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 00068004		2 Total pages fi 1	led: 33
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Mary Edna			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST Gonzalez		SUFFIX	01/16/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 450				Receipt #	Amount
Change of Address	Clint, TX 79836				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Alfred P.				
	NICKNAME	LAST		SUFFIX		
		Gonzalez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY	; ST	ATE; ZIP CODE
TREASURER ADDRESS	13490 Virrey Dr.					
(Residence or Business)	Clint, TX 79836					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (915) 494-1807	IE NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after ca appointment (offi	mpaign treasurer ceholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	T (if known)	
	State Representative Distr	rict 75		State Represen	tative District 75	
	•			•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 133

13 C / OH NAME	Gonzalez, Mary Edna	(The Honorable)	14 Filer ID (Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	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 LOANS	S)	\$ 41,799.10
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 65,554.10
CONTRIBUTION BALANCE	REPORTING PE			\$ 71,589.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hanara	ble Man / Edna Conn	
			ble Mary Edna Gonza f Candidate or Officehole	
		Signature	. Carraidate of Officerion	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	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	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 133		
18 FILER N. Gonzale	AME z, Mary Edna (The Honorable)	19 Filer ID 00068004	(Ethics Commis	ssion Filers)		
20 SCHEDU	0 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	41,252.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	547.10		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	64,676.42		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$			
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	877.68		
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	NS	\$			
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	ETURNED	\$	513.18		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/133	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Gonzalez, M	lary Edna (The Honorable)			00068004	
4	Date 12/14/2023	Full name of contributor	C00040279)	7	Amount of Contribution (\$)	\$500.00
		North Chicago, IL 60064				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2023	Alabama Coushatta Tribe				\$2,000.00
		Contributor address; City; State; Zip Code				
		Woodville, TX 75979				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	10/10/2023	Ancira Strategic Partners, LLP Contributor address; City; State; Zip Code				\$500.00
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	10/10/2023	Arnold Public Affairs				\$750.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/20/2023	BNSF RailPAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Ft. Worth, TX 76161				
	Principal occu	ppation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/133	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)			3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/10/2023	5 Full name of contributor Bickerstaff Heath Delgad6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$500.00
_	Daine in a la casa	Austin, TX 78746	. 1	O Frankrije (Con Instruction			
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	5)		
	Date 10/10/2023	Full name of contributor Blackridge Contributor address; City; S				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instruction	5)	Employer (See Instructions	 s)		
		·					
	Date 10/10/2023	Full name of contributor Bresnen, Steven & Amy Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu Government	pation / Job title (See Instruction: Relations	5)	Employer (See Instructions Self	5)		
	Date 11/07/2023	Full name of contributor Bylo Chacon, Jessica Contributor address; City; S Berkeley, CA 94704			-	Amount of Contribution (\$)	\$1.00
	Principal occu Not Employe	pation / Job title (See Instructionad	5)	Employer (See Instructions None	5)		
	Date 11/07/2023	Full name of contributor Bylo Chacon, Jessica Contributor address; City; S Berkeley, CA 94704	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$1.00
	Principal occu Not Employe	pation / Job title (See Instructionard	5)	Employer (See Instructions None	5)		
			-				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/133	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/10/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Casselberry, Craig Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions)	Employer (See Instructions	<u>:)</u>		
	Consultant	pation / Job title (Jee matactions)	Quorum Public Affairs, I			
	Date 10/10/2023	Full name of contributor		•	Amount of Contribution (\$)	\$5,000.00
	Dringing agg	San Antonio, TX 78209	Employer (Coo Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	o)		
	Date 10/10/2023	Full name of contributor x out-of-state PAC (ID#: C Comcast Corp. & NBCUniversal PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103	00248716		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Congress Avenue Partners, LLC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/133	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	n Filers)
4	Date 11/07/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_		El Paso, TX 79960				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Focused Advocacy PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	odition / Job title (See Instructions)	Employer (See instructions	,		
	Date 10/10/2023	Full name of contributor X out-of-state PAC (ID#: C GenenPAC Contributor address; City; State; Zip Code	00199257)		Amount of Contribution (\$)	\$500.00
		San Francisco, CA 94080				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ HomePAC of Texas Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Assoc. PAC Fun Contributor address; City; State; Zip Code Houston, TX 77219			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		l				

	MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE /	41
	The Instruc	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/133	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3 Filer ID (Ethics Commission File 00068004	ers)
4	Date 11/07/2023	 Full name of contributor out-of-state PAC (IBAT PAC Contributor address; City; State; Zip Code 	(ID#:)	7 Amount of Contribution (\$) \$!	500.00
_	5	Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 10/10/2023	Full name of contributor ut-of-state PAC (Jackson Walker LLP PAC Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$1,0	00.00
		Dallas, TX 75201	1		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 08/18/2023	Full name of contributor out-of-state PAC (Junior and Community College PAC Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$1,0	00.00
		Austin, TX 78701			
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 10/10/2023	Full name of contributor out-of-state PAC (Lanagan, Lindsay Contributor address; City; State; Zip Code Houston, TX 77009	(ID#:)	_ I	500.00
	Principal occu Vice Preside	oation / Job title (See Instructions) nt	Employer (See Instructions Legacy Community Hea		
	Date 10/30/2023	Full name of contributor out-of-state PAC (Lange, Richard Contributor address; City; State; Zip Code El Paso, TX 79905	(ID#:)	Amount of Contribution (\$) \$1,5	500.00
	Principal occu President	oation / Job title (See Instructions)	Employer (See Instructions TTUHSCEP	ns)	
			1		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/133	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78760				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/01/2023	Full name of contributor out-of-state PAC (ID#:_ Lopez, Rogelio Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		El Paso, TX 79912				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions RMSC Enterprises, LLC			
	Date 10/10/2023	Full name of contributor X out-of-state PAC (ID#: CMCGuireWoods Federal PAC Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Meyers, Lucas Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$250.00
	Principal occu Government	pation / Job title (See Instructions) Relations	Employer (See Instructions Self	()		
	Date 10/10/2023	Full name of contributor)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/133	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)			3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/10/2023	 Full name of contributor out-of-state out-of-st			7	Amount of Contribution (\$)	\$1,000.00
_	Deireciant	Austin, TX 78701	lo.	Faralas (Ostalas tradicional)	<u></u>		
8	Government	pation / Job title (See Instructions) Relations		Employer (See Instructions Self	5)		
	Date 10/10/2023	Full name of contributor out-of-state Sampson Public Affairs LLC Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Dringing aggr	Austin, TX 78749 pation / Job title (See Instructions)		Employer (See Instructions	·,		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/07/2023	Full name of contributor out-of-stat Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/10/2023	The Chickasaw Nation	te PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/10/2023	Full name of contributor X out-of-state Union Pacific Corp. Fund for Effective Contributor address; City; State; Zip Code Washington, DC 20005				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/133	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_	Dringing occur	Austin, TX 78754	Employer (See Instructions)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Vistra Employee PAC of Vistra Corp. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Irving, TX 75039 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Whitmire, Whitney Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Dringing! goog	TX, TX 77027	Employer (See Instructions			
	Consultant	pation / Job title (See Instructions)	Employer (See Instructions Whitmire & Munoz, LLC)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of TX PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instr	uction Guide explains how to complete this f	orm.	1 Total pages Sch Sch: 1/4 Rpt:	
2 FILER NAM Gonzalez,	E Mary Edna (The Honorable)		3 Filer ID (Ethic 00068004	es Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	\$		
5 Date 11/02/2023	7 Contributor address; City; State; Zip Code	s PAC		9 In-kind contribution description I In-Kind Donation for Fundraising Event
10 Principal occ	Austin, TX 78701 cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:] Focused Advocacy PAC Contributor address; City; State; Zip Code)		In-kind contribution description In-Kind Donation for Fundraising Event
	Austin, TX 78701		Check if travel of	I I Dutside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date 11/02/2023	Full name of contributor out-of-state PAC (ID#: Hance Scarborough, LLP Contributor address; City; State; Zip Code		Amount of contribution (\$) \$29.71	In-kind contribution description In-Kind Donation for Fundraising Event
	Austin, TX 78701			l outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ection Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/4 Rpt: 13/133		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Mary Edna (The Honorable)		00068004	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution	
11/02/2023	J. Kyle Frazier Consulting, LLC		contribution (\$) description \$29.71 In-Kind Donation for	
	7 Contributor address; City; State; Zip Code		Fundraising Event	
			l I	
	Austin, TX 78701	•	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of ! In-kind contribution	
11/02/2023	Quorum Public Affairs		contribution (\$) description	
11/02/2020			\$29.71 In-Kind Donation for	
	Contributor address; City; State; Zip Code		Fundraising Event	
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR				
	, , , , , , , , , , , , , , , , , , , ,		, .	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
	, , ,		,	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
			, , , , , , , , , , , , , , , , , , , ,	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of ! In-kind contribution	
11/02/2023	Rodriguez, Marc)	contribution (\$) description	
11/02/2020	Contributor address; City; State; Zip Code		\$29.71 In-Kind Donation for	
	Continuation address, City, State, 21p Code		Fundraising Event	
			i i	
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	I-JUDICIAL) (See instructions)		
Government Relations Self			, .	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
	,	, .		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
	· · · · · · · · · · · · · · · · · · ·			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	2			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/4 Rpt: 14/133				
2 FILER NAME Gonzalez, I	E Mary Edna (The Honorable)	3 Filer ID (Ethic 00068004	es Commission Filers)			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 11/02/2023	7 Contributor address; City; State; Zip Code			In-Kind Donation for Fundraising Event I I I		
10 Principal occ	Austin, TX 78701 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T. nstructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or'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 contributorout-of-state PAC (ID#: 11/02/2023 Texas REALTORS Political Action Committee Contributor address; City; State; Zip Code			Amount of contribution (\$) \$29.71	In-kind contribution Clear description In-Kind Donation for Fundraising Event		
	Austin, TX 78701		Check if travel of	I I Dutside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See i	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/02/2023 Full name of contributor out-of-state PAC (ID#: Texas REALTORS Political Action Committee Contributor address; City; State; Zip Code			Amount of contribution (\$) \$250.00	In-kind contribution Indescription Advertising for Fundraiser Indescription		
	Austin, TX 78701			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 contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 15/133 3 Filer ID (Ethics Commission Filers) FILER NAME Gonzalez, Mary Edna (The Honorable) 00068004 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/02/2023 Texas State Association of Fire Fighters PAC \$29.71 In-Kind Donation for 7 Contributor address; City; State; Zip Code Fundraising Event Austin, TX 78701 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) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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 Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 11/02/2023 The Garcia Group \$29.71 In-Kind Donation for Contributor address; City; State; Zip Code Fundraising Event Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 11/13/2023	5 Payee name 24 Diner
6	Amount (\$) \$44.76	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin, TX 78719
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 Officeholder during Travel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/31/2023	Payee name ActBlue
	Amount (\$) \$0.08	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/11/2023	Payee name Alex Annello Campaign
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 414 Oxford Ave.
		El Paso, TX 79903
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation
	Complete ONLY 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 Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula F1.	2 Files ID (Files Commission Files)
1	Total pages Schedule F1: Sch: 2/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
Ļ	·	
4	Date	5 Payee name
	10/03/2023	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.74	4333 Amon Carter Boulevard.
		Fort Worth TV 761EE
		Fort Worth, TX 76155
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
		Internet Access during Flight
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	10/03/2023	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$300.20	4333 Amon Carter Boulevard.
		Fort Worth, TX 76155
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Airfare for Officeholder to Chicago
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/14/2023	Anchia, Rafael
_	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$210.00	P.O. Box 4468
		Dallas, TX 75208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		In Memory of Julio Anchia
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

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

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

	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: 3/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	08/11/2023	Anson Eleven
6	Amount (\$) \$217.87	7 Payee address; City; State; Zip Code 303 N Oregon St El Paso, TX 79901
8	PURPOSE	
0	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 Constituents
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2023	Austin Land & Cattle
	Amount (\$) \$328.46	Payee address; City; State; Zip Code 1205 N Lamar Blvd
		Austin, TX 78703
	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 Officeholder and Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/31/2023	Austin Land & Cattle
	Amount (\$) \$243.24	Payee address; City; State; Zip Code 1205 N Lamar Blvd
		Austin, TX 78703
	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 Officeholder and Constituents during Meeting
	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 Cou

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services 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: 4/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/14/2023	Austin Land & Cattle
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$180.06	1205 N Lamar Blvd
l		
		Austin, TX 78703
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 for Officeholder and Constituents during
		Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
l	11/17/2023	Austin Land & Cattle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$245.68	1205 N Lamar Blvd
		Austin, TX 78703
	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 for Officeholder and Constituents during
		Meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	07/31/2023	Barraza, Abril
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	14411 Island Point
l		
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Contract Pay
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to o	ompl	ete this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 5/108 Rpt:		Gonzalez, Mary Edna (The Honorable)		00068004	
4	Date	5	Payee name			
	07/01/2023		Barraza, Abril			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		
	\$500.00		14411 Island Point			
			El Paso, TX 79938			
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Com	
	LAFENDITORE				Check if Austin, TX, officeholder living	expense
					Contract Pay	
_	Opening ONE V if dispert	L	On the state of th		Office he	.I.J
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ougnt	Office he	ela
_		_				
	Date		Payee name			
	10/02/2023		Barraza, Abril			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$500.00		14411 Island Point			
			El Paso, TX 79938			
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Com	
					Check if Austin, TX, officeholder living Contract Pay	expense
					Contract ay	
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u> </u>	Office he	eld
	expenditure to benefit C/O			9		
	Date	Т	Payee name			
	10/02/2023		Barraza, Abril			
	Amount (\$)	\vdash	Payee address; City; State; Zip C	ode.		
	\$500.00		14411 Island Point	Joue		
	Ψ300.00		14411 ISIGIRAT OTT			
			El Paso, TX 79938			
		<u> </u>		1		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Com	nlete Schedule T
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living	
					Contract Pay	
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office he	eld
	expenditure to benefit C/O	Н				
_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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	d 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: 6/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/27/2023	Barraza, Abril
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.24	14411 Island Point
		El Paso, TX 79938
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Pay
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
⊨	Data	
	Date	Payee name
L	11/27/2023	Barraza, Abril
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	14411 Island Point
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Contract Pay
L	0 1: 01:17.7.1	
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/18/2023	Barraza, Abril
	Amount (\$)	Payee address; City; State; Zip Code
l	\$500.00	14411 Island Point
l		
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Contract Pay
$ldsymbol{f eta}$	0 1. 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>		

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,

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 7/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4 Date	5 Payee name
12/18/2023	Barraza, Abril
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	14411 Island Point
	El Paso, TX 79938
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Pay for Mileage
O Complete ONLY if direct	Condidate/Office helder no rec
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/23/2023	Barraza, Abril
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	14411 Island Point
	El Paso, TX 79938
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Pay for Mileage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/20/2023	Barraza, Abril
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	14411 Island Point
	El Paso, TX 79938
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Contract Pay
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	п

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/16/2023	Beas Flowers and Gifts
6	Amount (\$) \$174.28	7 Payee address; City; State; Zip Code 11720 Montana
		El Paso, TX 79936
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift for Constituent
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/05/2023	Beauty & Essex
	Amount (\$) \$419.15	Payee address; City; State; Zip Code 3708 S Las Vegas Blvd
		Las Vegas, NV 89109
	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 Officeholder and Volunteers for Board of Latino Legislative Leaders
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/06/2023	Payee name Bellagio
	Amount (\$) \$310.48	Payee address; City; State; Zip Code 3600 S Las Vegas Blvd.
		Las Vegas, NV 89109
	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 Officeholder during Travel
	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

	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: 9/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/14/2023	Bond 45 NY
6	Amount (\$) \$57.90	7 Payee address; City; State; Zip Code 221 W. 46th St. New York, NY 10036
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 Food for Officeholder during Travel
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/12/2023	Border Network for Human Rights
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	2115 N. Piedras St.
	DUDDOCE	El Paso, TX 79930
	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 Candidate/Officeholder living expense Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/30/2023	CVS
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.52	2213 Airport Blvd
		Austin, TX 78723
	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
		Frames for gift photos for interns
H	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
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

Great Gara Fayment	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)	
Sch: 10/108 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004		
4 Date	5 Payee name				
09/05/2023	Cafe Arte Mi Admor				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$48.91	1498 Main Street				
	San Elizario, TX 79849				
8 PURPOSE		(b) Description			
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		el outside of Texas. Com	nplete Schedule T.	
EXPENDITURE	T dod/20vorage Expense	Check if Aust	tin, TX, officeholder living	g expense	
			Officeholder and	Constituent during	
		Meeting			
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ıght	Office h	eld	
expenditure to benefit C/O)H				
Date	Payee name				
10/30/2023	Cafe Arte Mi Admor				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$31.93	1498 Main Street				
,,_,,					
	San Elizario, TX 79849				
DUDDOCE		(6) =			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	el outside of Texas. Com	nnlete Schedule T	
EXPENDITURE	Food/Beverage Expense	ı ⊢	tin, TX, officeholder living		
		Food for Co	nstituent Meetin	ng	
Complete ONLY if direct	Candidate/Officeholder name Office so	ıght	Office h	eld	
expenditure to benefit C/O	PH				
Date	Payee name				
11/13/2023	Cafe Central				
Amount (\$)	Payee address; City; State; Zip C	nde			
\$265.09	109 N Oregon St	oue			
Ψ203.03	103 N Oregon St				
	FI Door TV 70001				
	El Paso, TX 79901	1			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	al autaida af Taura Can	andata Cabadula T	
EXPENDITURE	Food/Beverage Expense	, <u>, , , , , , , , , , , , , , , , , , </u>	el outside of Texas. Com tin, TX, officeholder living		
			nstituents and S		
Complete ONLY if direct	Candidate/Officeholder name Office soil	ıght	Office h	eld	
expenditure to benefit C/O		- -	233 11		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to	compl	plete this form.					
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 11/108 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004					
4	Date	Payee name							
	08/24/2023	Canva							
6	Amount (\$)	Payee address; City; State; Zip	Code	,					
	\$119.40	75 E Santa Clara St.							
		San Jose, CA 95113							
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)	D) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense							
				Check if Austin, TX, officeholder living expense Graphic Design Subscription					
				Graphic Besign Gabsonpaon					
9	Complete ONLY if direct	Candidate/Officeholder name Office s	 ouaht	office held					
ľ	expenditure to benefit C/O		oug						
_	Date	Payee name							
	07/07/2023	Capitol Grill							
_	Amount (\$)	Payee address; City; State; Zip	Code						
	\$17.86	1400 Congress Ave. Suite E1.002							
	,_,,,,								
		Austin, TX 78701							
_	PURPOSE		(h)) Description					
	OF	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(5)	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	1 odd/Deverage Expense		Check if Austin, TX, officeholder living expense					
	Food for Officerholder and Constitutent during								
				Meeting					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office s	ought	office held					
	experiditure to beliefit C/Oi								
	Date	Payee name							
	08/01/2023	Capitol Grill							
	Amount (\$)	Payee address; City; State; Zip	Code						
	\$31.71	1400 Congress Ave. Suite E1.002							
		Austin, TX 78701							
	PURPOSE	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 for Officeholder and Constituents during					
				Meeting					
	Complete ONLY if direct	Candidate/Officeholder name Office s	 ought	office held					
	expenditure to benefit C/OI		5 -						
ı									

