Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7702

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: 13

OFFICE USE ONLY

Date Received: FILED FOR RECORD '12 JAN 3 A9:19 DANA DEBEAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS

Date Hand delivered or 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; APT / SUITE #; CITY; STATE; ZIP CODE: P.O. Box 40263 Austin, TX 78704
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION: (512) 914-0833
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (MS) FIRST: CECILIA MI: NICKNAME LAST: CROSSLEY SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 3100 CATALINA Austin, TX 78741
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION: (512) 444-0956
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: 07 / 01 / 11 THROUGH Month Day Year: 12 / 31 / 11
11 ELECTION	ELECTION DATE Month Day Year: / / ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any): Justice of the Peace, Pct. 4
13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: RAÚL A. GONZÁLEZ

15 ACCOUNT # (Ethics Commission Filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

17 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 $100 OR LESS, UNLESS ITEMIZED	$ 0
	4. **TOTAL POLITICAL EXPENDITURES**	$ 476.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 28.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2,000

18 AFFIDAVIT

DIANA R. CANTU
Notary Public
STATE OF TEXAS
Commission Exp. 12-08-2014

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raul A. Gonzalez, this the 24th day of January 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Diana R Cantu	Diana R. Cantu	Notary Public

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 A. GONZALEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) N/A 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
		(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#:) 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 ☐ 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 ☐ 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 ☐ 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 SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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 A. GONZALEZ

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) N/A 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		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 SCHEDULE 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 A. GONZALEZ

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $500.00

5 Date of loan: 7/15/11

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 ($): $500.00

10 Interest rate: N/A

11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions): JP

13 Employer (See Instructions): TRAVIS COUNTY

14 Description of Collateral: ☑ none

15 Check if personal funds were deposited into political account ☐

16 GUARANTOR INFORMATION ☑ not applicable

17 Name of guarantor: N/A

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount ($)

Is lender a financial Institution? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

Check if personal funds were deposited into political account ☐

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	RAÚL A. GONZALEZ	

4 Date	5 Payee name
7/26/11	AFL CIO

6 Amount ($)	7 Payee address; City; State; Zip Code
$145.60	P.O. Box 87 Austin TX 78767

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	ADVERTISING EXPENSE	LABOR DAY AD/PROGRAM

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
7/13/11	Austin Tejano Democrats

Amount ($)	Payee address; City; State; Zip Code
$10.00	2544 Stoutwood Dr Austin TX 78745

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	FEES	MEMBERSHIP

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
9/21/11	South Austin Democrats

Amount ($)	Payee address; City; State; Zip Code
$50.00	P.O. Box 152592 Austin TX 78715-2592

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	EVENT EXPENSE	YELLOW DOG FUNDRAISER

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10/04/11	United East Austin Coalition

Amount ($)	Payee address; City; State; Zip Code
$50.60	1511 Haskell Austin, TX 78702

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	EVENT EXPENSE	DIA DE LA RAZA CELEBRATION

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME RAÚL A. GONZÁLEZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/20/11	5 Payee name LA VOZ	
6 Amount ($) $175.00	7 Payee address; City; State; Zip Code P.O. Box 19457 Austin TX 78760	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) VETERAN'S DAY RECOGNITION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/16/11	Payee name USPS	
Amount ($) 46.00	Payee address; City; State; Zip Code South Congress Station Austin TX 78704-9998	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) RENTAL EXPENSE	Description (If travel outside of Texas, complete Schedule T) P.O. Box Rental
Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 7/26/11

5 Payee name: AFLCIO

6 Amount ($): $145.00 ☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: P.O. Box 87, Austin TX 78767

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): LABOR DAY PROGRAM

Date: 7/13/11

Payee name: Austin Tejano Democrats

Amount ($): $10.00 ☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2544 Stoutwood Dr, Austin, TX 78745

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FEES

Description (If travel outside of Texas, complete Schedule T): MEMBERSHIP

Date: 9/21/11

Payee name: South Austin Democrats

Amount ($): 50.00 ☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: P.O. Box 152592, Austin TX 78715-2592

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): EVENT EXPENSE

Description (If travel outside of Texas, complete Schedule T): YELLOW DOG FUNDRAISER

Date: 10/4/11

Payee name: LEAC

Amount ($): $50.00 ☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 1511 Haskell, Austin TX 78702

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): EVENT EXPENSE

Description (If travel outside of Texas, complete Schedule T): DIA DE LA RAZA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
2	RAÚL A. GONZÁLEZ	

4 Date	5 Payee name
10/20/11	LA VOZ

6 Amount ($)	7 Payee address; City; State; Zip Code
175 00 ☑ Reimbursement from political contributions intended	P.O. Box 19457 Austin TX 78760

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	ADVERTISING EXPENSE	VETERAN'S DAY RECOGNITION

Date	Payee name
	USPS

Amount ($)	Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended	South CONGRESS Station Austin, TX 78704-9998

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	RENTAL EXPENSE	P.O. Box RENTAL

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME RAUL A. GONZALEZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name N/A	
6 Amount ($)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME RAÚL A. GONZALEZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name N/A	
6 Amount ($)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME: RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received N/A 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)
	7 Purpose for which amount is received	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME RAÚL A. GONZÁLEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
N/A

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED