



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME RAÚL A. GONZÁLEZ 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

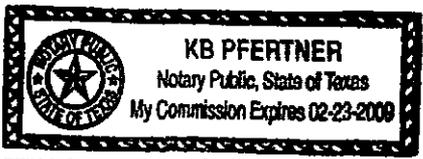
This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\**

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
	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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 20 <sup>00</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 2225 <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 429 <sup>48</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Raul A. Gonzalez*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said RAUL A. GONZALEZ, this the 17<sup>th</sup> day of JANUARY, 2008, to certify which, witness my hand and seal of office.

*[Signature]*  
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

**RAUL A. GONZALEZ**

3 ACCOUNT # (Ethics Commission files)

4 Date

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

**NONE**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  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  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  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  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.

JUSTICE COURT, CT  
 07 DEC 17 PM 2:00  
 JAVIS COURT, CT

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:  
143

2 FILER NAME  
RAUL A. GONZALEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date 7/13/07	5 Payee name HISPANIC BAR ASSOCIATION	8 Amount (\$) 25 <sup>00</sup>
	6 Payee address; City: State: Zip Code P.O. Box 12492 Austin, TX 78767	
7 Purpose of expenditure (See instructions regarding type of information required.) SCHOOL SUPPLIES - DOVE SPRINGS REC. (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 7/19/07	Payee name NATIONAL WOMEN'S POLITICAL CAUCUS	Amount (\$) 100 <sup>00</sup>
	Payee address; City: State: Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) SPONSORSHIP RECOGNITION OF EVENT (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8/10/07	Payee name CAPITOL AREA DEMO WOMEN	Amount (\$) 100 <sup>00</sup>
	Payee address; City: State: Zip Code P.O. Box 12962 Austin TX 78711	
Purpose of expenditure (See instructions regarding type of information required.) CHAMPS FUNDRAISER SPONSOR (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8/10/07	Payee name AFL CIO	Amount (\$) 230 <sup>00</sup>
	Payee address; City: State: Zip Code 1106 LAVACA AUSTIN TX 78701	
Purpose of expenditure (See instructions regarding type of information required.) LABOR DAY FISH FRY AD, SPONSORSHIP (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 8/22/07	Payee name AREA CAPITOL PROGRESSIVE DEMO	Amount (\$) 50 <sup>00</sup>
	Payee address; City: State: Zip Code P.O. Box 801 Austin TX 78767-0801	
Purpose of expenditure (See instructions regarding type of information required.) SILVER SPONSOR OF ANNUAL AWARDS CEREMONY (If travel outside of Texas, complete Schedule T)		<input 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 of 3

2 FILER NAME

RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/13/07

5 Payee name

LAURA BARBERENA

6 Payee address; City; State; Zip Code

8314 DAWNWOOD AV., SAN ANTONIO TX 78250

8 Amount (\$)

50<sup>00</sup>

7 Purpose of expenditure (See instructions regarding type of information required.)

DESIGN LABOR DAY AD

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

9/17/07

Payee name

SOUTH AUSTIN DEMOCRATS

Payee address; City; State; Zip Code

P.O. BOX 152592 AUSTIN TX 78715-2592

Amount (\$)

\$ 75<sup>00</sup>

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

YELLOW DOG SPONSORSHIP

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

9/17/07

Payee name

UNITED EAST AUSTIN COALITION

Payee address; City; State; Zip Code

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

DIA DE LA RAZA EVENT SPONSOR

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$ 50<sup>00</sup>

Reimbursement from political contributions intended

Date

9/27/07

Payee name

LULAC 650

Payee address; City; State; Zip Code

P.O. Box 152588, Austin TX 78715-2588

Amount (\$)

\$ 25<sup>00</sup>

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

DENNIS GARZA MEMORIAL FUNDRAISER

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

10/26/07

Payee name

HISPANIC BAR AUSTIN FOUNDATION

Payee address; City; State; Zip Code

P.O. Box 12492 Austin TX 78767

Amount (\$)

7 PM 4:01  
#165

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

HERITAGE LUNCHEON SPONSORSHIP

(If travel outside of Texas, complete Schedule T)

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: <b>3 of 3</b>
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/11/08</b>	5 Payee name <b>TRAVIS CITY DEMOCRAT PARTY</b>	8 Amount (\$) <b>\$ 1000<sup>00</sup></b>
	6 Payee address; City; State; Zip Code <b>P.O. Box 684263 AUSTIN TX 78768-4263</b>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>FINANCE COUNCIL</b> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <b>12/11/08</b>	Payee name <b>TRAVIS CITY DEMOCRAT PARTY</b>	Amount (\$) <b>\$ 355<sup>00</sup></b>
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <b>KICKOFF FUNDRAISER</b> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

RECEIVED  
 JUDGE COURT, PCT  
 TRAVIS COUNTY  
 DEC 17 PM 4:01

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 <p style="text-align: center;">RAÚL A. GONZÁLEZ</p>	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.

07 DEC 17 9:01  
 JUSTICE COMMISSION  
 TRAINING CENTER

\_\_\_\_\_  
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