

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6128

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	
	Mr.	Raul		
NICKNAME		LAST	SUFFIX	
		Gonzalez		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE; ZIP CODE
	2707 Carnarvon		Austin, Texas	78704
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	912-9509		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	Ms.	Madge		
NICKNAME		LAST	SUFFIX	
		Vasquez		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE; ZIP CODE
	8522 Birmingham Dr.		Austin, Texas	78748
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	796-9405		
9 REPORT TYPE	<input 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	THROUGH
	11 /	18 /	2005	01 / 15 / 2006
11 ELECTION	ELECTION DATE			ELECTION TYPE
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
		03 /	07 /	2006
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			Justice of the Peace, Precinct 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **			
	Name			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code			
<input type="checkbox"/> additional pages				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,225.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 195.19

4. TOTAL POLITICAL EXPENDITURES \$ 1,195.19

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,029.81

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

19 AFFIDAVIT

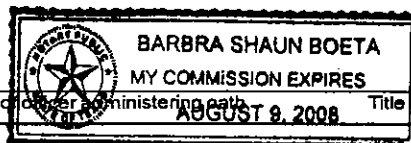
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Braul Gonzalez, this the 17th day of January, 2008, to certify which, witness my hand and seal of office.

Barbra Shaun Boeta
Signature of officer administering oath



Print name of officer administering oath: Barbra Shaun Boeta Title of officer administering oath: _____

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/27/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Brown 6 Contributor address; City; State; Zip Code 3717 Cole Ave. Dallas, Texas 75204	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description(if applicable)

9 Contributor's principal occupation Hotel Manager	10 Contributor's job title Manager
11 Contributor's employer/law firm Crescent Resorts	12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date 12/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodolfo Gonzalez Contributor address; City; State; Zip Code 18707 Egret Bay Blvd. #405 Houston, Texas 77058	Amount of contribution (\$) \$600.00	In-kind contribution description(if applicable)
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Contributor's principal occupation Engineer	Contributor's job title Engineer
Contributor's employer/law firm NASA	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
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Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B(J):	
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

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

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ 1,000.00
5 Date of loan 12/27/05	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul A. Gonzalez (Loan from Personal Funds used for Filing Fee)	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2707 Carnarvon Austin, Texas 78704	10 Interest rate none
		11 Maturity date 01/13/2006
12 Lender's Principal Occupation Asst. District Attorney, Travis County		13 Lender's Job Title
14 Lender's Employer/Law Firm Travis County		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor 20 Guarantor address; City; State; Zip Code	21 Amount Guaranteed (\$)
22 Guarantor's Principal Occupation		23 Guarantor's Job Title
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)
26 If guarantor is child, law firm of parent(s) (if any)		

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. Not Applicable 1 Total pages Schedule F:

2 FILER NAME **Raul A. Gonzalez** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G:

2 FILER NAME
Raul A. Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>11/27/05</i>	5 Payee name Travis County Democratic Party	8 Amount (\$) \$1,000.00
	6 Payee address; City; State; Zip Code 1311 B E. 6th St. Austin, Texas 78702.	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure Candidate Filing Fee - JP Precinct 4	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form. Not Applicable		1 Total pages Schedule H:
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form. Not Applicable

1 Total pages this Schedule I:

2 FILER NAME Raul A. Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form. Not Applicable

1 Total pages this Schedule K:

2 FILER NAME

Raul A. Gonzalez

3 ACCOUNT # (Ethics Commission File)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form. Not Applicable		1 Total pages this Schedule L:
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission filers)
LENDER INFORMATION	4 Name of lender _____	
	5 Lender address; City; State; Zip Code _____	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor _____	
	7 Guarantor address; City; State; Zip Code _____	
LENDER INFORMATION	Name of lender _____	
	Lender address; City; State; Zip Code _____	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor _____	
	Guarantor address; City; State; Zip Code _____	
LENDER INFORMATION	Name of lender _____	
	Lender address; City; State; Zip Code _____	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor _____	
	Guarantor address; City; State; Zip Code _____	
LENDER INFORMATION	Name of lender _____	
	Lender address; City; State; Zip Code _____	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor _____	
	Guarantor address; City; State; Zip Code _____	

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ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form. Not Applicable

1 Total pages this Schedule M:

2 FILER NAME Raul A. Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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