

# PERSONAL FINANCIAL STATEMENT

## FORM PFS COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2014 covering calendar year ending December 31, 2013.  
Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

6

ACCOUNT #

00069580

NAME

TITLE; FIRST; MI

Kimberly

NICKNAME; LAST; SUFFIX

Gonzalez

ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

225 Fulton  
Portland, Tx 78374

(CHECK IF FILER'S HOME ADDRESS)

TELEPHONE  
NUMBER

AREA CODE PHONE NUMBER; EXTENSION

( 361 ) 265-8768

### OFFICE USE ONLY

Date Received



Receipt #

HD / PM

Amount

PROCESSED JAN 28 2014

Date Imaged

REASON  
FOR FILING  
STATEMENT

- CANDIDATE State House of Representatives District 43 (INDICATE OFFICE)
- ELECTED OFFICER \_\_\_\_\_ (INDICATE OFFICE)
- APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)
- EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)
- OTHER \_\_\_\_\_ (INDICATE POSITION)

Family members whose financial activity you are reporting (see instructions).

SPOUSE Leo H. Gonzalez

DEPENDENT CHILD 1. Annalise Gonzalez

2. Andrew Gonzalez

3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

6

R: 601855



# SOURCES OF OCCUPATIONAL INCOME

## PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> EMPLOYMENT  <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER   <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)  Nueces County 901 Leopard, Room 206 Corpus Christi, Texas 78401  <hr style="border-top: 1px dashed black;"/> NATURE OF OCCUPATION Attorney
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER   <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)  Nueces County 901 Leopard, Room 206 Corpus Christi, Texas 78401  <hr style="border-top: 1px dashed black;"/> NATURE OF OCCUPATION Attorney
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="checkbox"/> EMPLOYED BY ANOTHER   <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)          <hr style="border-top: 1px dashed black;"/> NATURE OF OCCUPATION

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**PERSONAL NOTES AND LEASE AGREEMENTS****PART 6**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than \$1,000* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Navy Army Credit Union
<b>2</b> LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> GUARANTOR	Navy Army Credit Union
<b>4</b> AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input checked="" type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Nelnet
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	Texas Guaranteed Student Loan Corporation
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Sallie Mae
LIABILITY OF	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	Sallie Mae
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input checked="" type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE

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# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	ACS Education Services
<b>2</b> LIABILITY OF	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> GUARANTOR	ACS Education Services
<b>4</b> AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

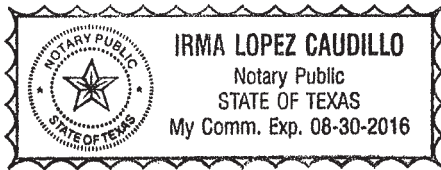
**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2013, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

*Kim Gonzalez*  
\_\_\_\_\_  
Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kim Gonzalez, this the 21<sup>st</sup> day of January, 20 14, to certify which, witness my hand and seal of office.

*Irma Lopez Caudillo*  
\_\_\_\_\_  
Signature of officer administering oath

Irma Lopez Caudillo  
\_\_\_\_\_  
Print name of officer administering oath

Notary Public  
\_\_\_\_\_  
Title of officer administering oath