LINITED STATES HOUSE OF REPRESENTATIVES	AUG - 3 2018 Page 1 of 6
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	18 AUG-9 PH 2: 15
Name: REYNALDO GONZALEZ JR. Daytime Telephone:	U.S. Floor OF LORGE SECTION ATTER
New Member of or Candidate for State: TEXAS  U.S. House of Representatives District: 34  Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared Principal Assistant to Tuly 31, 2018	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?	g the reporting yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period?	arrangement with an Yes No V
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?  No. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	years? Yes Vo No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE	OF THEȘE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. He from this report details of such a trust that benefits you, your spouse, or dependent child?	be disclosed. Have you excluded Yes No V
<b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they mee exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	cause they meet all three tests for Yes No V

# SCHEDULE A

		N = ASSETS & "UNEARNED INCOME"
		COME"
10000	ame: Krysayto	
	Name: KEYNGYON GONDALES TO	
	Page 7 9 6	

CAPITAL ONE BANK	CHASE BANK	ABC Hedge Fund X	JT Sman & Schuster	\$P.	For bank and other cesh accounts, total the amount in sall interest-bearing accounts. If the total is over 55,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real properly held for investment, provide a complete address or description, e.g., rental properly, and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacaden homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income derived from, a federal interest in, or income derived from a lederal enterest in, or privately-traded fund that is, an exception of the first state of your apposes (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional oclumn on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	d a no disco
<b>X</b>	×	34		, X	Mone         >           \$1-\$1,000         IB           \$1,001-\$15,000         C7           \$15,001-\$50,000         IT           \$50,001-\$700,000         IT           \$100,001-\$250,000         T0           \$250,001-\$50,000         C0           \$500,001-\$1,000,000         T2           \$1,000,001-\$2,000,000         T2           \$250,001-\$20,000,000         T2           \$250,001-\$20,000,000         T2           \$250,000,001-\$20,000,000         T2           \$250,000,000         T2	PLOCK B  Value of Asset  Walue  Walue
*	×	Partnership Income		X	DIVIDENDS  RENT  RYTEREST  CAPITAL GAINS  EXCEPTEDBLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farth Income)	BLOCK C  Type of income  Check all columns that apply. For accounts that poply. For accounts that poply for accounts that poply for accounts that poply for accounts that poply for accounts by the "Fax-Defenred" column. Dividends, when If the accounts, and capital gains, even If reinvested, must be disclosed as income for assett held in taxable accounts. Check thousands if the asset generated no income during the reporting period.
*	<b>Y</b>	×	*	×	None	Amount of Income For sasets for which you checked "Tax-Deferred" in Block C, you may cleasets indicate the category of income by checking the appropriate category of income by checking the appropriate Check "None" if no income was samed or generated.  "Column XII is for assets held by your spouse or dependent child in when

IEDULE A – ASSETS & "UNEARNED INCOME"
Name: REYNAUDO GONZAUEZ JR
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611-JPMORGANUS	TIMOTH PLAN IUTL	THATHY PLAN THAKE		Eventide Giland	Tuspire 100 ETF	Northur Lights	Mrd Cap	Timethy Plan (6)	Inspile Sning/mid	Northwin Lights	CAP	TIMOTHY PLAN SM	SEP IRA:	SP. DC. ASSET NAME EF	BLOCK A Assets and/or income Sources	
*		×	<b>×</b>	<b>X</b>		<b>×</b>		×		<b>X</b>		×			\$1.\$1.000	
×	*	<b>X</b>	×	*		*		<b>X</b>		×		×			NOME  DIVIDENOS  RENT  INTEREST  CAPITAL GAINS  EXCEPTEOIGUND TRUST  TAX-DEFERRED  Other Type of Income (Specify, e.g., Parknowley Income or Farm Income)	
× ×	×	×	*	×		×		×		×		<b>X X X X X X X X X X</b>			None	

## **SCHEDULE C - EARNED INCOME**

Name: REYNAUDO GONZALEZ 4 Page 1 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Preceding Year	Current Year to Filing	: ype	Source (include date of receipt for nonoraria)
Amount	Ап	4	
re on House payroll. The 2017 limit on outside earned income for types of income (notably honoraria, director's fees, and payments for	u are on House payroli. The 201 sin types of income (notably honors	come may apply to you after yo limit is \$28.050. In addition, certurater:	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain ty professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Professional services in court. See indicately resemble to the indicate of the second sections are services and	ean.		
	1		Amount
<b>Source</b> (include date or receipt for nonoraria)	t ype	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Cot. 2)	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA	NA
McDagan Investment Group LLC	Infacest	7/A	\$ 40,000.00
LAW OFFICE OF REY GONZALEZ, JR, MO, JD	Salary	\$ 13,000.7	50
	•		

#### SCHEDULE D - LIABILITIES

Name: REYMALDO GONZALEZ JR Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mongages on their personal residence. Exclude: Any mongage on your personal residence (unless you are not it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

		SP. DC. JT		
BALL	Example			
BALL OF AMERICA	First Bank of Wilmington. DE	Creditor		
12/2010	5/98	Date Liability Incurred MO/YR		
CAR LOAN STUDENT LOAN	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
×		\$15,001- \$50,000	60	
		\$50,001- \$100,000	c	
	×	\$100,001- \$250,000	•	
		\$250,001- \$500,000	Th.	mour
X		\$500,001- \$1,000,000	Th.	Amount of Liability
		\$1,000,601- \$5,000,000	<b>6</b>	ability
		\$5,000,001- \$25,000,000	*	
		\$25,000,001- \$50,000,000	-	
		Over \$50,000,000	٠.	
		Over \$1,000,000* (Spouse/DC Liability)	*	

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Position Name of Organization
てラ	

### SCHEDULE F - AGREEMENTS

Name: REYNALDO GONZALEZ JR Page 6 of 6

Identify the da continuation or employer.	ite, parties to, and general terms of any agreement or arrangement that you have deferral of payments by a former or current employer other than the U.S. gover	Identify the data, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
	ZIA	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and type prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
NIA	SEE SCHEDULE C