

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9145

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. RAUL A NICKNAME LAST SUFFIX <p style="text-align:center;">GONZALEZ</p>	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> 2018 JAN 17 AM 11:14 FILED FOR RECORD </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <p style="text-align:center;">P. O. Box 40263 Austin, TX 78704</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 914-0833		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. CECILIA NICKNAME LAST SUFFIX <p style="text-align:center;">CROSSLEY</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <p style="text-align:center;">3100 Catalina Austin, TX 78741</p>		
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 THROUGH Month Day Year <p style="text-align:center;">07 / 01 2017 THROUGH 12 / 31 2017</p>		
11 ELECTION	ELECTION DATE Month Day Year <p style="text-align:center;">03 / 06 2018</p>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Justice of the Peace, Pct. 4 Travis County	13 OFFICE SOUGHT (if known) same	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
Raul A. Gonzalez

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

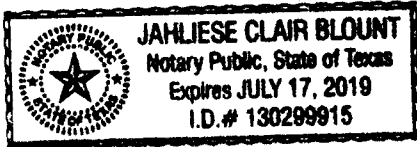
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	None
<input type="checkbox"/> SPECIFIC	
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	\$ 840
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,855
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 127
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,881
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,147
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Raul A. Gonzalez, this the 16 day of January, 2018, to certify which, witness my hand and seal of office.

[Handwritten Signature] Signature of officer administering oath
 Jahliese Clair Blount Printed name of officer administering oath
 Notary Public Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Raul A. Gonzalez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,855
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,881
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Raul A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

7/20/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Linebarger Goggan Blair & Sampson, LLP

6 Contributor address;

City; State; Zip Code

P.O. Box 17428 Austin 78760

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Law Firm

9 Employer (See Instructions)

Date

7/20/17

Full name of contributor

out-of-state PAC (ID#: _____)

Warren Law Firm

Contributor address;

City; State; Zip Code

1011 Westlake Drive Austin TX 78746

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Law Firm

Employer (See Instructions)

Date

7/20/17

Full name of contributor

out-of-state PAC (ID#: _____)

Boulette Golden & Marin LLP

Contributor address;

City; State; Zip Code

2801 Via Fortuna Ste. 530 Austin, TX 78746

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Law Firm

Employer (See Instructions)

Date

7/20/17

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Raesz

Contributor address;

City; State; Zip Code

902 Rio Grande Austin, TX 78701

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Attorney-at-Law

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Raul A. Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 7/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago S Coronado	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 5602 Palisade Austin, TX 78731		
8 Principal occupation / Job title (See Instructions) Attorney-at-Law		9 Employer (See Instructions) Self
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nationwide Eviction LLC	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 309 E. Morehead St., Ste 150 Charlotte, NC 28202		
Principal occupation / Job title (See Instructions) LLC		Employer (See Instructions)
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy Colmenero PC	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 901 S Mopac Expy Bldg2, Ste 570 Austin TX 78746		
Principal occupation / Job title (See Instructions) Attorney-at-Law		Employer (See Instructions) Self
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snell Law Firm	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 106 E. 6th Ste. 330 Austin, TX 78701		
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Raul A. Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 7/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Rojas	7 Amount of contribution (\$) 150
6 Contributor address; City; State; Zip Code 7509 Cottonwood Ct Garland TX 75044		
8 Principal occupation / Job title (See Instructions) Account manager - Sales		9 Employer (See Instructions) Mettler Toledo
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dya Campos	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 227 E. Mulberry San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Director of Govt and Public affairs		Employer (See Instructions) HEB
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett & Garcia PLLC	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 3821 Juniper Trace Ste 108 Austin, TX 78738		
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions)
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Morales Campaign	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 4704 Cabob Austin, TX 78744		
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Travis County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Raul A. Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 7/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Doggett For Congress 6 Contributor address; City; State; Zip Code P.O. Box 5843 Austin, TX 78768	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions) Congressman		9 Employer (See Instructions) U.S. Government- Congress
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Toilo III Contributor address; City; State; Zip Code 700 E. 11th ste. 300 Austin, TX 78701	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Attorney-at-Law		Employer (See Instructions) Self
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Fuchs Contributor address; City; State; Zip Code 4920 N. IH 35 Austin, TX 78751	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Attorney-at-Law		Employer (See Instructions) TX Rio Grande Legal Aid
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Ewbank Contributor address; City; State; Zip Code 2501 Crosswind Dr. Spicewood, TX 78669	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Attorney-at-Law		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Raul A. Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 7/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Meisler	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code 611 S. Congress Ave Ste 510 Austin, TX 78704		
8 Principal occupation / Job title (See Instructions) Managing Partner		9 Employer (See Instructions) Pioneer Properties
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. Shartle	Amount of contribution (\$) 65
Contributor address; City; State; Zip Code 1624 Westlake Dr Austin, TX 78746		
Principal occupation / Job title (See Instructions) Investor and Grandmother		Employer (See Instructions) Self
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marisa Luisa Flores	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 1300 La Vista Ave Austin, TX 78704		
Principal occupation / Job title (See Instructions) Attorney-at-Law		Employer (See Instructions) Self
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul/Dora Gonzalez	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 10511 River Plantation Austin, TX 78747		
Principal occupation / Job title (See Instructions) Attorney-at-Law		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Raul A. Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 7/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Close 6 Contributor address; City; State; Zip Code 607 W 12th St. Weslaco, TX 78596	7 Amount of contribution (\$) 150
8 Principal occupation / Job title (See Instructions) Insurance Annuity Sales		9 Employer (See Instructions) Self
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mishell Kneeland Contributor address; City; State; Zip Code 923 Cardinal Lane Austin, TX 78704	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) Attorney-at-Law		Employer (See Instructions) Culhane Meadows, PLLC
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Terrazas Contributor address; City; State; Zip Code 4611 Bee Cave, Ste 306B, Westlake Hills, TX 78746	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) Attorney-at-Law		Employer (See Instructions) Cleveland Terrazas PLLC
Date 7/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu Leede Contributor address; City; State; Zip Code 6 Las Brisas Austin, TX 78746	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Raul A. Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

7/20/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

David Salazar

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

236 Morrow Kyle, TX 78640

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Raul A. Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 7/11/17	5 Payee name Austin Tejano Democrats	
6 Amount (\$) 100	7 Payee address: City: State: Zip Code 2544 STOUTWOOD Austin, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Mixer - Event Expense sponsorship	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 7/20/17	Payee name Patsy's Cafe	
Amount (\$) 234	Payee address: City: State: Zip Code 5001 Ben White Blvd, Austin, TX 78744	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ Beverage Event Expense-Fundraiser	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 8/7/17	Payee name Austin AFL-CIO Council	
Amount (\$) 145	Payee address: City: State: Zip Code P.O.Box 87 Austin, TX 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense - Labor Day	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Raul A. Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 8/14/17	5 Payee name Dove Springs Advisory Board	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 4103 Sojourner St. Austin, TX 78744	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense - Sponsorship	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 8/27/17	Payee name Capitol Area Progressive Democrats	
Amount (\$) 250	Payee address; City; State; Zip Code P.O.Box 413 Austin, TX 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense -sponsorship KA Awards Banquet	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 8/30/17	Payee name South Austin Democrats	
Amount (\$) 100	Payee address; City; State; Zip Code Event Expense -sponsorship Yeller Dawg	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Raul A. Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/17	5 Payee name Travis County Democratic Party	
6 Amount (\$) 1,000	7 Payee address; City; State; Zip Code 1311 B East 6th Street Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/17	Candidate / Officeholder name Raul A. Gonzalez	Office sought Office held
Amount (\$) 2,825	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) Reimbursement of Pol. Exp. made from Personal Funds 1/16-6/16, 7/16-12/16, 1/17-6/17	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED