#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00026783 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Noe NAME Date Received **ELECTRONICALLY FILED** 07/11/2024 NICKNAME LAST **SUFFIX** Gonzalez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Joseph F. NAME NICKNAME LAST **SUFFIX Phillips CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 457-9643 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 370 Hidalgo District Judge District 370

**GO TO PAGE 2** 

www.ethics.state.tx.us

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Gonzalez, Noe (The	Honorable)	<b>14</b> Filer ID 00026783	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exper These expenditures may have been made with I officeholders are required to report this information	out the candidate's or offic	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAM	E					
		COMMITTEE CAMPAIGN TREASURER ADD	RESS					
16 CONTRIBUTION		ZED POLITICAL CONTRIBUTIONS(OTHER T						
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE E	ELECTRONICALLY)	\$ 0.00				
		<b>ICAL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LC	ANS)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	,	\$ 0.00					
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 3,374.54				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	<b>\$</b> 135,495.38				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00				
<b>17</b> AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required	companying report is to be reported by me				
		The H	Ionorable Noe Gonzale	łZ				
		Signatur	e of Candidate or Officeho	lder				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
		aid		day				
of	, 20, to co	ertify which, witness my hand and seal of office.						
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath				

### SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

			3 of 9						
<b>18</b> FILER NAI Gonzalez	<b>19</b> Filer ID 00026783	(Ethics Commission Filers)							
	NAME OF SCHEDULE								
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 3,374.54						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$						

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/6 Rpt: 4/9	Gonzalez, Noe (The Honorable) 00026783
4	Date	5 Payee name
	03/25/2024	BIBLICAL ARCHAEOLOGY REVIEW
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. BOX 37830
		BOONE IA., TX 50037-0830
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		READING MATERIAL
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	GARZA, LETICIA (Miss)
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1308 ANDREW ST.
	\$50.00	1300 ANDREW 31.
		CAN THAN TV 70500
		SAN JUAN , TX 78589
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		EXPENSES
	Commission ONLY if dispose	Candidata/Officahaldar paga
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	03/28/2024	GARZA, MARIA (Miss)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2804 NICOLE DR.
		MISSION, TX 78574
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		FUNDRAISER DONATION FOR SHARY NORTH CHESS NATIONALS TRIP 2024
		CHESS NATIONALS TRIP 2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/6 Rpt: 5/9	Gonzalez, Noe (The Honorable) 00026783
4	Date	5 Payee name
L	03/04/2024	H.E.B. Grocery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$509.86	2700 W. Freddy Gonzalez
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		OFFICE SUPPLIES FOR STAFF MEETING.
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/Of	•
	Date	Payee name
	04/26/2024	HIDALGO COUNTY LIONS CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	P.O BOX 592
		HIDALGO, TX 78557
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		1 STADIO TIGER BOTA THOM
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
H	Date	Payee name
	02/13/2024	LERMA, MANUEL (Mr.)
$\vdash$		
	Amount (\$)	
	\$240.00	4302 CANADIANA LN.
		MICCION TV 70570
		MISSION, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DONATION FOR FUNDRAISER FOR MEDICAL
		EXPENSES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/6 Rpt: 6/9 Gonzalez, Noe (The Honorable) 00026783 4 Date Payee name 03/23/2024 Lupe / La Union del Pueblo Entero 6 Amount (\$) Payee address; City; State; Zip Code \$250.00 East Hightway 83 San Juan, TX 78589 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2024 RODRIGUEZ, SONIA (Mrs.) Amount (\$) Payee address; City; State; Zip Code \$250.00 8239 W. VALDEZ MONTE ALTO, TX 78538 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DONATION; SOFTBALL TOURNAMENT **SPONSOR** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/30/2024 RODRIGUEZ, SONIA (Mrs.) Amount (\$) Payee address: City: State; Zip Code \$250.00 8239 W. VALDEZ MONTE ALTO, TX 78538 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee SOFTBALL SPONSOR DONATION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Cor		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 4/6 Rpt: 7/9	L	Gonzalez, N	loe (The Honora	able)				L	00026783	
4	Date	5	Payee name								
L	03/06/2024		SAM HOUS	TON ELEMENT	TRY SCHO	OL					
6	Amount (\$)	7	Payee addre		State;	Zip Co	ode				
	\$50.00		608 N. CAN	ITU ST.							
L			WESLACO,	TX 78596							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			ns/Donations Ma		:44.0.0		<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.
			Candidate/C	Officeholder/Poli	llicai Comm	iiiee		2024 SPRING			
											- <del></del> -
9	Complete ONLY if direct		andidate/Offi	ceholder name	C	Office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O						-				
	Date		Payee name								
	01/21/2024		T-MOBILE								
	Amount (\$)	T	Payee addres	ss; City;	State;	Zip Co	ode				
	\$146.16		1515 S. CL	OSNER							
			EDINBURG	, TX 78539							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Exp				<b>=</b>			plete Schedule T.
	-							TELECOMMI		officeholder living	g expense
								. LLLOOWING	<b>∵ 1 V</b> I	, (110110	
$\vdash$	Complete ONLY if direct		andidate/Offi	ceholder name	C	Office sou	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O						•				
H	Date		Payee name								
	02/21/2024		T-MOBILE								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	ode				
	\$146.16		1515 S. CL		,	,					
			EDINBURG	, TX 78539							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Exp		-,		Check if travel			plete Schedule T.
								Check if Austin,		officeholder living	g expense
								IELECUIVIIVI	UN	ICATIONS	
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	laht			Office he	eld
	expenditure to benefit C/O		.a. iaiaato Oiii	os.ioidoi ildiiio			~9·11			Cince III	····

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labo	OTHER (enter a category not listed above)			
L		The Instruction Guide explains how to complete this form				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 5/6 Rpt: 8/9	Gonzalez, Noe (The Honorable)	00026783			
4	Date	5 Payee name				
	03/21/2024	T-MOBILE				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$146.16	1515 S. CLOSNER				
		EDINBURG, TX 78539				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1			
	OF EXPENDITURE	- Onice Overnead/Nerital Expense	ravel outside of Texas. Complete Schedule T.			
		l —	ustin, TX, officeholder living expense MMUNICATIONS			
			VIIVIONICATIONS			
<u>_</u>	Complete ONU V if alice	Condidate/Office helder name	Office hold			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
	· 					
	Date	Payee name				
L	04/21/2024	T-MOBILE				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$146.16	1515 S. CLOSNER				
		EDINBURG, TX 78539				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	onice overnead/Nerital Expense	ravel outside of Texas. Complete Schedule T.			
		I —	Austin, TX, officeholder living expense  MMUNICATIONS			
		1222001	VINIONIC/ (TICING			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O		Onice field			
H	Data	Davida nama				
	Date 05/21/2024	Payee name T-MOBILE				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$146.16	1515 S. CLOSNER				
		EDINBURG, TX 78539				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		ravel outside of Texas. Complete Schedule T.			
		·	Austin, TX, officeholder living expense  MMUNICATIONS			
			William Children			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O		Cinice field			
-						
	rme provided by Tayas E	thice Commission www.athice state ty us	Version V/1.1.0 d278aha0			

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorials I Legal Services The Instruction Gu			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abov	re)
-	Total manage Calculate 54	_			-		_		_	Files ID	/Ethios Commission	a Filora)
1	Total pages Schedule F1: Sch: 6/6 Rpt: 9/9	ı		loe (The Honora	ble)				l	Filer ID 00026783	(Ethics Commission	n ⊢liers)
4	Date	5	Payee name				—		—			
_	06/21/2024		T-MOBILE									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$146.16	1	1515 S. CLC	SNER								
			EDIN :	T)/ 70500								
L		L	EDINBURG	, IX 78539								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Exp				ш		de of Texas. Com		
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	expense	
		1						TELECOMMU	UN	ICATIONS		
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	0	Office soug	ght			Office he	eld	
L		_							_			
	Date		Payee name									
	02/14/2024		Walmart									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$207.72	ı		Jniversity Dr.								
	720.112											
			·	. 70500								
			Edinburg, T	x 78539 								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense			<b>—</b>		de of Texas. Com		
	LAI LINDITORL	1						<b>—</b>		officeholder living	expense	
								OFFICE SUP	PL	IES		
	Complete ONLY if direct		andidate/Offic	ceholder name	0	office soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
							—					