CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers	s) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI P_	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GONZALE	ς	RECEIVED
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING	00-100	la 1 la 0 00 3	ED TV 79925	- JAN 16 1824
ADDRESS	1397 1400	knase wil a	EP TX 79925	ELECTIONS SEDADTIATUE
Change of Address				ELECTIONS DEPARTMENT
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(9/5) 7	30 - 2810		Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #
TREASURER NAME		Cynd,		Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
		PONCE		
7 CAMPAIGN TREASURER	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
ADDRESS	S22 Scn	Francisco F	tue ecpaso	TX 79901
(Residence or Business)	300 300			
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(915)	731-927	9	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Mon	ith Day Year
COVERED	07 /	31/23	THROUGH 6	1/15/24
11 ELECTION	ELECTION DA	TE	ELECTION T	YPE
	Month Day	Year Primary	Runoff Other Description	on
	03/05/	∕ ⊇U ☐ General		
		01	1	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if k	,
44 NOTIOE STORY	THE BOY IS SEE VICE	E OF POLITICAL CONTRIBUTE	•	SHENTEF
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE	ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		, , , , , , , , , , , , , , , , ,
Additional Pages	GENERAL	COMMITTEE ADDRESS		
, tourional Lages	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTI	TEES OF LOANS, OR	N \$	
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		s 6	,80300
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$	-
	4. TOTAL POLITICAL EXPENDIT	URES	\$ \ ₁	817.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	AST DAY \$ 4	,985.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		OF THE \$	
		Signature of C	Candidate or Officeho	older
^ / l	JOHN SOLIS My Notary ID # 1291323 Expires September 19, 20 d before me by MICHALL P. Go Which, witness my hand and seal of office.	024	e <u>15¹</u> day of	JAWUARY.
	John Soli Jours	<u>Slis</u>	Porio	e sst
Signature of officer administ	tering oath Printed name of office	er administering oath	Title of of	ficer administering oath
	-	OR		
(2) Unsworn Declarat	tion			
My name is		, and my date of birth	is	
My address is				_,
	(street)	(city)	(state) (zip code)	(country)
Executed in	County, State of	, on the day of(mo	nth) , 20, (yea	ir)
		Signature of Can	didate/Officeholder (I	Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Cor	nmission Filers)
	MICHAZI P. GONZALES		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$6,803.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ G,803.00 \$ 3,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$1,817.97
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		. \$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

SCHEDULE A1

if the reques	ted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	EL P. GONZALES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
01/12/24	OSCAR MENDOZA 6 Contributor address; City; State; Zip Code 12940 B94491 on wy 80 TX 79938 Distriction / Job title (See Instructions) 9 Employer (See Instructions)	\$50,00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
01/12/24	Contributor address; City; State; Zip Code 379 ROBEH WYNN EP TX 79936 Pation / Job title (See Instructions) Employer (See Instructions)	# 20.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
01/12/2	JOHN DOM INGUEZ Contributor address; City; State; Zip Code	# 20.00
Principal occup	11495 LCNL WOLF EP 7X 79936 Pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
01/12/21	STEVE ROMERO Contributor address; City; State; Zip Code 1743 Avelina Inte EP TX 79911	#20.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
MICHASI P. GENTALES		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
OI/12/24 6 Contributor address; City;	State; Zip Code	\$100.00
14121 Rainhow EP	TX 79938	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date Full name of contributor out-of-state	9	Amount of contribution (\$)
OI/12/29 Contributor address; City;		\$10.00
12940 Ben Gurian	Employer (See Instruc	tions)
Principal occupation / Job title (See Instructions)	Employer (dec mand	
	PAC (ID#:)	Amount of contribution (\$)
Ullidad ·	State; Zip Code	\$ 30.00
Principal occupation / Job title (See Instructions)	Employer (See Instru	ctions)
	e PAC (ID#:)	
Contributor address; City;	State; Zip Code	\$ 50.00
Principal occupation / Job title (See Instructions)	Employer (See Instru	ations)
Principal occupation / Job title (See Instructions)	Employer (See instru	Cuons
ATTACH ADDITIONAL COD	IES OF THIS SCHEDUL F AS	NEEDED