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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:									
Sch: 12/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004								
4 Date	5 Payee name								
08/02/2023	Capitol Grill								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$17.68	1400 Congress Ave. Suite E1.002								
	Austin, TX 78701								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Food/Beverage Expense								
EXPENDITURE	Check if Austin, TX, officeholder living expense								
	Food for Officeholder and Constituents during								
	Meeting								
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OI	-								
Date	Payee name								
11/20/2023	Capitol Grill								
Amount (\$)	Payee address; City; State; Zip Code								
\$34.90	1400 Congress Ave. Suite E1.002								
	Austin, TX 78701								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Food/Beverage Expense								
D. LIBITORE	Check if Austin, TX, officeholder living expense								
	Food for Capitol Staff								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
11/27/2023	Carlos & Mickeys								
Amount (\$)	Payee address; City; State; Zip Code								
\$48.88	1310 Magruder								
	El Paso, TX 79925								
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 during Campaign Meeting								
Commission Chilly if all a	Constitute / Office helder name								
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 Com Event Expense 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					
┰	Total pages Schedule F1:	<u> </u>				
1	Sch: 13/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004				
4	Date	5 Davida nama				
•		5 Payee name				
	10/16/2023	Carnivore Edgewater				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$44.15	5505 W 20th Ave Unit 102				
		51 · · · · · · · · · · · · · · · · · · ·				
		Edgewater, CO 80214				
8	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 Officeholder during Travel				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
L						
	Date	Payee name				
	10/30/2023	Cattleman's Steakhouse				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$443.86	3450 S Fabens Carlsbad Rd				
	Ψ110.00	C 100 C 1 abono canobaa ita				
		Fabens, TX 79838				
	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.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
Food for Constituents						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
H	Data					
	Date	Payee name				
	12/11/2023	Cattleman's Steakhouse				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$236.30	3450 S Fabens Carlsbad Rd.				
		Fahana TV 70020				
		Fabens, TX 79838				
	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 for Constituents				
L						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 14/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/12/2023	Chase
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$877.68	P.O. Box 15123
		Wilmington, DE 19850
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payment of credit card bill for credit card
		expenditures.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/O	<u> </u>
	Date	Payee name
	12/27/2023	Clark's Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$347.94	1200 W 6th St
		Austin, TX 78703
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Food for Officeholder and Constituents
	Operation ONLY if dispose	Out tidate (Office helds
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/17/2023	Clint Fallen Heroes
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 55
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11 2/13/13/12	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation to Thanksgiving Meal Donations
	Complete Chilly '' "	Condidate/Officeholder norm
	Complete ONLY if direct expenditure to benefit C/Ol	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 -

Event Expense 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								
1 Total pages Schedule F1: Sch: 15/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004							
4 Date 07/06/2023	5 Payee name Colleen's Kitchen							
6 Amount (\$) \$162.62	Payee address; City; State; Zip Code 1911 Aldrich St. Ste. 100 Austin, TX 78723							
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 Officerholder and Constitutent during Meeting							
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H							
Date 07/12/2023	Payee name Cool River							
Amount (\$) \$32.98	Payee address; City; State; Zip Code 12200 Stemmons Freeway, Ste 100 Dallas, TX 75234							
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 Officerholder during Travel							
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
Date 07/12/2023	Payee name Cool River							
Amount (\$) \$80.54	Payee address; City; State; Zip Code 12200 Stemmons Freeway, Ste 100							
	Dallas, TX 75234							
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 Officerholder during Travel							
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

	Contributions/ Donations Made By Candidate/Officeholder/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: 16/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004						
4	Date	5 Payee name						
	12/18/2023	Corner Bakery						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
•	\$162.38	1350 George Dieter						
	\$102.00	1000 0001g0 210tol						
		FI Page TV 70026						
		El Paso, TX 79936						
8	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						
		Breakfast for College Graduation Ceremony						
		, and the second se						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Davisa nama						
	12/27/2023	Payee name Cottrell, Hayden						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	10001 S. 1st St.						
Apt. 1517								
		Austin, TX 78748						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expanse.						
Check if Austin, TX, officeholder living expense								
	Contact ay							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	08/23/2023	Criminal Justice Reform Caucus						
	Amount (\$) \$300.00							
	\$300.00	7344 Golden Sage Dr.						
		El Paso, TX 79911						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee 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/Ol							

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

	Contributing 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: 17/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/08/2023	Cultural Heritage Society
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	151 S. Moon
		Socorro, TX 79927
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Christmas Tree Lighting Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/13/2023	Death & Taxes
_	Amount (\$)	Payee address; City; State; Zip Code
	\$191.13	313 E. Mills Ave.
	φ191.13	SIS E. Willis Ave.
		El Paso, TX 79901
	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 for Constituent during Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	07/24/2023	Delta Air Lines, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	1030 Delta Blvd
	·	
		Atlanta, GA 30354
	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
		Changed Flight Fee
		C
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 18/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	09/22/2023	Desert ADAPT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3691 Krag
		El Paso, TX 79938
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
_	0 1: 0:11:4"	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/03/2023	Dollartree
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.77	13272 Socorro Rd
		San Elizario, TX 79849
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Supplies for District Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/06/2023	Dollartree
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.77	3590 N Zaragoza
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Supplies for District Office
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The straight of the straight of the	

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					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_			
-	Sch: 19/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004				
4	Date	5 Payee name				
	07/18/2023	Doordash				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$9.99	303 2nd St.				
		Suite 800				
		San Francisco, CA 94107				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
	OF	(a) Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Monthly Subscription Fee				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	08/18/2023	Doordash				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$9.99	303 2nd St.				
		Suite 800				
		San Francisco, CA 94107				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Monthly Subscription Fee				
Worlding Subscription rec						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H				
	Data		_			
	Date	Payee name Deardook				
	09/18/2023	Doordash				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$9.99	303 2nd St.				
		Suite 800				
		San Francisco, CA 94107				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Monthly Subscription Fee				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	Ħ				

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/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: 20/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/18/2023	Doordash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	303 2nd St.
		Suite 800
		San Francisco, CA 94107
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
		Monthly Subscription Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/20/2023	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	303 2nd St.
		Suite 800
		San Francisco, CA 94107
	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
		Monthly Subscription Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/18/2023	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	303 2nd St.
		Suite 800
		San Francisco, CA 94107
	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
		Monthly Subscription Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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

