<br><br>City Omaha State NE Zip Code 68103-2971<br><br>Purpose of Disbursement Telephone expense<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                               | Transaction ID: D7838<br>Date of Disbursement<br>02 / 02 / 2009<br><br>Amount of Each Disbursement this Period<br>21.61<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Central Michel Richard Restaurant<br><br>Mailing Address 1001 Pennsylvania Avenue NW<br><br>City Washington State DC Zip Code 20004<br><br>Purpose of Disbursement Meal<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D7846<br>Date of Disbursement<br>02 / 02 / 2009<br><br>Amount of Each Disbursement this Period<br>300.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DC Livery<br><br>Mailing Address 7424 Wilma Lane<br><br>City Lorton State VA Zip Code 22079<br><br>Purpose of Disbursement Transportation<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                               | Transaction ID: D7853<br>Date of Disbursement<br>02 / 02 / 2009<br><br>Amount of Each Disbursement this Period<br>560.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

A.

Full Name (Last, First, Middle Initial)  
DC Livery

Mailing Address 7424 Wilma Lane

City Lorton State VA Zip Code 22079

Purpose of Disbursement  
Transportation  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D7852  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 2 |   | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

|        |
|--------|
| 560.00 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
House Gift Shop

Mailing Address B-217 Longworth House Office Bldg.

City Washington State DC Zip Code 20515

Purpose of Disbursement  
Gifts for supporters  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D7859  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 2 |   | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

|        |
|--------|
| 108.00 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
House Gift Shop

Mailing Address B-217 Longworth House Office Bldg.

City Washington State DC Zip Code 20515

Purpose of Disbursement  
Gifts for supporters  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D7858  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 2 |   | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

|       |
|-------|
| 83.40 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

|      |
|------|
| 0.00 |
|------|

TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>House Gift Shop<br>Mailing Address B-217 Longworth House Office Bldg.<br>City Washington State DC Zip Code 20515<br>Purpose of Disbursement Gifts for supporters<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D7857<br>Date of Disbursement<br>02 / 02 / 2009<br>Amount of Each Disbursement this Period<br>242.60<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| B. | Full Name (Last, First, Middle Initial)<br>House Gift Shop<br>Mailing Address B-217 Longworth House Office Bldg.<br>City Washington State DC Zip Code 20515<br>Purpose of Disbursement Gifts for supporters<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D7856<br>Date of Disbursement<br>02 / 02 / 2009<br>Amount of Each Disbursement this Period<br>54.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>  |
| C. | Full Name (Last, First, Middle Initial)<br>Michael's<br>Mailing Address 255 E. Basse<br>City San Antonio State TX Zip Code 78209<br>Purpose of Disbursement Office supplies<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                 | Transaction ID: D7870<br>Date of Disbursement<br>02 / 02 / 2009<br>Amount of Each Disbursement this Period<br>31.83<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |      |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Panchito's  | Transaction ID: D7874<br>Date of Disbursement<br>02 / 02 / 2009  |
|    | Mailing Address 4118 McCullough Avenue   | Amount of Each Disbursement this Period<br>25.68   |
|    | City San Antonio State TX Zip Code 78210   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                      |
|    | Purpose of Disbursement Meal<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Panchito's  | Transaction ID: D7873<br>Date of Disbursement<br>02 / 02 / 2009  |
|    | Mailing Address 4118 McCullough Avenue   | Amount of Each Disbursement this Period<br>15.00   |
|    | City San Antonio State TX Zip Code 78210   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                      |
|    | Purpose of Disbursement Meal<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Valero Gas  | Transaction ID: D7882<br>Date of Disbursement<br>02 / 02 / 2009  |
|    | Mailing Address 727 McCullough Avenue  | Amount of Each Disbursement this Period<br>13.56   |
|    | City San Antonio State TX Zip Code 78215   | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                      |
|    | Purpose of Disbursement Gas<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

A.

Full Name (Last, First, Middle Initial)  
Charles A. Gonzalez

Transaction ID: D7888  
Date of Disbursement

Mailing Address 206 E. Locust Street

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 3 |   | 2 | 0 | 0 | 9 |

City State Zip Code  
San Antonio TX 78212

Amount of Each Disbursement this Period

|         |
|---------|
| 1213.58 |
|---------|

Purpose of Disbursement Expenses (see below)

|               |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
House Gift Shop

Transaction ID: D7898  
Date of Disbursement

Mailing Address B-217 Longworth House Office Bldg.

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 3 |   | 2 | 0 | 0 | 9 |

City State Zip Code  
Washington DC 20515

Amount of Each Disbursement this Period

|       |
|-------|
| 22.83 |
|-------|

Purpose of Disbursement Gifts for supporters

|               |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
House Gift Shop

Transaction ID: D7897  
Date of Disbursement

Mailing Address B-217 Longworth House Office Bldg.

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 3 |   | 2 | 0 | 0 | 9 |

City State Zip Code  
Washington DC 20515

Amount of Each Disbursement this Period

|       |
|-------|
| 38.40 |
|-------|

Purpose of Disbursement Gifts for supporters

|               |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

|         |
|---------|
| 1213.58 |
|---------|

TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Michael's   | Transaction ID: D7912  |
|    | Mailing Address 255 E. Basse   | Date of Disbursement<br>03 / 03 / 2009   |
|    | City San Antonio State TX Zip Code 78209   | Amount of Each Disbursement this Period<br>101.51  |
|    | Purpose of Disbursement Office supplies  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   | [MEMO ITEM]  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Michael's   | Transaction ID: D7913  |
|    | Mailing Address 255 E. Basse   | Date of Disbursement<br>03 / 03 / 2009   |
|    | City San Antonio State TX Zip Code 78209   | Amount of Each Disbursement this Period<br>38.05   |
|    | Purpose of Disbursement Office supplies  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   | [MEMO ITEM]  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Office Max  | Transaction ID: D7920  |
|    | Mailing Address 255 E. Basse, #1510  | Date of Disbursement<br>03 / 03 / 2009   |
|    | City San Antonio State TX Zip Code 78209   | Amount of Each Disbursement this Period<br>78.08   |
|    | Purpose of Disbursement Office supplies  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   | [MEMO ITEM]  |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Panchito's  | Transaction ID: D7925<br>Date of Disbursement<br>03 / 03 / 2009  |
|    | Mailing Address 4118 McCullough Avenue   | Amount of Each Disbursement this Period<br>9.24  |
|    | City San Antonio State TX Zip Code 78210   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |
|    | Purpose of Disbursement Meal<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Panchito's  | Transaction ID: D7924<br>Date of Disbursement<br>03 / 03 / 2009  |
|    | Mailing Address 4118 McCullough Avenue   | Amount of Each Disbursement this Period<br>16.01   |
|    | City San Antonio State TX Zip Code 78210   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |
|    | Purpose of Disbursement Meal<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Panchito's  | Transaction ID: D7923<br>Date of Disbursement<br>03 / 03 / 2009  |
|    | Mailing Address 4118 McCullough Avenue   | Amount of Each Disbursement this Period<br>30.93   |
|    | City San Antonio State TX Zip Code 78210   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |
|    | Purpose of Disbursement Meal<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Valero Gas  | Transaction ID: D7944   |
|    | Mailing Address 727 McCullough Avenue  | Date of Disbursement<br>03 / 03 / 2009  |
|    | City San Antonio State TX Zip Code 78215   | Amount of Each Disbursement this Period<br>15.06  |
|    | Purpose of Disbursement Gas  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|    | Candidate Name   | [MEMO ITEM]   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                               |   |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Valero Gas  | Transaction ID: D7941   |
|    | Mailing Address 727 McCullough Avenue  | Date of Disbursement<br>03 / 03 / 2009  |
|    | City San Antonio State TX Zip Code 78215   | Amount of Each Disbursement this Period<br>17.86  |
|    | Purpose of Disbursement Gas  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|    | Candidate Name   | [MEMO ITEM]   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                               |   |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Valero Gas  | Transaction ID: D7943   |
|    | Mailing Address 727 McCullough Avenue  | Date of Disbursement<br>03 / 03 / 2009  |
|    | City San Antonio State TX Zip Code 78215   | Amount of Each Disbursement this Period<br>10.93  |
|    | Purpose of Disbursement Gas  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|    | Candidate Name   | [MEMO ITEM]   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                               |   |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

A.

Full Name (Last, First, Middle Initial)  
Valero Gas

Mailing Address 727 McCullough Avenue

City San Antonio State TX Zip Code 78215

Purpose of Disbursement  
Gas

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7942  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 3 |   | 2 | 0 | 9 |   |

Amount of Each Disbursement this Period

|       |
|-------|
| 10.06 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Walgreens

Mailing Address 6635 Bandera Rd

City San Antonio State TX Zip Code 78238

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7946  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 3 |   | 2 | 0 | 9 |   |

Amount of Each Disbursement this Period

|        |
|--------|
| 123.40 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Walgreens

Mailing Address 6635 Bandera Rd

City San Antonio State TX Zip Code 78238

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D7945  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 3 |   | 2 | 0 | 9 |   |

Amount of Each Disbursement this Period

|       |
|-------|
| 48.73 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

|      |
|------|
| 0.00 |
|------|

TOTAL This Period (last page this line number only) ..... ▶

|          |
|----------|
| 64681.92 |
|----------|

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>CEDILLO FOR CONGRESS</b><br><hr/> Mailing Address 1212 S VICTORY BLVD<br><hr/> City BURBANK State CA Zip Code 91502<br><hr/> Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Gilbert Cedillo<br><hr/> Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CA District: 32 | Transaction ID: D7845<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 0 9   |
|   | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>Friends for Nelson W. Wolff</b><br><hr/> Mailing Address PO Box 690187<br><hr/> City San Antonio State TX Zip Code 78269-0187<br><hr/> Purpose of Disbursement<br>Non-Federal Contribution<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Transaction ID: D7785<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 6 / 2 0 0 9  |
|   | Amount of Each Disbursement this Period<br>250.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>Historic Fort Sam Houston, Inc.</b><br><hr/> Mailing Address PO Box 340308<br><hr/> City Fort Sam Houston State TX Zip Code 78234-0308<br><hr/> Purpose of Disbursement<br>Donation<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Transaction ID: D7855<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 3 / 2 0 0 9  |
|  | Amount of Each Disbursement this Period<br>250.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

A.

Full Name (Last, First, Middle Initial)  
Judge Antonia Atteaga Campaign

Transaction ID: D7861

Mailing Address PO Box 15973

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

City San Antonio State TX Zip Code 78212

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Purpose of Disbursement  
Non-Federal Contribution

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Northwest Democrats

Transaction ID: D7797

Mailing Address P.O. Box 681911

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 2 |   | 2 | 0 | 0 | 9 |

City San Antonio State TX Zip Code 78268

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Purpose of Disbursement  
Contribution

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Our Lady of Grace

Transaction ID: D7800

Mailing Address c/o 419 Thelma Drive

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 2 |   | 2 | 0 | 0 | 9 |

City San Antonio State TX Zip Code 78212

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Purpose of Disbursement  
Donation

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

|        |
|--------|
| 750.00 |
|--------|

**TOTAL** This Period (last page this line number only) ..... ►

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 63 / 63

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Charles A. Gonzalez Congressional Campaign

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Sharp for Justice Campaign<br><hr/> Mailing Address 7670 Woodway Suite 110<br><hr/> City Houston State TX Zip Code 77063<br><hr/> Purpose of Disbursement<br>Non-Federal Contribution<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D7877<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 3 / 2 0 0 9  |
|  | Amount of Each Disbursement this Period<br>250.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Tommy Adkisson Campaign<br><hr/> Mailing Address 3939 Portsmouth<br><hr/> City San Antonio State TX Zip Code 78223<br><hr/> Purpose of Disbursement<br>Non Federal Contribution<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: D7936<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 2 / 2 0 0 9  |
|  | Amount of Each Disbursement this Period<br>250.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>500.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>3750.00</b> |