CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6337

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 7

OFFICE USE ONLY

Date Received

Date Hand-Delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: RAÚL MI: A

NICKNAME LAST: GONZÁLEZ SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 2707 CARNARVON LN APT / SUITE #: CITY: AUSTIN STATE: TX ZIP CODE: 78704

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 912-9509 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS. FIRST: MADGE MI:

NICKNAME LAST: VASQUEZ SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 8522 BIRMINGHAM DR. APT / SUITE #: CITY: AUSTIN STATE: TX ZIP CODE: 78748

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 796-9405 EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☑ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 01 / 16 / 06 THROUGH Month / Day / Year: 06 / 30 / 06

11 ELECTION

ELECTION DATE Month / Day / Year: 11 / 07 / 06

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): /

13 OFFICE SOUGHT (if known): JUSTICE OF THE PEACE PCT. 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: N/A

Address / PO Box, Apt / Suite #, City, State, Zip Code

☐ Additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 COH NAME: RAÚL ARTURO GONZALEZ

16 ACCOUNT # (Ethics Commission Filer)

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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

18 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ -0-
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ $200.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ $120.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ $791.29
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ $438.52
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.

KB PFERTNER
Notary Public, State of Texas
My Commission Expires 02-23-2009

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said RAUL A. GONZALEZ, this the 17TH day of JULY, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: K.B. PFERTNER | Title of officer administering oath: NOTARY

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME: RAÚL ARTURO GONZÁLEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/07/06	MICHAEL MARIN 2801 VIA FORTUNA STE. 100 AUSTIN TX 78746	$200.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
LAWYER	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME: RAÚL ARTURO GONZÁLEZ

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: $ -0-

5 Date	6 Full name of pledgor / 7 Pledgor address: City, State, Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
/	N/A		

10 Principal occupation / Job title (See instructions) | 11 Employer (See Instructions)

Date	Full name of pledgor / Pledgor address: City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
/			

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of pledgor / Pledgor address: City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
/			

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of pledgor / Pledgor address: City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)
/			

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of pledgor / Pledgor address: City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)
/			

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E. 1

2 FILER NAME
RAÚL ARTURO GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ -0-

5 Date of loan /

6 Is lender a financial institution? Y N

7 Name of lender N/A ☐ out-of-state PAC (ID# _____)

8 Lender address; City State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ none

15 GUARANTOR INFORMATION
☐ not applicable

16 Name of guarantor

17 Guarantor address; City State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan /

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC (ID#: _____)

Lender address; City State Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: RAÚL ARTURO GONZÁLEZ

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
6/28/06	LAURA BARBERENA 8314 DAWNWOOD DRIVE SAN ANTONIO TX 78250	$161.29

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
REIMBURSEMENT FOR FILEMAKER	

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
1/23/06	TRAVIS COUNTY DEMOCRATIC PARTY 1311 B EAST 9th St. Austin TX 78702	$140.00

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
DINNER FUNDRAISER	

Date	Payee name / Payee 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	Payee name / Payee 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G. 1

2 FILER NAME: RAÚL ARTURO GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

Date	Payee name / Payee address / City / State / Zip Code	Amount ($)
4 Date: 1/18/06	5 Payee name: AUSTIN BAR ASSOCIATION 6 Payee address: City: State: Zip Code: 816 CONGRESS, STE 700 AUSTIN TX 78701 7 Purpose of expenditure (See instructions regarding type of information required.): MEMBERSHIP	8 Amount ($): $180.00 ☑ Reimbursement from political contributions intended
Date: 1/18/06	Payee name: HISPANIC WOMEN'S NETWORK OF TEXAS Payee address: City: State: Zip Code: P.O. BOX 1356 AUSTIN TX 78767 Purpose of expenditure (See instructions regarding type of information required.): MEMBERSHIP	Amount ($): $15.00 ☑ Reimbursement from political contributions intended
Date: 2/3/06	Payee name: AUSTIN WOMEN'S POLITICAL CAUCUS Payee address: City: State: Zip Code: P.O. BOX 12383 AUSTIN TX 78711 Purpose of expenditure (See instructions regarding type of information required.):	Amount ($): $65.00 ☑ Reimbursement from political contributions intended
Date: 3/6/06	Payee name: SOUTH RIVER CITY CITIZENS Payee address: City: State: Zip Code: 1904 KENWOOD DR AUSTIN TX 78704 Purpose of expenditure (See instructions regarding type of information required.):	Amount ($): $10.00 ☑ Reimbursement from political contributions intended
Date: 6/7/06	Payee name: TRAVIS COUNTY WOMEN LAWYERS ASSOCIATION Payee address: City: State: Zip Code: P. O. BOX 1386 AUSTIN TX 78767 Purpose of expenditure (See instructions regarding type of information required.): LUNCHEON FUNDRAISER	Amount ($): $100.00 ☑ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED