

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8241

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: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Raul Gonzalez		A.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> 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	FIRST	MI
	NICKNAME	LAST	SUFFIX
Ms. Cecilia Crossley			
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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	07	01	2013
THROUGH		Month	Day
		12	31
		2013	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
03		04	2014
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Justice of the Peace, Pct. 4 Travis County		same
GO TO PAGE 2			

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

FILED FOR RECORD
 2014 JAN 5 PM 3:46
 Travis County Texas
 Data Department
 Quality Center

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Raul A. Gonzalez

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

\$ 635.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,585.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 509.72

4. TOTAL POLITICAL EXPENDITURES

\$ 7,179.88

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

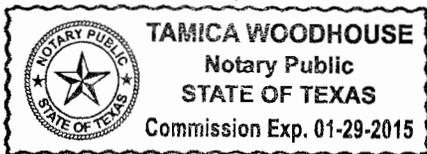
\$ 2,068.12

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

18 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 Gonzalez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raul Gonzalez, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

T. Woodhouse
Signature of officer administering oath

Tamica Woodhouse
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:

7

2 FILER NAME

Raul A. Gonzalez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/28/13

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

Paul Hudson

6 Contributor address; City; State; Zip Code

427 Brady Lane, Austin, TX 78746

7 Amount of contribution (\$)
\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Real Estate Mgmt. / President

10 Employer (See Instructions)

Hudson Properties

Date

8/28/13

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

Robert Raesz, Jr.

Contributor address; City; State; Zip Code

902 Rio Grande, Austin, TX 78701

Amount of contribution (\$)
\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

9/3/13

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

Ricardo Maldonado

Contributor address; City; State; Zip Code

812 San Antonio, ste. 118
Austin, TX 78701

Amount of contribution (\$)
\$150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

9/3/13

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

Christopher Gunter

Contributor address; City; State; Zip Code

600 W. 9th, Austin, TX 78701

Amount of contribution (\$)
\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Gunter & Bennett, P.C.

Date

9/4/13

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

Ramiro Lopez

Contributor address; City; State; Zip Code

801 W. Oltorf St., Austin, TX 78704

Amount of contribution (\$)
\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Lopez & Urrutia, LLP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: 7	
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Gottfried 6 Contributor address; City; State; Zip Code 1505 W. Sixth St., Austin, TX 78703	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 9/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Sheppard Contributor address; City; State; Zip Code 1304 Nueces St., Austin, TX 78701	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 9/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Culver Contributor address; City; State; Zip Code 106 E. 6th, ste.330, Austin, TX 78701	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Snell Law Firm, PLLC	
Date 9/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Romo Contributor address; City; State; Zip Code P.O. Box 17428, Austin, TX 78760	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney's Rep.		Employer (See Instructions) Linebarger, Goggan, Blair, Sampson	
Date 9/6/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Levine Contributor address; City; State; Zip Code 221 W. 6th St., ste. 960 Austin, TX 78701	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/11/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jackson Walker, LLP PAC 6 Contributor address; City; State; Zip Code 901 Main St. Ste. 6000 Dallas, TX 75202	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorneys		10 Employer (See Instructions) Jackson Walker LLP	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Baird Farrelly Crim. Defense..... Contributor address; City; State; Zip Code 2312 Western Trails Blvd. Ste. 102-A Austin, TX 78745	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions) Baird Farrelly PLLC	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Warren Contributor address; City; State; Zip Code 1011 Westlake Dr., Austin, TX 78746	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul Meisler Contributor address; City; State; Zip Code 611 S. Congress Ave., Ste. 510 Austin, TX 78704	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) R/E. Management/President		Employer (See Instructions) Pioneer Services	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Popper Contributor address; City; State; Zip Code 713 W. 14th St., Austin, TX 78701	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/10/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavin Villareal 6 Contributor address; City; State; Zip Code 3310 Thousand Oaks Cv. Austin, TX 78746	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Baker Botts (If travel outside of Texas, complete Schedule T)	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Wehnes Contributor address; City; State; Zip Code 1602 E. 7th St., Austin, TX 78702	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self (If travel outside of Texas, complete Schedule T)	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melinda Montford Contributor address; City; State; Zip Code 1100B Guadalupe St. Austin, TX 78701	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self (If travel outside of Texas, complete Schedule T)	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Mueller Contributor address; City; State; Zip Code 605 W. 10th St., Austin, TX 78701	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Granger & Mueller, PC (If travel outside of Texas, complete Schedule T)	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory L. Valdespino Contributor address; City; State; Zip Code 3009 IH 35 North, Austin, TX 78722	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/12/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Turro 6 Contributor address; City; State; Zip Code 404 West 13th St. Austin, TX 78701	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Ritz Contributor address; City; State; Zip Code 902 Rio Grande St. Austin, TX 78701	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Raesz, Jr. Contributor address; City; State; Zip Code 902 Rio Grande St. Austin, TX 78701	Amount of contribution (\$) \$400	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herlinda and Raul Gonzalez Contributor address; City; State; Zip Code 2302 Berry Hill Cir. Austin, TX 78745	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self	
Date 9/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago Coronado Contributor address; City; State; Zip Code 5602 Palisade Ct. Austin, TX 78731	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Travis County	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7

2 FILER NAME

Raul A. Gonzalez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/27/13

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

Rudy Colmenero

6 Contributor address; City; State; Zip Code

700 Lavaca St., ste. 607
Austin, TX 78701

7 Amount of
contribution (\$)
\$100

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Mitchell & Colmenero

Date

9/27/13

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

Arthur Troilo III

Contributor address; City; State; Zip Code

700 E. 11th St. ste. 103
Austin, TX 78701

Amount of
contribution (\$)
\$100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

10/8/13

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

Tom Sellers

Contributor address; City; State; Zip Code

2102 Woodmont Ave.
Austin, TX 78703

Amount of
contribution (\$)
\$200

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Lobbyist

Employer (See Instructions)

Self

Date

10/12/13

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

Jean and Leo Kane

Contributor address; City; State; Zip Code

3516 Harlington Dr.
Richardson, TX 75082

Amount of
contribution (\$)
\$300

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Self

Date

10/18/13

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

Paul Meisler

Contributor address; City; State; Zip Code

611 S. Congress Ave. Ste. 510
Austin, TX 78704

Amount of
contribution (\$)
\$500

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

R/E Managment/ President

Employer (See Instructions)

Pioneer Properties

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 Schedule B: <p style="text-align: center;">1</p>	
2 FILER NAME <p style="text-align: center;">Raul A. Gonzalez</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date 9/1/13	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Hull 7 Pledgor address; City; State; Zip Code 106 E. 6th Street, ste. 900 Austin, TX 78701	8 Amount of pledge (\$) \$500	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions) Attorney		11 Employer (See Instructions) Self	
Date 9/1/13	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Rodriguez Pledgor address; City; State; Zip Code P.O. Box 2910 Austin, TX 78768	Amount of pledge (\$) \$250	In-kind description (if applicable)
Principal occupation / Job title (See Instructions) Attorney- State Rep.		Employer (See Instructions) Self - TX House of Reps	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) 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 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 Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 8/1/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul A. Gonzalez -self	9 Loan Amount (\$) \$1,500
6 Is lender a financial institution? Y	8 Lender address; City; State; Zip Code P.O. Box 40263, Austin, TX 78704	10 Interest rate none
		11 Maturity date none
12 Principal occupation / Job title (See Instructions) Judge - Justice of the Peace		13 Employer (See Instructions) Travis County
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> 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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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 Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/10/13		5 Payee name Austin AFL-CIO			
6 Amount (\$) \$215		7 Payee address; City; State; Zip Code P.O. Box 301074, Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event/Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Labor Day Ad	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/16/13		Payee name Prestige Printing			
Amount (\$) \$109.33		Payee address; City; State; Zip Code 8 Burwood Suite #3, San Antonio, TX 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Invites to Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/29/13		Payee name USPS			
Amount (\$) \$106.72		Payee address; City; State; Zip Code 3903 South Congress Ave., Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) Postage for Invites/Thank you	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/12/13		Payee name Benji's Cantina			
Amount (\$) \$614.93		Payee address; City; State; Zip Code 716 W. 6th St., Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Refreshments at Fundraiser	
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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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 Raul A. Gonzalez	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/13/13	5 Payee name Prestige Printing		
6 Amount (\$) \$199.18	7 Payee address; City; State; Zip Code 8 Burwood Suite #3, San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Remittance Envelopes	
9 Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought	Office held
Date 11/21/13	Payee name Travis County Democratic Party		
Amount (\$) \$1,000	Payee address; City; State; Zip Code 1311 E. 6th Street, Austin, TX 78702		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Contribution	Description (If travel outside of Texas, complete Schedule T) Filing fee	
Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought	Office held
Date 12/15/13	Payee name Laura Barberena		
Amount (\$) \$425	Payee address; City; State; Zip Code 8314 Dawnwood Dr., San Antonio, TX 78250		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting/Advertising	Description (If travel outside of Texas, complete Schedule T) Graphic Design/Artwork	
Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought	Office held
Date 12/20/13	Payee name Raul A. Gonzalez		
Amount (\$) \$4,000	Payee address; City; State; Zip Code P.O. Box 40263, Austin, TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment	Description (If travel outside of Texas, complete Schedule T) Reimburse loan and expenses	
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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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: 1		2 FILER NAME Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/10/13		5 Payee name Austin AFL-CIO			
6 Amount (\$) \$215 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O.Box 301074, Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event/Adverising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Labor Day Ad	
Date 8/29/13		Payee name USPS			
Amount (\$) \$106.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3903 South Congress, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) Postage invites/thank yous	
Date 9/12/13		Payee name Benji's Cantina			
Amount (\$) \$614.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 716 W. 6th Street, Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Refreshments at Fundraiser	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		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)	

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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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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)
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4 Date	5 Business name N/A
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6 Amount (\$)	7 Business address; City; State; Zip Code
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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)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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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
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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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
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Raul A. Gonzalez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name N/A
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
---------------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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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

Raul A. Gonzalez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

N/A

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Raul A. Gonzalez		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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		