CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00082026 31 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Jessica A. 07/25/2023 NAME NICKNAME LAST **SUFFIX** Gonzalez Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff January 15 Other (specify) REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed 8th day before election Final Report (Attach C/OH-FR) ORIGINAL PERIOD Month Month Day Day Year Year Date Imaged **COVERED THROUGH** 01/01/2023 06/30/2023 **EXPLANATION OF CORRECTION** accidental duplicate report of political contributions **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable Jessica A. Gonzalez Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00082026		2 Total pages filed:	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	E ONLY
OFFICEHOLDER NAME	The Honorable	Jessica A.			Date Received	
					ELECTRONICALI	Y FII FD
	NICKNAME	LACT		CUETIV	07/25/2023	
	NICKNAME	LAST Gonzalez		SUFFIX	0112312023	
		Guitzalez				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Da	te Postmarked
OFFICEHOLDER MAILING	400 S Zang Blvd					
ADDRESS	Suite1022				Receipt #	Amount
Change of Address	Dallas , TX 75208				Date Processed	
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Vonda		•••		
NAME	IVIO.	Vonda				
	AUG/ALANE			OUEEN/		
	NICKNAME	LAST		SUFFIX		
		Bailey				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO		AP	Γ / SUITE #; CITY	; STATE	; ZIP CODE
ADDRESS	610 Uptown Blvd. Ste. 20	0				
(Residence or Business)						
	Cedar Hill, TX 75104					
7 CAMPAICNI	ADEA CODE DUOS	IE NILIMBED - F	VTENCION			
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(214) 212-0874					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after campa	aion treasurer
		court day seriore		L	appointment (officeh	
	X July 15	8th day before	election	Exceeded modified	Final Report (Attach	C/OH-FR)
		_		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	T⊦	IROUGH	06/30/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/07/2023	XIG	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
III OFFICE	State Representative Dist	rict 104 Dallas			ntative District 104	
	State Representative Dist	net 104 Danas		State Represen	itative District 104	
				<u> </u>		
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 31

13 C / OH NAME	Gonzalez, Jessica A.	(The Honorable)	14 Filer ID 00082026	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 11.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 268.13
	4. TOTAL POLITION	AL EXPENDITURES		\$ 24,922.62
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	LAST DAY OF THE	\$ 54,729.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		The Honora	able Jessica A. Gonz	zalez
		Signature o	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				4 of 31					
	18 FILER NAME Gonzalez, Jessica A. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00082026								
20 SCHEDUL NAME OF	SUBTOTA	L AMOUNT							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	11.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	24,922.62					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/31	
2	FILER NAME Gonzalez, Jessica A. (The Honorable)	3	Filer ID (Ethics Commission 00082026	n Filers)
4	Date 06/19/2023 5 Full name of contributor out-of-state PAC (ID#:) Bylo Chacon, Jessica 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$1.00
	Berkeley, CA 94704			
8	Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instruction Not Employed	าร)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2023 Maguire-Powell, Alison Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Denton, TX 76210 Principal occupation / Job title (See Instructions) unemployed Employer (See Instruction N/A	ns)		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/26 Rpt: 6/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	01/10/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.43	3200 Hackberry Rd
	1	
		Irving, TX 75063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	1	fuel expense
	!	1.001 0.1,001.00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	06/30/2023	ActBlue LLC
	Amount (\$)	Payee address; City; State; Zip Code PO Box 441146
	\$0.44	PO BOX 441146
	!	
		Somerville, MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	online fundraising fee
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/06/2023	Amazon.com
	Amount (\$) \$58.40	Payee address; City; State; Zip Code 2093 Ruthland Dr
	Φ30.40	2093 Rutilialiu Di
	!	4 11 71 70770
		Austin, TX 78758
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	misc office supplies
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

xpense Travel in Distr xpense Travel Out of Vages/Contract Labor OTHER (ente

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/26 Rpt: 7/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	03/07/2023	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$218.22	2093 Ruthland Dr
		Austin, TX 78758
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food & misc items for session
		1000 & mise items for session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	04/05/2023	Amazon.com
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$148.29	2093 Ruthland Dr
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office framing
		onice naming
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	Date	Davies same
	04/05/2023	Payee name Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.64	2093 Ruthland Dr
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		MIsc items for office
		IVIISC ILETTIS TOT OTILCE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/26 Rpt: 8/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	02/27/2023	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.27	2093 Ruthland Dr
		Austin, TX 78758
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense items for capitol office
		items for capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	David and the second
		Payee name
L	01/10/2023	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.88	2093 Ruthland Dr
		Austin, TX 78758
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		gift expense
		giit oxported
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/09/2023	Best Buy
L	Amount (\$)	Payee address; City; State; Zip Code
	\$136.38	1201 Barbara Jordan Blvd
	Ψ100.00	Ste 100
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TV Mount
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
Г		
I		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	mmittee	Gift/Awards/Memoria Legal Services The Instruction	•		/ages	/Contract Labor		Travel Out of OTHER (ente		gory not listed above)
_	Total pages Cab - dul - E4	<u> </u>	EII ED NIANTE		uo expiuilis				<u> </u>	File: ID	/=	higo Commission File
1	Total pages Schedule F1: Sch: 4/26 Rpt: 9/31	2		: lessica A. (Th	e Honorable	·)			3	Filer ID 0008202	•	hics Commission Filers)
4	Date	5	Payee name						_			
	01/20/2023		Best Buy									
6	Amount (\$)	7	Payee addre			e; Zip Co	de					
	\$129.89			ra Jordan Blvo	ı							
			Ste 100									
			Austin, TX	78723								
8	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	xpense			Check if travel				
								TV Mount	, ιλ,	onicentituer II	лпу ехре	:1130
								. v mount				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
L	•	_										
	Date		Payee name									
	01/23/2023		Boudro's or	the Riverwalk	(
	Amount (\$)		Payee addre		State	e; Zip Co	de					
	\$130.50		421 E Com	merce St								
			San Antonio	, TX 78205								
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE			age Expense				Check if travel				
								dining expens		omcenolder li	ıng expe	ense
								aning expens	Je			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
L	expenditure to benefit C/OI	 										
	Date		Payee name									
L	02/23/2023	L	Brock, Kyle									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$13,699.74		PO Box 935	50								
			Austin, TX	78766								
	PURPOSE	(a)	•	ee Categories listed a	•	hedule)	(b)	Description				
	OF EXPENDITURE		living exper	se during ses	sion			Check if travel				
								X Check if Austin				ense
								iiviiig expells	CS	evhelises		
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	abt			Office	held	
	expenditure to benefit C/O		Januluale/UIII	centituel Haille	,	Onice Soul	yııı			Office	rieiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a settlement part listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/26 Rpt: 10/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	05/30/2023	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.24	1400 Congress Ave
		Suite E1.006
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense gifts for staff
		gito 101 Stati
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2023	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.43	1400 Congress Ave
		Suite E1.006
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense gifts for staff
		gito 101 Stati
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/16/2023	Checkmark Typesetting
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.36	3217 N I H 35
		Austin, TX 78722
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Irma Rangel Stickers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 6/26 Rpt: 11/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	03/08/2023	Cinco De Mayo Committee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	4536 Friars Lane
		Grand Prarie, TX 75052
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		Sponsor for Grand Prarie Cinco de Mayo event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Payeo namo
	04/10/2023	Payee name Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$511.00	301 12th Street
		B 1 144/05004
		Dunbar, WV 25064
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Panoramic picture Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office decor expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	┨
	Date	Payee name
	05/15/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.47	13150 Coit Rd
		#313
		Dallas, TX 75240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefft C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/26 Rpt: 12/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	03/30/2023	DoorDash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.61	13150 Coit Rd
	!	#313
	1	Dallas, TX 75240
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Food for capitol office
	!	Food for capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/27/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.39	13150 Coit Rd
	400.00	#313
	!	Dallas, TX 75240
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	!	Food for capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	¬
	Date	Payee name
	02/04/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.03	13150 Coit Rd
	!	#313
	!	Dallas, TX 75240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Food for capitol office
	!	Food for capitor office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 8/26 Rpt: 13/31	2 FILER NAME Gonzalez, Jessica A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082026
_	<u> </u>	
4	Date 02/09/2023	5 Payee name DoorDash
6	Amount (\$) \$104.69	7 Payee address; City; State; Zip Code 13150 Coit Rd #313 Dallas, TX 75240
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for capitol office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2023	DoorDash
	Amount (\$) \$112.13	Payee address; City; State; Zip Code 13150 Coit Rd #313 Dallas, TX 75240
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for capitol office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/18/2023	Payee name ExxonMobil
	Amount (\$) \$62.93	Payee address; City; State; Zip Code 01 N Interstate 35 Frontage Rd
		Hillsboro, TX 75039
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/26 Rpt: 14/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	01/27/2023	ExxonMobil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.68	01 N Interstate 35 Frontage Rd
		Hillsboro, TX 75039
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fuel expense
		idei experied
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	01/10/2023	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.27	646 S Flores
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food/drinks for capitol office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	02/14/2023	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.51	646 S Flores
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Food/drinks for capitol office
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/26 Rpt: 15/31	Gonzalez, Jessica A. (The Honorable) 00082026
4 Date	5 Payee name
01/27/2023	LYFT
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.14	548 Market Street Suite 68514
	San Francisco, TX 94140
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	session transportation expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date	Payee name
02/10/2023	LYFT
Amount (\$)	Payee address; City; State; Zip Code
\$30.01	548 Market Street Suite 68514
	San Francisco, TX 94140
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense session transportation expense
	Session transportation expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/13/2023	LYFT
Amount (\$)	Payee address; City; State; Zip Code
\$7.89	548 Market Street Suite 68514
	San Francisco, TX 94140
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	session transportation expense
Complete ONLY Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/26 Rpt: 16/31	Gonzalez, Jessica A. (The Honorable) 00082026
4 Date	5 Payee name
02/17/2023	LYFT
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.57	548 Market Street Suite 68514
	San Francisco, TX 94140
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	session transportation expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	T _
Date	Payee name
03/02/2023	LYFT
Amount (\$)	Payee address; City; State; Zip Code
\$19.99	548 Market Street Suite 68514
	San Francisco, TX 94140
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	session transportation expense
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/03/2023	LYFT
Amount (\$)	Payee address; City; State; Zip Code
\$34.06	548 Market Street Suite 68514
	San Francisco, TX 94140
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	session transportation expense
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/26 Rpt: 17/31	Gonzalez, Jessica A. (The Honorable)	00082026
4	Date 03/08/2023	5 Payee name LYFT	
6	Amount (\$) \$28.28	7 Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, TX 94140	
8	PURPOSE OF EXPENDITURE	Check if Ar	vel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense unsportation expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/09/2023	LYFT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.00	548 Market Street Suite 68514 San Francisco, TX 94140	
	PURPOSE OF EXPENDITURE	Check if Ar	vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense INSPORTATION EXPENSE
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 03/15/2023	Payee name LYFT	
	Amount (\$) \$18.52	Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, TX 94140	
	PURPOSE OF EXPENDITURE	Check if Ai	evel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Insportation expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Salaries	Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAM			-		3	Filer ID	(Ethics Commission Filers)
	Sch: 13/26 Rpt: 18/31		, Jessica A. (The Hon	orable)				00082026	
4	Date	5 Payee nam	ne						
	03/20/2023	LYFT							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	ode				
	\$10.67	548 Mark	et Street Suite 68514						
		San Fran	cisco, TX 94140						
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Ou	t of District					de of Texas. Com	
						session trans		officeholder living rtation expe	
						23001011 114113	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LOCATION ON POI	
9	Complete ONLY if direct	Candidate/C	officeholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/OI		sanoidor numo		Jagrit				
	Date	Payee nam	ne						
	03/20/2023	LYFT							
	Amount (\$)	Payee add	ress; City;	State; Zip C	ode				<u> </u>
	\$12.84	548 Mark	et Street Suite 68514						
		San Fran	cisco, TX 94140						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		t of District					de of Texas. Com	
						—		officeholder living	
						session trans	phoi	таноп ехрег	ISC
	Complete ONLY if direct	Candidate/C	officeholder name	Office so	llaht			Office he	ald
	expenditure to benefit C/O		mocholder hand	Office 50	agni			Onice ne	, , , , , , , , , , , , , , , , , , ,
	Data	Davie - ···							
	Date 04/03/2023	Payee nan LYFT	I U						
			rangi Cit ::	Ctata: 7:- C	`ad-				
	Amount (\$)	Payee add		State; Zip C	vae				
	\$47.14	346 Mark	et Street Suite 68514						
		San Franc	cisco, TX 94140						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		t of District			Check if travel		de of Texas. Com	
	EXPENDITURE							officeholder living	
						session trans	oq	rtation exper	nse
	Complete ONLY if direct	Condidate (C	office holder reserve	O#:				Office	N.d.
	Complete ONLY if direct expenditure to benefit C/OH		officeholder name	Office so	uynt			Office he	tiu
	<u> </u>								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal name C		_
1	Total pages Schedule F1:		
L	Sch: 14/26 Rpt: 19/31	Gonzalez, Jessica A. (The Honorable) 00082026	
4	Date	5 Payee name	
	04/10/2023	LYFT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$30.68	548 Market Street Suite 68514	
	Ψ50.00	540 Market Street Suite 66514	
		San Francisco, TX 94140	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense	
		session transportation expense	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	=
	04/11/2023	LYFT	
	Amount (\$)	Payee address; City; State; Zip Code	\dashv
	\$28.92	548 Market Street Suite 68514	
	φ20.92	340 Market Street Suite 06514	
		San Francisco, TX 94140	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		session transportation expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	Ħ	
	Date	Payee name	=
	04/17/2023	LYFT	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	+
	\$32.39	548 Market Street Suite 68514	
	Φ3∠.39	J40 Market Street Suite 00314	
L		San Francisco, TX 94140	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	LAF LINDI I URE	Check if Austin, TX, officeholder living expense	
		session transportation expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
re Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/26 Rpt: 20/31	Gonzalez, Jessica A. (The Honorable) 00082026
4 Date	5 Payee name
04/28/2023	LYFT
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.57	548 Market Street Suite 68514
	San Francisco, TX 94140
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	session transportation expense
	Session transportation expense
O Commission ONLY if direct	Condidate/Office helder mores Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
05/22/2023	LYFT
Amount (\$)	Payee address; City; State; Zip Code
\$24.96	548 Market Street Suite 68514
	San Francisco, TX 94140
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense session transportation expense
	Session transportation expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/22/2023	LYFT
Amount (\$)	Payee address; City; State; Zip Code
\$7.30	548 Market Street Suite 68514
	San Francisco, TX 94140
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense session transportation expense
	session transportation expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awards/Memorials Legal Services	•		/ages	/Contract Labor		Travel Out of I OTHER (enter	District a category not lis	ited above)
		_		The Instruction G	uide explains	now to cor	mple	ete tnis form.	_			
1	Total pages Schedule F1:	2							3		•	nmission Filers)
_	Sch: 16/26 Rpt: 21/31	_		essica A. (The	Honorable))				00082026	5	
4	Date	5	Payee name									
	05/19/2023		LYFT									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$7.57		548 Market	Street Suite 68	514							
			San Francis	sco, TX 94140								
8	PURPOSE	(2)					(b)	Doggription				
	OF	(^{م)}		ee Categories listed at t	he top of this sch	nedule)	(n)	Description Check if travel	nutsi	de of Texas Co	mplete Schedule	т
	EXPENDITURE		Travel Out	DISTRICT				Check if Austin				••
								session trans				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	aht			Office	held	
	expenditure to benefit C/O		our landator Offi	co.ioidoi iidiiio		J.1100 300Q	ar			311100		
⊨	Date	Г	Dayes rem									
			Payee name									
	06/08/2023	L	LYFT									
	Amount (\$)		Payee addre			; Zip Co	de					
	\$11.99		548 Market	Street Suite 68	514							
			San Francis	sco, TX 94140		-						
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	nedule)	(b)	Description	_			
	OF EXPENDITURE		Travel Out					=			mplete Schedule	т.
								Check if Austin				
								session trans	poi	tation exp	ense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
		_										
	Date		Payee name									
	06/09/2023		LYFT									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$8.53		548 Market	Street Suite 68	514							
			San Francis	sco, TX 94140								
	PURPOSE	(a)	Category (s	ee Categories listed at t	he ton of this sch	nedule)	(b)	Description				
	OF	<u> </u>	Travel Out		01 1113 3011		. ,		outsi	de of Texas. Co	mplete Schedule	т.
	EXPENDITURE							Check if Austin	, TX,	officeholder livi	ng expense	
								session trans	poi	rtation exp	ense	
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Be
Contributions/ Donations Made By - Gift/Awa

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nse Travel in Distri ense Travel Out of I ges/Contract Labor OTHER (enter

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/26 Rpt: 22/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	06/23/2023	LYFT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.41	548 Market Street Suite 68514
		San Francisco, TX 94140
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		session transportation expense
		3033ion attirisportation expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L		
	Date	Payee name
	02/17/2023	LYFT
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.99	548 Market Street Suite 68514
		San Francisco, TX 94140
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		session transportation expense
		Session transportation expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/06/2023	La Condesa
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.54	400 W 2nd St, A
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		dining expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/Of	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/26 Rpt: 23/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	01/31/2023	Legislative Study Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 12943
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense membership dues
		membership dues
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		email services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Douge name
	06/01/2023	Payee name MailChimp
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		email services
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/Of	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 19/26 Rpt: 24/31	Gonzalez, Jessica A. (The Honorable)	00082026
4	Date 02/21/2023	5 Payee name	
•		MailChimp	
6	Amount (\$) \$63.96	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE	
	Ψ00.30	Suite 5000	
		Atlanta, GA 30308	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	l outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin	n, TX, officeholder living expense
		errai service	,5
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	01/23/2023	MailChimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.96	675 Ponce de Leon Ave NE	
		Suite 5000	
		Atlanta, GA 30308	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/i dilataising Expense I	n, TX, officeholder living expense
		email service	es
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/20/2023	Payee name Meddlesome Moth	
	Amount (\$) \$125.32	Payee address; City; State; Zip Code 1621 Oak Lawn Ave	
	Ψ120.02	TOLI GUN LUMITANO	
		Dallas, TX 75207	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Toda/Beverage Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		dining exper	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/26 Rpt: 25/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	04/23/2023	National Hispanic Caucus of State Legislators
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	444 North Capitol Street, NW
	I	Suite 404
		Washington, DC 20001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	I	membership dues
	I	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/02/2023	Omar Narvaez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	411 Broadway Ave. #5320
	I	
		Dallas, TX 75212
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	I	Campaign Contribution
	l	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/13/2023	Shell Service Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.83	105 N College Ave
	l	
		West, TX 76691
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	I	Check if Austin, TX, officeholder living expense fuel expenses
	1	idoi oxponese
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/26 Rpt: 26/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	01/18/2023	Shell Service Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.71	105 N College Ave
		West, TX 76691
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fuel expenses
		idei experises
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	01/03/2023	T-mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.85	P.O BOX 742596
		Cincinnati, OH 45274-2596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign phone
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	02/03/2023	T-mobile T-mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.85	P.O BOX 742596
		Cincinnati, OH 45274-2596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign phone
		Campaign phone
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/26 Rpt: 27/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	03/03/2023	T-mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.85	P.O BOX 742596
		Cincinnati, OH 45274-2596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign phone
		Campaign phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	04/03/2023	T-mobile T-mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.85	P.O BOX 742596
		Cincinnati, OH 45274-2596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign phone
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	05/03/2023	T-mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.85	P.O BOX 742596
		Cincinnati, OH 45274-2596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign phone
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

imbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/26 Rpt: 28/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	06/03/2023	T-mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.85	P.O BOX 742596
		Cincinnati, OH 45274-2596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign phone
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	01/10/2023	Taco Joint
	Amount (\$)	Payee address; City; State; Zip Code
	\$172.80	2809 San Jacinto Blvd
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Session Food expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/12/2023	Taco Joint
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	2809 San Jacinto Blvd
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Session Food expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 24/26 Rpt: 29/31	Gonzalez, Jessica A. (The Honorable) 00082026			
4 Date	5 Payee name			
01/26/2023	Taco Joint			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$16.03	2809 San Jacinto Blvd			
	Austin, TX 78705			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Food/Beverage Expense			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Session Food expense			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Payee name			
03/02/2023	Taco Joint			
Amount (\$)	Payee address; City; State; Zip Code			
\$19.04	2809 San Jacinto Blvd			
	Austin, TX 78705			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Session Food expense			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	1			
Date	Payee name			
05/04/2023	Taco Joint			
Amount (\$)	Payee address; City; State; Zip Code			
\$16.25	2809 San Jacinto Blvd			
	Austin, TX 78705			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Food/Beverage Expense			
EXPENDITORE	Check if Austin, TX, officeholder living expense			
	Session Food expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/26 Rpt: 30/31	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	06/22/2023	Texas Ethics Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$512.45	PO Box 12070
		Capitol Station
		Austin, TX 78711-2070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Fees to Texas Ethics Commission
_	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	01/18/2023	Texas House LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1400 Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/27/2023	Texas House Womens Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1400 Congress Ave
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Austin, TX 78701
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	¬

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Cond Deumort

Event Expense
Event 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 (onter a category pet listed above)

	Credit Card Payment The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 26/26 Rpt: 31/31	Gonzalez, Jessica A. (The Honorable)	00082026
4	Date	5 Payee name	
	05/17/2023	Twin Liquors	
6	Amount (\$) \$387.45	7 Payee address; City; State; Zip Code 5639 Airport Blvd	
	Ψοσισ	3000 / III port Biva	
		Austin, TX 78751	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	vel outside of Texas. Complete Schedule T.
	I	Gift expense	stin, TX, officeholder living expense
		giit oxporto.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	01/18/2023	Whataburger	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.89	300 Concord Plaza Dr.	
	•		
		San Antonio, TX 78216	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 1 000/Develage Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		food expen	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		222
\vdash			
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