SCHEDULE A1

If the requested information is not applicable. DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
1/12/24	ANGEL LOPEZ 6 Contributor address; City; State; Zip Code 12320 Flora Alba EP TX 79928 pation / Job title (See Instructions) 9 Employer (See Instr	\$100.00
Deigning and	12320 Flora Alba EP TX 79928	-
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instr	uctions)
Date	Full name of contributor	/ who are or contribution (w)
1/04/24	Matthew Gonzales Contributor address; City; State; Zip Code 26734 West Adam Buckeye At 8539	# 25.00
	pation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date	Full name of contributor	Amount of contribution (\$)
1/04/24	Robert Sala S Contributor address: City; State; Zip Code 5808 McKinney FAIIS Austru 77 pation / Job title (See Instructions) Employer (See Instru	#1,000.06
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/02/21	CHRISTOPHER RODALGUEZ Contributor address; City; State; Zip Code 3375 Enchanted Pears Cuping TX 799	#250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ructions)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	<u> </u>	(ID#:)	7 Amount of contribution (\$)
01/04/24	10n; 1999 6 Contributor address; City; 9545 Japonica EP	State; Zip Code	# 100.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		C (ID#:)	Amount of contribution (\$)
51/04/24	BOBBY BECKY UTILA Contributor laddress; City; 1840 BEN HCGAXI EX	State; Zip Code	\$15000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		C (ID#:)	
12/29/20	Angel Lope 2 Controutor address; City; 12320 Flora Alba EP	State; Zip Code	\$ 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	otions)
Date		C (ID#:)	Amount of contribution (\$)
12/27/2	CCARO R. (SCWZALE). Contributor address; City; City; CONTRIBUTE Adam BUCK		# 40,00
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL CODIES	OF THIS SOURDING F AS	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

		-	1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this	s form.	
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date		C (ID#:)	7 Amount of contribution (\$)
2/18/23	JISC Contributor address; Suncity 13930 W. Comino Del	State; Zip Code West AZ	\$50.00
	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	• .	Amount of contribution (\$)
2/15/	AShley (ScnZale) Contributor address; City;	State; Zip Code	\$ 20,00
	1325 Hoorridge EP	W 79925	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		AC (ID#:)	Amount of contribution (\$)
12/16/23	Contributor address: City;	State; Zip Code	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		AC (ID#:)	Amount of contribution (\$)
12/08/23			# 250,00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
MICHAEL P. (SWIHE) 6 Contributor address; City; State; Zip Code 1395 HOOK idel EL POUT 79935 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor	# 4 58, 00 tions)
Third and the page of the control of the page of the p	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Date .	
2/08/23 DIANA A. (ACNIALE) Contributor address; City; State; Zip Code	
· · · · · · · · · · · · · · · · · · ·	# 250.00
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
C(ARO R, GONZALE) Contributor address; City; State; Zip Code 2734 West Adam Buckly AZ 85394 Employer (See Instru	\$40.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	
(CARO R. (XXIIE) Contributor address; City; State; Zip Code V. 731 1 1 2 2 Address Da X 1/4 A7 8539/	\$40.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
	·

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PAC (ID	#:
1/15/23	Mathlew J. (SCNZale) 6 Contributor address; City; 26734 West Adam Broken	State; Zip Code # 25,00
Principal occ	upation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor. Out-of-state PAC (III	, and an arrangement of the contract of the co
1/14/23	CLARO R. (SCN2ALE) Contributor address; City; 24734 W. H. Adram Burky	State; Zip Code # L/O , OO
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (I	D#:) Amount of contribution (\$)
9/03/2	Contributor address; City;	State; Zip Code # 40,00
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributorout-of-state PAC (I	
9101/2	Contributor address; City;	State: Zip Code # 20 · 00
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
GLOKTA ABREGO 6 Contributor address; City; State; Zip Code 1305 HOOKI Idsl CP 74 79905	\$25.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
28/3 1/33 Contributor address; City; State; Zip Code 24734 West Adam Burreye AZ 85394	\$40.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
CLARO R. (SCN 241E) Contributor address; City; State; Zip Code 26734 West Adam Buckyl AZ 85394	#40.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
28/3/33 Contributor address; City; State; Zip Code 3408 CHASWOOD EP TX 79925	#50,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	JEEDED.

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	—	(ID#:)	7 Amount of contribution (\$)
013/23	DIANA A. CONVALES 6 Contributor address; City; 1325 HOOK 1: del EP 7	State; Zip Code	\$250.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
1131/b3	Donnell Janes Contributor address; City; 3645 Grand Behand C	State; Zip Code	\$3,000.00 (CASH)
	3645 Grand Behang C	SP TX 79936	(CASH)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
			•

