

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6394

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission #/lers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR RAUL A <hr/> NICKNAME LAST SUFFIX GONZALEZ	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 0.8em;"> RECEIVED FOR RECORD COUNTY CLERK TRAVIS COUNTY TEXAS OCT 30 PM 4:26 </div> <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2707 CARNARVON LN. AUSTIN, TX 78704		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 914-0833		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. MADGE <hr/> 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, TX 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"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 01 / 06 THROUGH 10 / 28 / 06		
11 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 06	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) JUSTICE OF PEACE Pct. 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME **RAÚL ARTURO GONZÁLEZ** 16 ACCOUNT # (Ethics Commission Filers)

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. ***

<input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <p style="text-align: center;">N/A</p>
		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	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 550 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 199 ⁴²
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,960 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 167 ²⁶
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.

Raul Arturo Gonzalez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **RAUL ARTURO GONZALEZ**, this the **30th** day of **October**, 20**09**, to certify which, witness my hand and seal of office.

KB Pfertner
Signature of officer administering oath

KB PFERTNER
Printed name of officer administering oath

Notary
Title of officer administering oath

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 10/20/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORGE PINEDA	7 Amount of contribution (\$) \$ 300⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City: State: Zip Code 2211 S. IH. 35 Austin, TX 78741		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ATTORNEY AT LAW		10 Employer (See Instructions)	
Date 10/24/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN BOYD	Amount of contribution (\$) \$ 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code 507 W. 10th St. Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY AT LAW		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

1

2 FILER NAME

RAÚL ARTURO GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

10/19/06

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

FRANK KING

7 Pledgor address: City: State: Zip Code

301 CONGRESS AVE
AUSTIN, TX 78701

8 Amount of pledge (\$)

\$ 250⁰⁰

9 In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

ATTORNEY AT LAW

11 Employer (See Instructions)

Date

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

Pledgor address: City: State: Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Pledgor address: City: State: Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Pledgor address: City: State: Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Pledgor address: City: State: Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

RAUL ARTURO GONZALEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/04/06

5 Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

7 Amount (\$)

\$ 250⁰⁰

6 Payee address: City: State; Zip Code

1311 EAST 6TH ST.
AUSTIN, TX 78702

8 Purpose of payment (See instructions regarding type of information required.)

TBT FUNDRAISER, COORDINATED EAI

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/06/06

Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

Amount (\$)

\$ 1,000⁰⁰

Payee address: City: State; Zip Code

1311 EAST 6TH ST.
AUSTIN, TX 78702

Purpose of payment (See instructions regarding type of information required.)

COORDINATED CAMPAIGN - EAI

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/06/06

Payee name

ABSOLUTE SIGNS

Amount (\$)

\$ 314⁴⁵

Payee address: City: State; Zip Code

8105 COULVER RD
AUSTIN, TX 78747

Purpose of payment (See instructions regarding type of information required.)

4x8 SIGNS - balance

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/11/06

Payee name

HOME DEPOT

Amount (\$)

\$ 123⁰⁰

Payee address: City: State; Zip Code

3600 IH 35 SOUTH
AUSTIN, TX 78704

Purpose of payment (See instructions regarding type of information required.)

SIGN SUPPLIES

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME RAUL ARTURO GONZALEZ		3 ACCOUNT # (Ethics Commission files)
4 Date 10/23/06	5 Payee name AMERICAN PRINTING	7 Amount (\$) \$1,284⁶⁶
6 Payee address: City: State: Zip Code 1606 HEADWAY CIR AUSTIN, TX 78754		
8 Purpose of payment (See instructions regarding type of information required.) PRINTING- MAILER <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/23/06	Payee name US POSTAL SERVICE	Amount (\$) \$688⁴²
Payee address: City: State: Zip Code 6633 E. HWY 290 AUSTIN, TX 78723		
Purpose of payment (See instructions regarding type of information required.) POSTAGE- MAILER <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/26/06	Payee name LULAC COUNCIL 650	Amount (\$) \$100⁰⁰
Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.) DENNIS GARZA MEMORIAL SCHOLARSHIP SPONSOR <small>(If travel outside of Texas, complete Schedule T)</small>	** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED