

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9940

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission File #)

2 Total pages filed

13

3 CANDIDATE / OFFICEHOLDER NAME

MS MRS MR **MR** FIRST **RAUL** MI **A**
NICKNAME LAST **GONZÁLEZ** SUFFIX

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS (PO BOX) APT SUITE # CITY STATE ZIP CODE
PO Box 40263 Austin TX 78704

Date Received
2021 JUL 19 AM 6:30
FILED FOR RECORD
DAN FERRELL FOR
COUNTY CLERK
TRAVIS COUNTY TEXAS
Date Handled
Date Postmarked
Receipt # Amount
Date Processed
Date Indexed

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 854-9478

6 CAMPAIGN TREASURER NAME

MS MRS MR **Ms** FIRST **CECILIA** MI
NICKNAME LAST **CROSSLEY** SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT SUITE # CITY STATE ZIP CODE
3100 CATALINA Austin TX 78741
(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 444-0956

9 REPORT TYPE

January 15 30-day before election Runoff 150-day after campaign treasurer appointment
 July 15 80-day before election Exceeded Allocated Reporting Limit Final Report Attached (RFR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 1 2021 THROUGH 6 30 2021

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
 General Special Description

12 OFFICE

OFFICE F.E.O. (Party) OFFICE SOUGHT (Location)
Justice of the Peace, Pct. 4

14 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
 GENERAL SPECIFIC
NONE
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

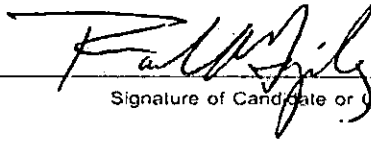
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME RAÚL A. GONZÁLEZ 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 86.63
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,970.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 757.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6453.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, 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

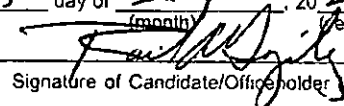
OR

(2) Unsworn Declaration

My name is RAÚL A. GONZÁLEZ and my date of birth is _____

My address is 4011 MCKINNEY FALLS PARKWAY (street) STE. 1200 AUSTIN, TX (city) 78744 (state) 45A (zip code) (country)

Executed in TRAVIS County, State of TEXAS, on the 15th day of July (month), 2021 (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <p style="font-size: 1.2em; margin-left: 40px;">RAÚL A. GONZÁLEZ</p>	20 Filer ID (Ethics Commission Filers)
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,970 ⁹⁴
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400 ⁰⁰
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	\$ 591 ⁵⁴
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 166 ⁰⁰
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
7 (1)

2 FILER NAME

RAÚL A. GONZÁLEZ

3 Filer ID (Ethics Commission Filers)

4 Date

6/17/21

5 Full name of contributor

BRIAN CWEREN

out-of-state PAC ID#

7 Amount of contribution (\$) \$263.47

6 Contributor address:

3311 RICHMOND AVE. Houston TX 77098

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

SELF - CWEREN LAW FIRM

Date

6/17/21

Full name of contributor

MATIAS GARCIA

out-of-state PAC ID#

Amount of contribution (\$) \$1,052.95

Contributor address:

3821 JUNIPER TRACE; STE 108 Austin TX 78738

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

BARNETT GARCIA PLLC

Date

6/18/21

Full name of contributor

KEVIN TERRAZAS

out-of-state PAC ID#

Amount of contribution (\$) \$1,000

Contributor address:

3303 THOUSAND OAKS CV. Austin TX 78746

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

CLEVELAND TERRAZAS PLLC

Date

6/18/21

Full name of contributor

KENNON WOOTEN

out-of-state PAC ID#

Amount of contribution (\$) \$158.21

Contributor address:

1018 REAGAN TERRACE Austin TX 78704

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Scott Douglass & McConnizo LLP

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

If the requested information is not applicable DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
7 (2)

2 FILER NAME

RAUL A. GONZALEZ

3 Filer ID (Ethics Commission Filer)

4 Date

6/19/21

5 Full name of contributor

MISHELL KNEELAND

Contributor PAC ID#

7 Amount of contribution (\$) **\$105.58**

6 Contributor address:

923 CARDWALL LANE AUSTIN TX 78704

City

State

Zip Code

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

CULHANE MEADOW PLLC

Date

6/21/21

Full name of contributor

DAVID GOTTFRIED

Contributor PAC ID#

Amount of contribution (\$) **\$526.63**

Contributor address:

1505 WEST 6TH ST. AUSTIN TX 78703

City

State

Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

GOTTFRIED FIRM

Date

6/29/21

Full name of contributor

JEFFREY HOBBS

Contributor PAC ID#

Amount of contribution (\$) **\$263.47**

Contributor address:

5309 WILLIAM HOLLAND AVE #1 AUSTIN TX 78756

City

State

Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

AMBURST & BROWN, PLLC

Date

6/29/21

Full name of contributor

JASON SNELL

Contributor PAC ID#

Amount of contribution (\$) **\$526.63**

Contributor address:

1615 WEST 6TH ST. STE. A AUSTIN TX 78703

City

State

Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SNELL FIRM

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
1 (3)

2 FILER NAME

RAÚL A. GONZÁLEZ

3 Filer ID: Ethics Commission Filers

4 Date

6/29/21

5 Full name of contributor

RICARDO HEXSEL

7 Amount of contribution (\$) **\$105.58**

6 Contributor address:

312 W. ANNIE ST.

City:

Austin

State:

TX

Zip Code

78704

8 Principal occupation: Job title (See Instructions)

ENGINEER

9 Employer (See Instructions)

Date

6/29/21

Full name of contributor

ALICIA DEL RIO

Amount of contribution (\$) **\$105.58**

Contributor address

7400 LADLE LN

City:

Austin

State:

TX

Zip Code

78749

Principal occupation: Job title (See Instructions)

EDUCATION ADMINISTRATION

Employer (See Instructions)

ACC

Date

6/30/21

Full name of contributor

MATTREYA TOMLINSON

Amount of contribution (\$) **\$158.21**

Contributor address

1011 BRODIE ST. #14

City:

Austin

State:

TX

Zip Code

78704

Principal occupation: Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TOMLINSON FIRM

Date

6/30/21

Full name of contributor

PAUL HUDSON

Amount of contribution (\$) **\$100**

Contributor address

427 BRADY LN

City:

Austin

State:

TX

Zip Code

78746

Principal occupation: Job title (See Instructions)

PROPERTY MANAGEMENT

Employer (See Instructions)

HUDSON PROPERTIES

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
7 (4)

2 FILER NAME

RAÚL A. GONZÁLEZ

3 Filer ID (Ethics Commission Filer)

4 Date

6/30/21

5 Full name of contributor

SEAN MCCONNELL

out-of-state PAC ID#

7 Amount of contribution (\$) \$52.95

6 Contributor address:

7602 BURLY OAKS CIR AUSTIN TX 78745

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

WINCKLER & HARVEY LLP

Date

6/30/21

Full name of contributor

NINA PERALES

out-of-state PAC ID#

Amount of contribution (\$) \$210.84

Contributor address

1608 BROADMOOR AUSTIN TX 78723

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

COUNSELOR

Employer (See Instructions)

Date

6/30/21

Full name of contributor

GEORGE MORALES

out-of-state PAC ID#

Amount of contribution (\$) \$105.58

Contributor address

4011 MCKINNEY FALLS PKWY AUSTIN TX 78744

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT

Employer (See Instructions)

TRAVIS COUNTY

Date

6/30/21

Full name of contributor

WICKI DEBUSK

out-of-state PAC ID#

Amount of contribution (\$) \$105.58

Contributor address

913 POST OAK AUSTIN TX 78704

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

7 (5)

2 FILER NAME

RAÚL A. GONZÁLEZ

3 Filer ID (Ethics Commission Filers)

4 Date

6/30/21

5 Full name of contributor

FELICIA BETANCUR

out-of-state PAC (P) _____

7 Amount of contribution (\$) \$52.95

6 Contributor address:

11025 MINT JULEP

City:

AUSTIN TX 78748

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/30/21

Full name of contributor

ROBERT MUELLER

out-of-state PAC (P) _____

Amount of contribution (\$) \$263.47

Contributor address:

604 WEST 10th ST.

City:

AUSTIN TX 78701

State:

Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

GRANGER & MUELLER

Date

6/30/21

Full name of contributor

MATIS GARCIA

out-of-state PAC (P) _____

Amount of contribution (\$) \$526.63

Contributor address:

3821 JUNIPER TRACE STE 108 AUSTIN TX 78738

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

BARNETT & GARCIA

Date

6/30/21

Full name of contributor

HERLINDA GONZALEZ

out-of-state PAC (P) _____

Amount of contribution (\$) \$500

Contributor address:

AUSTIN TX 78745

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
7 (6)

2 FILER NAME

RAUL A. GONZALEZ

3 Filer ID (Ethics Commission Filers)

4 Date

6/29/21

5 Full name of contributor

CECILIA CROSSLEY

out-of-state PAC (P.O. # _____)

7 Amount of contribution (\$) \$50

6 Contributor address:

3100 CATALINA

City:

Austin

State:

TX

Zip Code

78741

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

RETIRED

Date

6/29/21

Full name of contributor

ROBERT PERKINS

out-of-state PAC (P.O. # _____)

Amount of contribution (\$) \$100

Contributor address

City

Austin

State

TX

Zip Code

78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

6/30/21

Full name of contributor

VIRGINIA SCHILZ

out-of-state PAC (P.O. # _____)

Amount of contribution (\$) \$50

Contributor address:

3616 CLABURN DR

City

Austin

State

TX

Zip Code

78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

6/30/21

Full name of contributor

MICHAEL MAREIN

out-of-state PAC (P.O. # _____)

Amount of contribution (\$) \$250

Contributor address

942 BLUFFWOODS DR

City

Austin

State

TX

Zip Code

78619

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

CANTILLO & BENNETT, LLP

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

If the requested information is not applicable DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

7 (7)

2 FILER NAME

RALIL A. GONZÁLEZ

3 Filer ID (Ethics Commission Filer)

4 Date

6/30/21

5 Full name of contributor

FRANCISCO FUENTES

Out-of-state PAC ID#

7 Amount of contribution (\$) \$100

6 Contributor address:

9417 GREAT HILLS TRL #2002 AUSTIN TX 78752

City

State

Zip Code

8 Principal occupation / Job title (See Instructions)

MANAGER

9 Employer (See Instructions)

HISPANIC CONTRACTORS

Date

6/30/21

Full name of contributor

ANGELA DURAN

Out-of-state PAC ID#

Amount of contribution (\$) \$100

Contributor address:

4410 RUSSELL DR AUSTIN TX 78745

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/21

Full name of contributor

MONZELL BAKER

Out-of-state PAC ID#

Amount of contribution (\$) \$50

Contributor address:

2818 CYPRESS POINT MISSOURI CITY TX 77459

City

State

Zip Code

Principal occupation / Job title (See Instructions)

PERSONAL TRAINER

Employer (See Instructions)

SELF

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME RAÚL A. GONZÁLEZ		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 400⁰⁰	
5 Date 6/10/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EMILIO MALACARA	8 Amount of Contribution \$ \$400⁰⁰	9 In-kind contribution description GRAPHIC DESIGN-ELECTRONIC INVITATION.
7 Contributor address; City: State: Zip Code 117 HAZEL GROVE SAN MARCOS TX 78666		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions) PROMISELAND CHURCH - SAN MARCOS	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions) YOUTH MINISTER	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City: State: Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

If the requested information is not applicable, DO NOT include this page in the report.

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: 1		2 FILER NAME RAUL A. GONZALEZ		3 Filer ID (Ethics Commission Filers)	
4 Date 6/30/21		5 Payee name COSMIC COFFEE			
6 Amount (\$) \$300⁰⁰		7 Payee address: 121 PICKLE ROAD City: Austin State: TX Zip Code: 78704			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT FOOD/BEVERAGE EXPENSE		(b) Description KICK OFF FUNDRAISER		
	(c) <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 6/30/21		Payee name DONATEWAY			
Amount (\$) \$291⁵⁴		Payee address: P.O. Box 301267 City: Austin State: TX Zip Code: 78703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description SERVICE FOR CREDIT CARD DONATIONS		
	<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		Payee name N/A			
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		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 1	2 FILER NAME RAÚL A. GONZÁLEZ	3 Filer ID (Ethics Commission Filers)
--------------------------------------	---	---------------------------------------

4 Date 6/25/21	5 Payee name TCDP
--------------------------	-----------------------------

6 Amount (\$) 60⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1311 B EAST 6TH ST	City: Austin	State: TX	Zip Code 78702
--	--	------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule.) DONATION BY C/OH	(b) Description SUSTAINING MEMBERSHIP
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/21/21	Payee name UNITED STATES POSTAL SERVICE
------------------------	---

Amount (\$) 106⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 3903 South CONGRESS	City: Austin	State: TX	Zip Code 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) RENTAL EXPENSE	Description PO BOX RENTAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date	Payee name N/A
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:	City:	State:	Zip Code
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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 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