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** 07/14/2025 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 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/04/2025 χ 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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Gonzalez, Noe (The	Honorable)	14 Filer ID (00026783	Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditions. These expenditures may have been made without difficeholders are required to report this information.	the candidate's or office	holder's knowledge or							
Additional Pages	COMMITTEE TYPE COMMITTEE NAME										
	GENERAL										
		COMMITTEE ADDRESS									
	COMMITTEE CAMPAIGN TREASURER NAME										
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS								
40 CONTRIBUTION	4 TOTAL INITE	IZED DOLITICAL CONTRIBUTIONS/OTLIED THAN	ALDI EDOES I OANS								
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00							
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)										
EXPENDITURE TOTALS	EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES										
	\$ 22,151.94										
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 91,678.85								
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	OF THE LAST DAY	\$ 0.00								
17 AFFIDAVIT											
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.									
		The Hor	norable Noe Gonzalez	<u>z</u>							
		Signature o	f Candidate or Officehol	der							
AFFIX NO	ΓARY STAMP / SEAL AB	OVE									
		aid	, this the	day							
of	, 20, to c	ertify which, witness my hand and seal of office.									
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath							
ga.a.o o. o	g outi	James Commission of State of S	01 0111001								

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 8								
18 FILER NAI Gonzalez	19 Filer ID 00026783	(Ethics Commission Filers)							
	20 SCHEDULE SUBTOTALS 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	\$ 22,151.94						
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 I TO FILER	RETURNED	\$						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees
Food/Beverage Expense

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

	Constitutions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 4/8	Gonzalez, Noe (The Honorable) 00026783
4	Date	5 Payee name
	05/01/2025	Carrera Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	135 Paseo del Prado
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		CONSULTING SETVICES
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2025	HIDALGO COUNTY LIONS CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O BOX 592
	φ200.00	F.O BOA 392
		HIDALGO, TX 78557
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		DONATION FOR ANNUAL FUNDRAISER
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to bettern over	•
	Date	Payee name
	04/17/2025	Hall's of Ivy Pediatric Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	819 E. Eller
	4000.00	
		Pharr , TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		DONATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 5/8	Gonzalez, Noe (The Honorable) 00026783
4	Date	5 Payee name
	05/08/2025	Hidalgo County Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	323 W. Cano St.
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		MEMBERSHIP DUES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/01/2025	Perez, Marco (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	2008 W. Jonquil
	40,000.00	2000 111 001144.11
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
		CONSCIENCE SERVICES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/23/2025	RODRIGUEZ, SONIA (Mrs.)
		, ,
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 8239 W. VALDEZ
	φ500.00	6239 W. VALDEZ
		MONTE ALTO, TX 78538
	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.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		DONATION SOFTBALL CAMP FUNDRAISER
	Operation ONLY if direct	Our distance (Office health annuary Control health
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

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

	Candidate/Officeholder/Politica Credit Card Payment									OTHER (enter a category not listed above)			
╙		_			Guide explain	S HOW to Co	ilibid	te this form.	_				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commiss	sion Filers)	
l	Sch: 3/5 Rpt: 6/8		Gonzalez, I	Noe (The Hon	orable)					00026783			
4	Date	5	Payee name	!					_				
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Ļ		 -			01-1	7:- 0-	1 .						
l٥	Amount (\$)	'	Payee addre		Stat	e; Zip Co	oae						
l	\$5,000.00		914 South	15th Street									
l													
l			McAllen, T	X 78501									
8	PURPOSE	(a)	Category	see Categories listed			(b)	Description					
	OF	(",		ns/Donations		cnedule)	(~)	_	outsi	de of Texas. Con	nplete Schedule T.		
l	EXPENDITURE			Officeholder/F		mittee		므		officeholder livin			
l			Odi ididator	0001.0.0077	ontioal Com			CONSULTIN					
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9	Complete ONLY if direct		Candidato/Off	iceholder name		Office sou	l abt			Office h	old		
"	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/On	icendidei name		Office sou	igni			Office fi	elu		
L	· 												
	Date		Payee name	!									
	01/21/2025		T-MOBILE										
	Amount (\$)		Payee addre	ess; City;	Stat	e; Zip Co	ode						
	\$104.49		1515 S. CL	OSNER									
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			EDINIDI ID	TV 70500									
			EDINBURG	S, TX 78539									
l	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this so	chedule)	(b)	Description					
l	OF EXPENDITURE		Office Over	head/Rental E	Expense			_			nplete Schedule T.		
l								—		officeholder livin	g expense		
								TELECOMMU	UN	ICATIONS			
L													
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name		Office sou	ight			Office h	eld		
	experiulture to benefit C/Oi	П											
Г	Date		Payee name	<u> </u>									
	02/21/2025		T-MOBILE										
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			EDINBURG	S, TX 78539									
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this s	chedule)	(b)	Description					
l	OF EXPENDITURE			head/Rental E		,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.		
l	EXPENDITURE				•			Check if Austin,	, TX	officeholder livin	g expense		
								TELECOMMU	UN	ICATIONS			
	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	ight			Office h	eld		
	expenditure to benefit C/OI	Н											
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 7/8	Gonzalez, Noe (The Honorable) 00026783
4	Date	5 Payee name
	03/21/2025	T-MOBILE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.49	1515 S. CLOSNER
		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 TELECOMMUNICATIONS
		TELECOMMONICATIONS
9	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
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	Date	Payee name
	04/21/2025	T-MOBILE
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.49	1515 S. CLOSNER
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TELECOMMUNICATIONS
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	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	Date	
	Date	Payee name
	05/21/2025	T-MOBILE
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.49	1515 S. CLOSNER
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TELECOMMUNICATIONS
		TELECOMMONICATIONS
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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/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
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1	Total pages Schedule F1: Sch: 5/5 Rpt: 8/8	2		oe (The Honora	ble)				ı	Filer ID 00026783	•	nmission Filers)
1	Date	5	Payee name						<u> </u>			
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	06/21/2025		T-MOBILE									
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de					
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			EDINBURG,	TX 78539								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sch	edule)	(b)	Description				
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	EXPENDITURE							Check if Austin,	, TX,	officeholder liv	ing expense	
								TELECOMMU	UNI	CATIONS	;	
9	Complete ONLY if direct		Candidate/Offic	eholder name		I Office soug	aht			Office	hold	
	expenditure to benefit C/OI		zarididate/Onic	enoluei name		Jilice Sou(giit			Office	Heiu	
	Date		Payee name									
	05/05/2025		Weslaco Mu	nicipal Police Ur	nion							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$250.00		P.O. Box 80	•		, _, _						
	Ψ230.00		F.O. BOX 60.	3								
			Weslaco, TX	78596								
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sch	edule)	(b)	Description				
	OF			s/Donations Mad					outsio	de of Texas. Co	omplete Schedule	Т.
EXPENDITURE Contributions Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense												
DONATION TO BADGE ON THE						N THE TRA	ILS					
								SPONSORSI	HIP			
_	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	aht			Office	held	
	expenditure to benefit C/OI		zarialaato, Omo	onolder name		511100 000	9			Omoo	Tiola	
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