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

if the requested information is not applicable, bo Not include this page in the report.					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME MICHARL P. CONTALES		3 Filer ID (Ethics Commission Filers)			
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	3UTIONS	\$		
5 Date	6 Full name of contributor uut-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
11/01/23	7 Contributor address; City; State;	Zip Code	l —	CAMPITIN HEAD -	
	1210 COMBIAND EP TX	1770')	<u> </u>	de of Texas. Complete Schedule T.	
A	upation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICI		
<u>Se14</u>				ROPAIN SHOP	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fir			n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description	
12/01/2	SESUS AUTICA SR Contributor address; City; State;		41 +220	CAMPAREN HEAD-	
10/01/02	Contributor address; City; State;	Zip Code	\$1,500	CAMPARISM HEAD-	
	1210 COMAKAND EP TX	79907		de of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI		
Self	,	1	HYPHAULIC REPAIN SHOP		
Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions)					
_					
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	j		****	
	ATTACH ADDITIONAL COPIES OF			a requirements	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

ii iiie requested iiiii	offination is flot applicable, DO NOT ilicidue	tills page in the re	<u>'</u>	
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Oo Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing B	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Takal assas Osbasisla Ed.	3 EU ED MANE	•	2 Files 1D (Fabia	- Commission Filers
1 Total pages Schedule F1:	MICHASI P. GONTALE.	2	3 Filer ID (Etnic	s Commission Filers)
4 Date	5 Payee name			
08/29/23	GO DADDY			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
# 46.01	2150 E. WAMER Pd	Tempe	ΑZ	85284
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVENTISING EXPENSE	WEBSITE	/DOMAZN)
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
00/31/23	001000			
	PAYPAL			
Amount (\$)	Payee address;	City;	State;	Zip Code
# 5.24	2211 N 1st st	SAN JOSE	CA	95131
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	_			
OF EXPENDITURE	Fel	Donation 1	Cel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	· · · · · ·
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/01/23	GO DADOY			
Amount (\$)	Payee address;	City;	State;	Zip Code
#18.11	2150 E. WANNER Rd	Templ	AZ	85284
#18.11	2150 F. WAWEL Rd Category (See Categories listed at the top of this schedule)	Templ Description	AZ	85284
PURPOSE	Category (See Categories listed at the top of this schedule)	·	AZ.	85284
	Category (See Categories listed at the top of this schedule) ADVENTUDE CXPCUSE	Description WEBSITE	AZ I DOMADU	85984
PURPOSE OF		WEBSITE	AZ DOWADU in, TX, officeholder living	85084 g expense
PURPOSE OF	ADVANTUDA CXPCUSE Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	WEBSITE		85084 g expense Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) 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) P. GONZALES MICHAZI 4 Date 09/01 City; State; Zip Code \$2.28 2211 NIST ST 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Fel Donation Fel **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/14/83 PAY PA L City; Zip Code #1.65 2211 N/87 ST **PURPOSE** OF **EXPENDITURE** Jonation Fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name LA ESTROLLA City; State; Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

•	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	MICHASI P. GONZAI	(5)	3 Filer ID (Eth	nics Commission Filers)
4 Date 09/15/23	5 Payee name PAYPA L			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
#1.21	2211 N. 137 ST 5	AN JOSE	CA	95/31
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		·
OF EXPENDITURE	Fee	Dorotia	rea	
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder liv	ring expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	<u> </u>	Office held
Date	Payee name			
09/18/23	LA ESTABILA PRIETZA	16		
Amount (\$)	Payee address;	City;	State;	Zip Code
# 2.00	11982 ROSERNA	ELPAX	7×	79936
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description		-
PURPOSE OF EXPENDITURE	Fee	Addition	al fel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/29/23	WESTSTAR BANK			
Amount (\$)	Payee address;	City;	State;	Zip Code
5.00	8340 GATSWAY BWELL	= EC PAY	7×	79907
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Fel	Bonking A	-ee	
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder livi	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 10/08/23 City; State; Zip Code \$1.65 (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10/21/23 Zip Code #1:45 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code \$18,11 **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

A loss at the per-			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Polling Y Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense ss/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 t	to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	MICHAEL P. GONZAL 5 Payee name		
6 Amount (\$)	WEST STAR BANK		
Amount (\$)	7 Payee address;	City;	State, Zip Code
\$5.00	8340 GATEWAY BU	WE EP	TX 79907
8	(a) Category (See Categories listed at the top of this schedule		
PURPOSE			
OF EXPENDITURE	fee	Benking	Fel
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/20/23	WENT Star BOOK		
Amount (\$)	Payee address;	City	0.1.
· ····································	r ayee address,	City;	State; Zip Code
\$5.00	8340 GATSWAY BULL	IE EP	TX 79907
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Fel	Banking	Fe0
	Check if travel outside of Texas. Complete Schedule T.		
Oranglete OMBACE II	Check i traver outside of lexas. Complete schedule 1.		n, TX, officeholder living expense
	to the same of the		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	Candidate / Officeholder name		
expenditure to benefit C/OF	Candidate / Officeholder name		
expenditure to benefit C/OF	Candidate / Officeholder name Payee name	Office sought	Office held
Date 12/01/23	Candidate / Officeholder name		
Date 12/01/23	Candidate / Officeholder name Payee name CO DADOY Payee address; Payee ALSO G. WARNER RO	Office sought	Office held
Date 12/01/23 Amount (\$)	Candidate / Officeholder name Payee name	Office sought	Office held
Date 12/01/23 Amount (\$) PURPOSE	Candidate / Officeholder name Payee name CO DADOY Payee address; Payee ALSO G. WARNER RO	Office sought City:	Office held
Date 12/01/23 Amount (\$)	Candidate / Officeholder name Payee name CO DADOY Payee address; Payee ALSO G. WARNER RO	Office sought City:	Office held
Date 12/01/23 Amount (\$) PURPOSE OF	Candidate / Officeholder name Payee name CO DADOY Payee address; A 150 G. WARNER RO Category (See Categories listed at the top of this schedule) Adviraging expense	City; Description Welshie	State; Zip Code A2 85284 / Domgin
Date 12/01/23 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Candidate / Officeholder name Payee name Category (See Categories listed at the top of this schedule) Check if travelentside of Texas. Complete Schedule T.	City; Septon Description Check if Austin	State; Zip Code A2 85284 Domgina
Date 12/01/23 Amount (\$) PURPOSE OF	Candidate / Officeholder name Payee name CO DADDY Payee address; Payee address; Category (See Categories listed at the top of this schedule) Check if travel-utside of Texas. Complete Schedule T. Candidate / Officeholder name	City; Description Welshie	State; Zip Code A2 85284 / Domgin

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)	
Ground aymoni	The Instruction Guide exp	plains how to complete this form.		
1 Total pages Schedule F1:	MITHAZI P. GON	TALES	3 Filer ID (Ethics Commission Filers)	
4 Date 12/08/23	5 Payee name PAV 04)			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$7.52	2211 N. 134 ST	SAN JOSE	CA 95/3/	
8	(a) Category (See Categories listed at the top o	f this schedule) (b) Description		
PURPOSE				
EXPENDITURE	ree	Donation	Pel_	
	(c) Check if travel outside of Texas. Compl		, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/11/23	EL PASO DEMOCRA	CITIC PARTY		
Amount (\$)	Payee address;	City;	State; Zip Code	
#1,250.00	1401 MONTANA	suill E EP	TX 79992	
	Category (See Categories listed at the top of	this schedule) Description		
PURPOSE OF				
EXPENDITURE	Fel	BACCOT F:	TUNG FEL	
	Check if travel outside of Texas. Compl	ete Schedule T. Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/15/23	PATRAL			
Amount (\$)	Payee address;	City;	State; Zip Code	
#1.07	2211 N. 13+ ST	T SAV JOSE	' CA 95731	
	Category (See Categories listed at the top of	this schedule) Description		
PURPOSE OF			-	
EXPENDITURE	Fel	Denaken	Pel	
	Check if travel outside of Texas. Compl	ete Schedule T. Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	DED	
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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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.		
1 Total pages Schedule F1:	2 FILER NAME MICHAU P. GONVALE	3	Filer ID (Ethics	Commission Filers)
12 27 23	5 Payee name PAN PAL			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1.65	2211 N 157	Son Jose	CA	95/3/
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	• •	,
PURPOSE OF EXPENDITURE	Fel	Densten	100	
JAI ZIIJII JII	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/29/23	PM PAL			
Amount (\$)	Payee address;	City;	State;	Zip Code
#3.08	2211 N 137	Son Jase	CA	95/3/
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fee	Denation	Fel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
46/40/10	PMPAL			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1.21	2211 N 137	SAN JOSE	CA	95/3/
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		, —
OF EXPENDITURE	Fee	Denation	Pel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITU	RE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Foiling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		GENTALES	3 Filer ID (Ethics Commission Filers)
4 Date 01/10/24	5 Payee name () PRIVIINO		
6 Amount (\$) \$ 378, 43	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at		
EXPENDITURE	(c) Check if travel outside of Tex	ipinse Bonner	2
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na		Austin, TX, officeholder living expense Office held
O1/12/24	PAY PAL		
#3.08	Payee atidress;	t ST SAN JOU	State; Zip Code L CA 95/3/
PURPOSE OF EXPENDITURE	Category (See Categories listed at the Category Check if travel outside of Tex	Donator	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na		
Date	Payee name		
01/12/24	PMPA2		
#1.94	Payee dddress;	City;	State; Zip Code State; 75/3/
PURPOSE OF EXPENDITURE	Category (See Categories listed at t	Donatro	n Pel
Complete ONLY if direct	Check if travel outside of Text		Austin, TX, officeholder living expense
expenditure to benefit C/OH		ame Office sough	t Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS A	JEEDED