

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6434

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
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Raul A. SUFFIX Gonzalez	OFFICE USE ONLY Date Received: 2007 JAN 16 Date Hand-delivered by: [blank] Date Postmarked: JAN 7: 00 Receipt # [blank] Amount: [blank] Date Processed: [blank] Date Imaged: [blank]	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 2707 Carnarvon Lane 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 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input 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 / 29 / 06 THROUGH 01 / 15 / 07		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 07 / 06		
12 OFFICE	OFFICE HELD (if any) Justice of the Peace Pct. 4	13 OFFICE SOUGHT (if known)	
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**

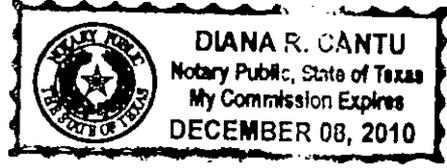
15 OFFICER NAME: Raul A. Gonzalez 16 ACCOUNT # (Ethics Commission Filers):

17 NOTICE FROM POLITICAL COMMITTEE: *This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures must 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	N/A
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
<input type="checkbox"/> POLITICAL	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)	\$ 825.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 252.78
	4. TOTAL POLITICAL EXPENDITURES	\$ 252.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 739.48
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

I swear to and subscribed before me, by the said Raul A. Gonzalez, this the 18th day of January, 2007, to certify which, witness my hand and seal of office.

[Handwritten Signature] Diana R. Cantu Notary Public
Printed name of officer administering oath 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 2	
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/31/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC/DC Latino Leadership PAC 6 Contributor address: City: State: Zip Code P.O. Box 40931 Austin, TX 78704	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/02/06	Full name of contributor <input type="checkbox"/> out-of-state PAC/DC Mike Marcin Contributor address: City: State: Zip Code 308 Appleton Ct. Buda, TX 78610	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/04/06	Full name of contributor <input type="checkbox"/> out-of-state PAC/DC Andrew Speer Contributor address: City: State: Zip Code 3403 Hidden Pines Ct. Arlington, TX 76016	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accountant - CPA		Employer (See Instructions)	
Date 11/07/06	Full name of contributor <input type="checkbox"/> out-of-state PAC/DC Robert Rojas Contributor address: City: State: Zip Code 7509 Cottonwood Ct. Garland, TX 75044	Amount of contribution (\$) \$ 75	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Sales - Commercial		Employer (See Instructions)	
Date 12/01/06	Full name of contributor <input type="checkbox"/> out-of-state PAC/DC David Gonzalez Contributor address: City: State: Zip Code 823 Congress Ave., Ste. 200 Austin, TX 78701	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
2

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

4 Date 1/03/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank King 6 Contributor address: City: State: Zip Code 301 Congress Ave., Ste. 2100 Austin, TX 78701	7 Amount of contribution (\$) \$250 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
-------------------	--	---	--

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

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)
------	--	-----------------------------	--

(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# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	--	-----------------------------	--

(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# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	--	-----------------------------	--

(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# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution 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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission Pers)
4 Date 11/02/06	5 Payee name NHPO 6 Payee address. City: State: Zip Code P.O. Box 41780 Austin, TX 78704	8 Amount (\$) 5.00
7 Purpose of expenditure (See instructions regarding type of information required.) Breakfast Mtg. -Upcoming Bonds Speaker (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/31/06	Payee name Travis County Demo Party Payee address: City: State: Zip Code 1311-B East 6th St. Austin, TX 78702	Amount (\$) 40.00
Purpose of expenditure (See instructions regarding type of information required.) Music Fundraiser- Threadgill's (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/22/06	Payee name Threadgill's Payee address: City: State: Zip Code Barton Springs Rd. Austin, TX 78704	Amount (\$) 51.00
Purpose of expenditure (See instructions regarding type of information required.) Lunch w/ consultants P.Anton, J.R.G. (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/01/06	Payee name Diana's Flower Shop Payee address: City: State: Zip Code 2614 East 7th St. Austin, TX 78702	Amount (\$) 40.39
Purpose of expenditure (See instructions regarding type of information required.) Judge Diaz's going awaycelebration (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/09/07	Payee name El Gallo Restaurant Payee address: City: State: Zip Code 2910 S. Congress Ave. Austin, TX 78704	Amount (\$) 20.55
Purpose of expenditure (See instructions regarding type of information required.) JP monthly lunch (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission files)
4 Date 11/03/06	5 Payee name Suzi's Chinese Kitchen 6 Payee address: City: State: Zip Code 1152 S. Lamar Austin, TX 78704	8 Amount (\$) \$21.84
7 Purpose of expenditure (See instructions regarding type of information required.) Lunch-G. Aleman/ office/forms prep. <small>(If travel outside of Texas, complete Schedule T)</small>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/14/06	Payee name El Gallo Restaurant Payee address: City: State: Zip Code 2910 S. Congress Ave. Austin, TX 78704	Amount (\$) \$10.00
Purpose of expenditure (See instructions regarding type of information required.) JP Monthly lunch-issue discussion <small>(If travel outside of Texas, complete Schedule T)</small>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Raul A. Gonzalez

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder