

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MICHAEL	MI P.	OFFICE USE ONLY Date Received RECEIVED JAN 16 2024 ELECTIONS DEPARTMENT Date Hand-delivered or Date Postmarked JAN 16 4:10 24 Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME		SUFFIX				
LAST GONZALES							
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1325 Hookridge Dr. EP TX 79925		<input type="checkbox"/> Change of Address					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE	PHONE NUMBER	EXTENSION				
5 CANDIDATE / OFFICEHOLDER PHONE	(915) 730-2810						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Cyndi	MI				
	NICKNAME		SUFFIX				
LAST PONCE							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 522 San Francisco Ave El Paso TX 79901						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(915) 731-9279						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07 / 31 / 23				01 / 15 / 24		
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	03 / 05 / 24			<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) EL PASO COUNTY SHERIFF				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
MICHAEL P. GONZALEZ		
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,803.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,817.97
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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:

2 FILER NAME

MICHAEL P. GONZALES

3 Filer ID (Ethics Commission Filers)

4 Date

01/12/24

5 Full name of contributor

out-of-state PAC (ID#: _____)

OSCAR MENDOZA

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City;

State;

Zip Code

12940 Battalion way EP TX 79938

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/12/24

Full name of contributor

out-of-state PAC (ID#: _____)

JOHN SOLIS

Amount of contribution (\$)

\$ 20.00

Contributor address;

City;

State;

Zip Code

2379 Robert Wynn EP TX 79936

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/12/24

Full name of contributor

out-of-state PAC (ID#: _____)

JOHN DOMINGUEZ

Amount of contribution (\$)

\$ 20.00

Contributor address;

City;

State;

Zip Code

11495 Lone Wolf EP TX 79936

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/12/24

Full name of contributor

out-of-state PAC (ID#: _____)

STEVE RAMERO

Amount of contribution (\$)

\$ 20.00

Contributor address;

City;

State;

Zip Code

1743 Avelina Ingle EP TX 79911

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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:
2 FILER NAME MICHAEL P. GONZALES		3 Filer ID (Ethics Commission Filers)
4 Date 01/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEX FORD	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 14121 Rainbow EP TX 79938		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 01/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERONICA LOPEZ	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 12940 Ben Guicion EP TX 79928		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 01/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert Avila	Amount of contribution (\$) \$30.00
Contributor address; City; State; Zip Code 8261 CARPENTER EP TX 79907		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 01/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur De la Cruz	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6100 Pina Real EP TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

01/12/24

ANGEL LOPEZ
6 Contributor address; City; State; Zip Code

\$100.00

12320 FLORA ALBA EP TX 79928

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/04/24

Matthew Gonzales
Contributor address; City; State; Zip Code

\$25.00

26734 West Adam Buckeye AZ 85396

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/04/24

Robert Salas
Contributor address; City; State; Zip Code

\$1,000.00

5808 MCKINNEY FALLS AUSTIN, TX 78744

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/02/24

CHRISTOPHER RODRIGUEZ
Contributor address; City; State; Zip Code

\$250.00

2375 Enchanted Peaks Circle TX 79911

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Toni Tarang</i>	7 Amount of contribution (\$)
<i>01/04/24</i>	6 Contributor address; City; State; Zip Code <i>9545 Japonica EP TX 79924</i>	<i>\$ 100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BOBBY ? BECKY VILIA</i>	Amount of contribution (\$)
<i>01/04/24</i>	Contributor address; City; State; Zip Code <i>1840 BEN HOGAN EP TX 79930</i>	<i>\$ 150.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angel Lopez</i>	Amount of contribution (\$)
<i>12/29/23</i>	Contributor address; City; State; Zip Code <i>12320 Flora Alba EP TX 79928</i>	<i>\$ 100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CLARO R. (CONZALE)</i>	Amount of contribution (\$)
<i>12/27/23</i>	Contributor address; City; State; Zip Code <i>26734 WJST Adam Buckeye AZ 85396</i>	<i>\$ 40.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 12/18/23 JISC	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 13930 W. Camino Del Sol 85375 Sun City West AZ	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 12/15/23 Ashley Gonzalez	Amount of contribution (\$) \$ 20.00
	Contributor address; City; State; Zip Code 1325 Hookridge EP TX 79925	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 12/16/23 Natalie Mendoza	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 10967 Janney EP TX 79935	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 12/18/23 Salvador : Emma Baeza	Amount of contribution (\$) \$ 250.00
	Contributor address; City; State; Zip Code 10652 VISTA LOMAS EP TX 79925	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL P. GONZALEZ	7 Amount of contribution (\$) \$ 458.00
	6 Contributor address; City; State; Zip Code 1325 Hookridge El Paso TX 79925	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIANA A. GONZALEZ	Amount of contribution (\$) \$ 250.00
	Contributor address; City; State; Zip Code 1325 Hookridge EP TX 79925	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARO R. GONZALEZ	Amount of contribution (\$) \$ 40.00
	Contributor address; City; State; Zip Code 26734 West Adam Buckeye AZ 85396	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARO R. GONZALEZ	Amount of contribution (\$) \$ 40.00
	Contributor address; City; State; Zip Code 26734 West Adam Buckeye AZ 85396	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
09/15/23	MATTHEW T. GONZALEZ 26734 West Adam Buckeye AZ 85396	\$ 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
09/14/23	CLARO R. GONZALEZ 26734 West Adam Buckeye AZ 85396	\$ 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
09/10/23	RYAN WELLS N/A	\$ 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
09/10/23	CHRISTOPHER AGUIRRE N/A	\$ 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLORIA ABREGO	7 Amount of contribution (\$) \$25.00
09/01/23	6 Contributor address; City; State; Zip Code 1325 Hookridge EP TX 79925	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTHEW T. GONZALES	Amount of contribution (\$) \$40.00
08/13/23	Contributor address; City; State; Zip Code 26734 West Adam Buckeye AZ 85396	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARO R. GONZALEZ	Amount of contribution (\$) \$40.00
08/13/23	Contributor address; City; State; Zip Code 26734 West Adam Buckeye AZ 85396	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL PEREZ	Amount of contribution (\$) \$50.00
08/13/23	Contributor address; City; State; Zip Code 2408 CHASWOOD EP TX 79925	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DIANA A. GONZALES</i>	7 Amount of contribution (\$) <i>\$250.00</i>
<i>07/13/23</i>	6 Contributor address; City; State; Zip Code <i>1325 Hookridge EP TX 79925</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donnell James</i>	Amount of contribution (\$) <i>\$3,000.00 (CASH)</i>
<i>07/31/23</i>	Contributor address; City; State; Zip Code <i>3645 Grand Bohama EP TX 79936</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME MICHAEL P. GONZALES		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/01/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESUS AVILA JR	8 Amount of Contribution \$ \$1,500	9 In-kind contribution description CAMPAIGN HEAD-QUARTERS BUILDING
7 Contributor address; City; State; Zip Code 1210 COMALAND EP TX 79907		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Self		11 Employer (FOR NON-JUDICIAL)(See Instructions) JWS HYDRAULIC REPAIR SHOP	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/01/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESUS AVILA JR	Amount of Contribution \$ \$1,500	In-kind contribution description CAMPAIGN HEAD-QUARTERS BUILDING
Contributor address; City; State; Zip Code 1210 COMALAND EP TX 79907		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Self		Employer (FOR NON-JUDICIAL)(See Instructions) JWS HYDRAULIC REPAIR SHOP	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>MICHAEL P. GONZALES</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>08/29/23</i>	5 Payee name <i>GO DADDY</i>	
6 Amount (\$) <i>\$ 46.01</i>	7 Payee address; City; State; Zip Code <i>2150 E. WANNER RD Tempe AZ 85284</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>WEBSITE / DOMAIN</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>08/31/23</i>	Payee name <i>PAPA 2</i>	
Amount (\$) <i>\$ 5.24</i>	Payee address; City; State; Zip Code <i>2211 N 1st St SAN JOSE CA 95131</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>	Description <i>Donation Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>09/01/23</i>	Payee name <i>GO DADDY</i>	
Amount (\$) <i>\$18.11</i>	Payee address; City; State; Zip Code <i>2150 E. WANNER RD Tempe AZ 85284</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>WEBSITE / DOMAIN</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | 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 MICHAEL P. GONZALES	3 Filer ID (Ethics Commission Filers)
4 Date 09/01/23	5 Payee name PAYPAL	
6 Amount (\$) \$2.28	7 Payee address; City; State; Zip Code 2211 N 1ST ST SAN JOSE CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Donation Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/14/23	Payee name PAYPAL	
Amount (\$) \$1.65	Payee address; City; State; Zip Code 2211 N 1ST ST SAN JOSE CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Donation Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/14/23	Payee name LA ESTRELLA PRINTING	
Amount (\$) \$38.97	Payee address; City; State; Zip Code 11902 ROSEANN CP TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Printing, banners, shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>MICHAEL P. GONZALEZ</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/15/23</i>	5 Payee name <i>PAYPAL</i>	
6 Amount (\$) <i>\$1.21</i>	7 Payee address; City; State; Zip Code <i>2211 N. 1st ST SAN JOSE CA 95131</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fee</i>	(b) Description <i>Donation Fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>09/18/23</i>	Payee name <i>LA ESTRELLA PRINTING</i>		
Amount (\$) <i>\$2.00</i>	Payee address; City; State; Zip Code <i>11982 ROSEANN EL PASO TX 79936</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>	Description <i>Additional fee</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <i>09/29/23</i>	Payee name <i>WESTSTAR BANK</i>		
Amount (\$) <i>5.00</i>	Payee address; City; State; Zip Code <i>8340 GATEWAY Blvd E EL PASO TX 79907</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>	Description <i>Banking Fee</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 MICHAEL P. GONZALEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 10/08/23	5 Payee name PAYPAL		
6 Amount (\$) \$1.65	7 Payee address;	City;	State; Zip Code
	2211 N. 1st ST	SAN JOSE CA	915131

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Donation Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/23	Payee name PAYPAL		
Amount (\$) \$1.65	Payee address;	City;	State; Zip Code
	2211 N 1st ST	SAN JOSE CA	915131

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Donation fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 10/31/23	Payee name GO DADDY		
Amount (\$) \$18.11	Payee address;	City;	State; Zip Code
	2150 E. WARNER	Tempe	AZ 85084

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description website/domain
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | 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 MICHAEL P. GONZALES	3 Filer ID (Ethics Commission Filers)
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4 Date 10/3/23	5 Payee name WEST STAR BANK
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6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 8340 GATEWAY BLVD E EP TX 79907
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Banking Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/30/23	Payee name West Star Bank
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Amount (\$) \$5.00	Payee address; City; State; Zip Code 8340 GATEWAY BLVD E EP TX 79907
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Banking Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/01/23	Payee name GO DADDY
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Amount (\$) \$18.11	Payee address; City; State; Zip Code 2150 E. WARREN RD TEMPE AZ 85284
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description website/domain
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 MICHAEL P. GONZALES	3 Filer ID (Ethics Commission Filers)
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4 Date 12/08/23	5 Payee name PAYPAL
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6 Amount (\$) \$7.52	7 Payee address; City; State; Zip Code 2211 N. 1ST ST SAN JOSE CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Donation Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/23	Payee name EL PASO DEMOCRATIC PARTY
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Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1401 MONTANA SUNLE E BP TX 79902
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description BAUOT FILING FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/23	Payee name PAYPAL
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Amount (\$) \$1.07	Payee address; City; State; Zip Code 2211 N. 1ST ST SAN JOSE CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Donation Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | 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 <i>MICHAEL P. GONZALES</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/27/23</i>	5 Payee name <i>PM PAL</i>	
6 Amount (\$) <i>\$1.65</i>	7 Payee address; <i>2211 N 1st</i>	City; State; Zip Code <i>San Jose CA 95131</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fee</i>	(b) Description <i>Donation Fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>12/29/23</i>	Payee name <i>PM PAL</i>
Amount (\$) <i>\$3.08</i>	Payee address; City; State; Zip Code <i>2211 N 1st San Jose CA 95131</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>
	Description <i>Donation Fee</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>01/04/24</i>	Payee name <i>PM PAL</i>
Amount (\$) <i>\$1.21</i>	Payee address; City; State; Zip Code <i>2211 N 1st SAN JOSE CA 95131</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>
	Description <i>Donation Fee</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 MICHAEL P. GONZALES	3 Filer ID (Ethics Commission Filers)
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4 Date 01/10/24	5 Payee name U PRINTING
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6 Amount (\$) \$ 378.43	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Banners
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/12/24	Payee name PAYPAL
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Amount (\$) \$3.08	Payee address; City; State; Zip Code 2211 N. 1st ST SAN JOSE CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Donation Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/12/24	Payee name PAYPA2
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Amount (\$) \$1.94	Payee address; City; State; Zip Code 2211 N. 1st ST SAN JOSE CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Donation Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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