	Credit Card Payment		The Ins	truction Guide	e explains how to	compl	ete this form.				
1	Total pages Schedule F1:	2 FILER N	JAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 21/108 Rpt:	Gonzal	ez, Mary Ed	dna (The Ho	onorable)				00068004		
4	Date	5 Payee n	ame								
	07/10/2023	Double	tree Suites								
6	Amount (\$)	7 Payee a	ddress;	City;	State; Zip (Code					
	\$360.91	303 W	15th St								
		Austin,	TX 78701								
8	PURPOSE OF	a) Categor	y (See Categor	ries listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Travel (Out of Distri	ict					de of Texas. Comp officeholder living		
							Hotel Accomi				
9	Complete ONLY if direct		e/Officeholde	r name	Office so	ought			Office he	eld	
	expenditure to benefit C/OI										
	Date	Payee n	ame								
	08/03/2023	Double	tree Suites								
	Amount (\$)	Payee a	iddress;	City;	State; Zip 0	Code					
	\$306.54	303 W	15th St								
		Austin,	TX 78701								
	PURPOSE	a) Categor	y (See Categor	ries listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel (Out of Distri	ict			ш		de of Texas. Com		
	Check if Austin, TX, officeholder living expense Hotel Accommodation for Officeholder durin										
							session				
	Complete ONLY if direct	Candidate	e/Officeholde	r name	Office so	ought			Office he	eld	
	expenditure to benefit C/OI										
	Date	Payee n	ame								
	09/05/2023	Double	tree Suites								
	Amount (\$)	Payee a	iddress;	City;	State; Zip (Code					
	\$306.54	303 W	15th St								
		Austin,	TX 78701								
	PURPOSE	a) Categor	y (See Categor	ries listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel (Out of Distri	ict					de of Texas. Comp officeholder living		
										Officeholder during	
							session		200.01.0	J Garage	
	Complete ONLY if direct	Candidate	e/Officeholde	r name	Office so	 ought			Office he	eld	
	expenditure to benefit C/O										

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: Sch: 22/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 10/12/2023	5 Payee name Doubletree Suites
6	Amount (\$) \$264.24	7 Payee address; City; State; Zip Code 303 W 15th St Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel Accommodations for Officeholder during session
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/27/2023	Payee name Doubletree Suites
	Amount (\$) \$599.67	Payee address; City; State; Zip Code 303 W 15th St Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel Accommodations for Officeholder during session
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/20/2023	Payee name Doubletree Suites
	Amount (\$) \$379.59	Payee address; City; State; Zip Code 303 W 15th St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel Accommodation for Officeholder during session
	Complete ONLY 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 Comm

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	I Committee	Legal Services The Instruction Guide exp	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission File	rs)
	Sch: 23/108 Rpt:		Mary Edna (The Hono	rable)				00068004		
4	Date	5 Payee name								
	07/17/2023	Dunkin Doi	nuts							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$18.18	DFW Interr	ational Airport							
		Dallas, TX	75261							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			_		de of Texas. Comp		
						Food for Office		officeholder living		
						rood for Offic	EII	oluer during	Traver	
Ļ	Operation ONLY if direct	0	San Indiana and a	045				O#: I	1-1	
9	Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	ignt			Office he	eia	
_	Date	Payee name								
	08/10/2023	Dunkin Doı	nuts							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$41.50	12379 Edg	emere							
		El Paso, T	< 79938							
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			<u></u>		de of Texas. Comp		
						Coffee for Co		officeholder living	expense	
						Conce for Co	1131	itaciita		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/O	-								
	Date	Payee name								
	08/31/2023	Eddie V's F	rime Seafood							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$188.84	301 E 5th 9	St.							
		Austin, TX	78701							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description	_			
	EXPENDITURE	Food/Beve	rage Expense			ш		de of Texas. Comp		
						ш		officeholder living	expense Onstituents during	
						Meeting	,,,,	older and et	onstituents during	
-	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht			Office he	ıld	
	expenditure to benefit C/O		ioonoidei Haitie	JIIICE 300	.grit			Onice He		

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 Solarios (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: 24/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/24/2023	Eddie V's Prime Seafood
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$293.73	301 E 5th St.
		Austin, TX 78701
8	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
		Food for Officeholder and Constituents during
		Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	11/01/2023	Eddie V's Prime Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$171.81	301 E 5th St.
		Austin, TX 78701
	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
		Food for Officeholder and Officeholder during
		Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/28/2023	Eddie V's Prime Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$312.23	301 E 5th St.
		Austin, TX 78701
	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 Officeholder and Constituents
		Food for Officeriolder and Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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 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: 25/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/27/2023	El Charlatan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$96.12	10180 Socorro Rd
		Socorro, TX 79927
8	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
		Food for Constituent Meeting
		. coa loi constituent mocanig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Dove nome
	09/05/2023	Payee name El Paso Central Labor Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 971365
		Suite E
		El Paso, TX 79997
	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		23.1883.1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payes name
	11/14/2023	Payee name El Paso County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	1401 Montana Ave.
		Suite E
		El Paso, TX 79902
	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
		Filing Fee
	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 -Candidate/Officeholder/Political Commit Event Expense 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	
<u> </u>	Tatalana Oliver	
1	Total pages Schedule F1:	
_	Sch: 26/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
L	12/05/2023	Elegant Worldwide
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,010.96	5157 Blanco Rd
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	LAI LINDITORE	Expense Check if Austin, TX, officeholder living expense
		Bus Rental Transportation for Constituents and Office Holder
		Office Holder
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	12/11/2023	Elegant Worldwide
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,592.02	5157 Blanco Rd
		San Antonio, TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Lastin, TX, officeholder living expense Bus Rental Transportation for Constituents and
		Office Holder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/17/2023	Embassy Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$177.10	4650 W. Airport Fwy
	,	
		Irving, TX 75062
	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
		Hotel Accommodation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to c	ompl	elete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/108 Rpt:		Gonzalez, Mary Edna (The Honorable)		00068004
4	Date	5	Payee name		-
	10/10/2023		Embassy Suites		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$112.31		10 E Thomas Rd		
			Phoenix, AZ 85012		
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.
	LXI ENDITORE				Check if Austin, TX, officeholder living expense
					Food for Officeholder during Travel
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	ught	t Office held
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ugni	t Office field
	5.	_			
	Date		Payee name		
	10/30/2023	L	Escamilla Fine Art		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$63.33		1445 Main St		
		L	San Elizario, TX 79849		
	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 for Constituent
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
	Date	Τ	Payee name		
	07/12/2023		Family Dollar		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$13.69		13224 Socorro Rd.		
			San Elizario, TX 79836		
	PURPOSE	(a		(h)	A Description
	OF	ارم	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(5)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Nertical Expense		Check if Austin, TX, officeholder living expense
					Office Supplies for District Office
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t 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 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/13/2023	Family Dollar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.59	12201b Socorro Rd
		San Elizario, TX 79849
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2 /4 2 /12 1	Check if Austin, TX, officeholder living expense
		Office Supplies for District Office
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/08/2023	Family Dollar
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.37	13224 Socorro Rd.
		San Elizario, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Toys for Doriation Drive
	Operation ONLY if allowed	Our distance (Office health as marries and Office health
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	12/04/2023	First Quarter Bar & Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.73	8008 Herb Kelleher Way
		Dallas, TX 75235
	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 Officerholder during Travel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 29/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/08/2023	Five Below
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$152.65	13371-5 Eastlake Blvd.
		El Paso, TX 79928
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Toys for Donation Drive
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2023	Freddo
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.51	2336 S Congress Ave, Austin, TX 78704
		Austin, TX 78704
	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 for Capitol Staff
		1 ood for Capitor Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	07/03/2023	Frost Bank
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
	Φ19.95	
		Suite 100
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taylor Camplete Cabellule T
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 30/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/03/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		Suite 100
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	08/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
	Φ19.93	
		Suite 100
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bank Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/03/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		Suite 100
		San Antonio, TX 78205
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	ł

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 Lenal 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	09/05/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		Suite 100
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Bank Fee
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/05/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		Suite 100
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Builtie
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	10/03/2023	Frost Bank
	Amount (\$) \$19.95	Payee address; City; State; Zip Code 111 W. Houston St.
	Ф19.95	
		Suite 100
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
	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/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: Sch: 32/108 Rpt:	1	FILER NAME Gonzalez, Mary Edna (The Honorable)			1	Filer ID 00068004	(Ethics Commission	Filers)
4	Date 10/03/2023	1	Payee name Frost Bank						
6	Amount (\$) \$19.95	:	Payee address; City; State; Zi 111 W. Houston St. Suite 100 San Antonio, TX 78205	ip Code)				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Accounting/Banking	(b	=		le of Texas. Compofficeholder living	olete Schedule T. expense	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sough	t		Office he	eld	
	Date 11/03/2023	1	Payee name Frost Bank						
	Amount (\$) \$112.83	:	Payee address; City; State; Zi 111 W. Houston St. Suite 100 San Antonio, TX 78205	ip Code	9				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Accounting/Banking	_{.)} (b	ш		le of Texas. Compofficeholder living	olete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sough	t		Office he	eld	
	Date 11/03/2023	1	Payee name Frost Bank						
	Amount (\$) \$21.85	:	Payee address; City; State; Zi 111 W. Houston St. Suite 100 San Antonio, TX 78205	ip Code					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Accounting/Banking	;) (b	=		le of Texas. Compofficeholder living	olete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sough	t		Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Event Expense Fees

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		Giff ee Leg	od/Beverage Expen d/Awards/Memorials gal Services e Instruction G	Expense		kpens /ages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1: Sch: 33/108 Rpt:			ry Edna (The	Honorable)	1				Filer ID 00068004	(Ethics Commission Filers)	
4	Date		ree name	•								
	11/03/2023	۱ . ۳	st Bank									
6	Amount (\$)	7 Pay	ree address;	City;	State;	; Zip Co	de					
	\$9.60	1 1	W. Housto									
		Sui	te 100									
		Sar	n Antonio, 1	TX 78205								
8	PURPOSE	(a) Cate	egory _{(See C}	ategories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		counting/Ba					=			nplete Schedule T.	
	-							Bank Fee	, 1X,	officeholder living	g expense	
9	Complete ONLY if direct expenditure to benefit C/Oh		lidate/Officel	nolder name	(Office sou	ght			Office h	eld	
\vdash	Date	D=	voo nome									
	12/04/2023	1 1	ree name st Bank									
	Amount (\$)		ee address;	City;	State:	; Zip Co	de					
	\$22.32	1 1	L W. Housto	•	Siale,	, <i>z</i> ip C0	uc					
	422.02		te 100									
			n Antonio, 1	TX 78205								
_	PURPOSE			ategories listed at t	he ton of this ach	equic)	(b)	Description				
	OF		counting/Ba		uie top of triis SCN	ieuuie)	.,		outsio	de of Texas. Con	pplete Schedule T.	
	EXPENDITURE		3	3				—	, TX,	officeholder livin	g expense	
								Bank Fee				
	Complete ONLY if direct expenditure to benefit C/Oh		lidate/Officel	nolder name	(Office sou	ght			Office h	eld	
	Date	Pav	ree name									
	12/04/2023	1 1	st Bank									
	Amount (\$)	Pay	ree address;	City;	State;	; Zip Co	de					
	\$199.00	111	W. Housto	on St.								
		Sui	te 100									
		Sar	n Antonio, 1	TX 78205								
	PURPOSE	(a) Cate	egory (See C	ategories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Acc	counting/Ba	ınking				ш		de of Texas. Con officeholder living	plete Schedule T.	
								Bank Fee	, , ,	omcenolaer IIVIII	g expense	
	Complete ONLY if direct expenditure to benefit C/Oh		lidate/Officel	nolder name	(Office sou	ght			Office h	eld	

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/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: 34/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/04/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.36	111 W. Houston St.
		Suite 100
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Banki ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/06/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		Suite 100
		San Antonio, TX 78205
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/26/2023	GNI Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 685008
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Compliance Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Ex
Contributions/ Donations Made By - Gift/Awards/Memo

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 35/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/31/2023	Garcia, Desirae
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2504 Manor Rd.
		Apt. 116
		Austin, TX 78722
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Pay
		Contract Lay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/10/2023	Garcia, Desirae
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2504 Manor Rd.
		Apt. 116
		Austin, TX 78722
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Day
		Contract Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/29/2023	Garcia, Desirae
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	2504 Manor Rd.
		Apt. 116
		Austin, TX 78722
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Pay
		Contract Fay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Cabadula F1:	a FILED NAME					-	Filer ID	(Ethios Commis	cion Filoro)
_	Total pages Schedule F1: Sch: 36/108 Rpt:	1	= Mary Edna (The Honor	able)			3	Filer ID 00068004	(Ethics Commis	Sion Filers)
1	Date			•						
4		5 Payee name								
	12/21/2023	Garza, JJ								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$300.00	2904 Barto	n Skyway, #339							
		Austin, TX	78749							
_										
8	PURPOSE OF		ee Categories listed at the top of t	his schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labor			=		ide of Texas. Com		
						Contract Pay		, officeholder living	expense	
						Contract Pay				
9	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	П								
	Date	Payee name								
	08/14/2023	Gibsons Hı								
	Amount (\$)	Payee addre		State; Zip Co	odo					
	` '	l [*]		State, Zip Ct	Jue					
	\$129.52	1024 N Ru	SII 31							
		Chicago, IL	60611							
	PURPOSE	(a) Category (S	ee Categories listed at the top of t	his schedule)	(b)	Description				
	OF		rage Expense	,		Check if travel	outs	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE					Check if Austin	, TX	, officeholder living	expense	
						Food for Office	ceh	older during	Travel	
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee name								
	08/14/2023	Girl & the C								
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$389.77	809 W Ran	dolph St							
		Chicago, IL	60607							
	PURPOSE	(a) Category (c	ee Categories listed at the top of t	his sahadula)	(b)	Description				
	OF	· ·	rage Expense	nis scriedule)	(~)		outsi	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE	Food/Beve	age Expense					, officeholder living		
						Food for Office				
								ŭ		
	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	laht Iaht			Office he	eld	
	expenditure to benefit C/OI		accionaci riairio	Omice 300	491 IL			Since ne		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 37/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/03/2023	Google LLC
6	Amount (\$) \$63.96	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
	φ03.90	1000 Amphilileatie Faikway
		Mountain View, CA 94043
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 Email Subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	1600 Amphitheatre Parkway
	400.00	
		Mountain View, CA 94043
	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
		Campaign Email Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Davida marra
	09/05/2023	Payee name Google LLC
	Amount (\$) \$63.96	Payee address; City; State; Zip Code
	\$03.90	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 Email Subscription
		Campaign Email Subscription
	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 Comm

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/02/2023	Google LLC
6	Amount (\$) \$63.96	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Subscription
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/02/2023	Google LLC
	Amount (\$) \$63.96	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2023	Google LLC
	Amount (\$) \$63.96	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Subscription
	Complete ONLY 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 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)

	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: 39/108 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	10/30/2023	Gorditas La Masita	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$237.64	100 S San Elizario Rd	
		Clint, TX 79836	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	vel outside of Texas. Complete Schedule T.
	EXI ENDITORE	l — l —	stin, TX, officeholder living expense
		Food for St	udent Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Data	David visit	
	Date 11/20/2023	Payee name	
		Hampton Inn & Suites	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,371.14	200 San Jacinto	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Thaver out or District	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
			mmodation for Officeholder during
		session	ininiodation for Omeonetaer daming
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
-	Date	Payee name	
	12/29/2023	Hampton Inn & Suites	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$107.25	200 San Jacinto Blvd.	
	Ψ101.20	200 Gail Gaoille Biva.	
		Austin, TX 78701	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if trav	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Thaver out or district	stin, TX, officeholder living expense
		Hotel Acco	mmodation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

		Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 40/108 Rpt:	L	Gonzalez, N	lary Edna (The Ho	onorable)					00068004	
4	Date	5	Payee name								
	07/05/2023		Hill Country	Springs, Inc.							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$9.32		10019 S Int	erstate 35 Frontag	e Rd.						
			Austin, TX 7	78747							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental Exper	nse			=		de of Texas. Comp	
								Water Deliver		officeholder living	
								Tatel Deliver	· y '\	c. Capitoi O	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Ω	ffice sou	l ıaht			Office he	eld
	expenditure to benefit C/O										<u> </u>
	Date		Payee name								
	08/02/2023		Hill Country	Springs, Inc.							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$21.32		10019 S Int	erstate 35 Frontag	e Rd.						
			Austin, TX 7	78747							
Г	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE			head/Rental Exper				—		de of Texas. Comp	
								Check if Austin, Water Deliver		officeholder living	
								vvalei Delivei	y I	or Capitor O	moc
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	<u> </u>	ffice sou	<u>l</u> Jaht			Office he	eld
	expenditure to benefit C/O		a.a.a.o, OIII	22.3.33	O		9.10			211100 110	·· ·
H	Date		Payee name								
	09/05/2023		•	Springs, Inc.							
	Amount (\$)	\vdash	Payee addres		State:	Zip Co	nde				
	\$21.32			erstate 35 Frontag		_,p 00					
	Ψ21.02		_0010 0 1110	e.state oo i fortag							
			Austin, TX 7	78747							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Exper		•		_		de of Texas. Comp	
								_		officeholder living	
								Water Deliver	ıyı(от Сарііої О	IIICE
	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name		ffice sou	laht			Office he	ald
	expenditure to benefit C/O		a ididale/OIII	ocholaci Halile	J	c 300	4911L			Onice He	au .

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Gift/Awards/Memorials Legal Services	•		/ages	/Contract Labor		Travel Out of OTHER (ente	District r a category not listed ab	ove)
L	•			The Instruction Gu	ııde explains	now to cor	mple	te this form.	_			
1	Total pages Schedule F1:	l							3	Filer ID	(Ethics Commiss	on Filers)
	Sch: 41/108 Rpt:	-		ary Edna (The	Honorable))				00068004	4	
4	Date	ı	Payee name									
L	10/04/2023	L ⊦	Hill Country	Springs, Inc.								
6	Amount (\$)	7 F	Payee addres	s; City;	State;	; Zip Co	de					
	\$21.32	1	10019 S Inte	rstate 35 Front	age Rd.							
		_	Austin, TX 7	8747								
8	PURPOSE	_				ı	(h)	Descripti				
ō	OF			Categories listed at th		nedule)	(D)	Description Check if travel	outci	do of Toyas Co	omploto Schodulo T	
	EXPENDITURE	(Jince Overh	ead/Rental Exp	ense			Check if travel of Check if Austin			omplete Schedule T. ring expense	
								Water Deliver				
									•	1		
9	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	aht			Office	held	
9	expenditure to benefit C/O		anuluale/OIIIC	CHOIDEI HAIHE		onice sou(grit			Office	nciu	
L		_										
	Date	l	Payee name									
	11/02/2023		Hill Country	Springs, Inc.								
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de					
	\$21.32	1	10019 S Inte	rstate 35 Front	age Rd.							
		F	Austin, TX 7	8747								
	PURPOSE	(a) (Category (Se	Categories listed at the	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	(Office Overh	ead/Rental Exp	ense			=			omplete Schedule T.	
								Check if Austin				
								Water Delive	ıy 1	or Capitol	Office	
	2											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	C	Office sou	ght			Office	held	
	Date	F	Payee name									
	12/04/2023	+	Hill Country	Springs, Inc.								
	Amount (\$)	F	Payee addres	s; City;	State:	; Zip Co	de					
	\$21.32	1	10019 S Inte	rstate 35 Front								
					-							
		4	Austin, TX 7	8747								
	PURPOSE			e Categories listed at th	ne ton of this sah	nedule)	(b)	Description				
	OF			ead/Rental Exp		icuuic)	,		outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE	`		LA				Check if Austin	, TX,	officeholder liv	ing expense	
								Water Deliver	ry f	or Capitol	Office	
	Complete ONLY if direct		andidate/Offic	eholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	arc)
-	Sch: 42/108 Rpt:	Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable)	515)
4	Date	5 Payee name	
	11/13/2023	Hilton Garden Inn	
6	Amount (\$) \$225.77	7 Payee address; City; State; Zip Code 500 N IH-35 Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Hotel Accommodations for Officeholder during session	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	08/15/2023	Hilton Hotels	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$377.76	720 S Michigan Ave	
		Chicago, IL 60605	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Hotel Accommodation for Officeholder for Latino Legislative Leaders)
	0 1: 01 1/4 1	<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/04/2023	Hilton Hotels	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.14	5300 E. Mockingbird Ln.	
		Dallas, TX 75206	
	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	- ناما
		Hotel Accommodations for Officeholder for legis meetings	iative
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	IT.	

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/04/2023	Hilton Hotels
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$233.52	5300 E. Mockingbird Ln.
		Dallas, TX 75206
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 Hotel Accommodations for Officeholder for legislative
		meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
⊨	Date	Davida nama
	11/01/2023	Payee name Hipolito, Carlos
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	4972 Decatur St.
		Denver, CO 80221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Youth Voice Empowerment Summit Speaker
		Todan Toda Emperiorna Commit Specials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	Date	Davido namo
	09/05/2023	Payee name Hut's Hamburgers
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.38	3600 Presidential Blvd.
		Austin, TX 78719
	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
		Food for Officeholder during Travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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: 44/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4 Date	5 Payee name
07/14/2023	Instacart
6 Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 50 Beale St. #600
	San Francisco, TX 94015
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Monthly Subscription Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/15/2023	Instacart
Amount (\$)	Payee address; City; State; Zip Code
\$9.99	50 Beale St.
	#600
	San Francisco, TX 94015
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Monthly Subscription Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/31/2023	Instacart
Amount (\$)	Payee address; City; State; Zip Code
\$226.44	50 Beale St.
	#600
	San Francisco, TX 94015
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 Food for Capitol Office
	Pood for Capitor Office
Complete CNII V if alia	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 45/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	09/18/2023	Instacart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	50 Beale St.
		#600
		San Francisco, TX 94015
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
		Monthly Subscription Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/02/2023	Instacart
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.85	50 Beale St.
		#600
		San Francisco, TX 94015
	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
		Food for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/17/2023	Instacart
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	50 Beale St.
		#600
		San Francisco, TX 94015
	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
		Monthly Subscription Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/24/2023	Instacart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$275.55	50 Beale St.
		#600
		San Francisco, TX 94015
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 for Capitol Office
		1 ood for Eaphor Chiec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/20/2023	Instacart
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	50 Beale St.
		#600
		San Francisco, TX 94015
	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 Monthly Subscription Fee
		Wionting Subscription Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/04/2023	Instacart
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.14	50 Beale St.
		#600
		San Francisco, TX 94015
	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
		Food for Capitol 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 -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

	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: 47/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/19/2023	Instacart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	50 Beale St.
		#600
		San Francisco, TX 94015
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.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Monthly Subscription Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davida nama
	09/11/2023	Payee name Intercultural Development
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,548.95	5815 Callaghan Rd #10
		San Antonio, TX 78228
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gala Sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	08/03/2023	J Carver's
	Amount (\$)	Payee address; City; State; Zip Code
	\$388.26	509 Rio Grande St
		Austin, TX 78701
	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 Officeholder and Constituents during
		Meeting
	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 -Candidate/Officeholder/Political Commi Event Expense 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: 48/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/15/2023	Keyme Locksmiths
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.83	9441 Alameda Ave.
		El Paso, TX 79927
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Copy of District Office Keys
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/30/2023	Kim Rubio Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 2177
		Uvalde, TX 78802
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	11/27/2023	La Dona Gorditas
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.38	3010 Trawood
	Ψ00.30	3010 Hawood
		FI D TV 7000F
		El Paso, TX 79925
	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 Food for Interns and Volunteers at Turkey Drive
		Food for filterns and volunteers at Turkey Drive
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/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: 49/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/03/2023	Licon Dairy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	11951 Glorietta Rd.
		San Elizario, TX 79949
8	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 Gift Baskets
		GIIL DASKELS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	the state of the s
⊨		
	Date	Payee name
L	07/06/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.91	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
┡		
	Date	Payee name
	07/10/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.73	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

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

	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: 50/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/13/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.11	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder
		That operation is a smooth state.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/17/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.69	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payros namo
	07/17/2023	Payee name Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.95	185 Berry St.
	Ψ110.00	100 Berry Gt.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

Candidate/Officeholder/Political (Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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 Schodulo F1: 1	
1 Total pages Schedule F1: 2 Sch: 51/108 Rpt:	Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable)
4 Date !	5 Payee name
08/02/2023	Lyft
6 Amount (\$) \$53.61	7 Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
8 PURPOSE ((a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/04/2023	Lyft
Amount (\$)	Payee address; City; State; Zip Code
\$48.53	185 Berry St.
DUDDOS-	San Francisco, CA 94107
PURPOSE ((a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Transportation for Officeholder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/14/2023	Lyft
Amount (\$)	Payee address; City; State; Zip Code
\$74.53	185 Berry St.
	San Francisco, CA 94107
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Transportation for Officeholder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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

nbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not 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: 52/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	08/14/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.10	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense
		Transportation for Officeriolder
_	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	08/15/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.34	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder
		Transportation for Cinecholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	09/01/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.92	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

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

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

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 co	plete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
Sch: 53/108 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004	
4 Date	5 Payee name	•	
09/05/2023	Lyft		
6 Amount (\$)	7 Payee address; City; State; Zip Co	le	
\$21.99	185 Berry St.		
	San Francisco, CA 94107		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Transportation Equipment & Related	Check if travel outside of Texas. Co	mplete Schedule T.
EXPENDITURE	Expense	Check if Austin, TX, officeholder livi	
		Transportation for Officeho	lder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ht Office I	neld
experiulture to beliefft C/O			
Date	Payee name		
10/06/2023	Lyft		
Amount (\$)	Payee address; City; State; Zip Co	le	
\$51.30	185 Berry St.		
	San Francisco, CA 94107		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Co	mplete Schedule T.
EXPENDITORE	Expense	Check if Austin, TX, officeholder livi	
		Transportation for Officeho	ider
0 1 0 0 1 1 1 1 1 1 1		0"	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ht Office I	neia
Date	Payee name		
10/06/2023	Lyft		
Amount (\$)	Payee address; City; State; Zip Co	le	
\$73.01	185 Berry St.		
	San Francisco, CA 94107		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Co	
	Expense	Check if Austin, TX, officeholder livi	
		Transportation for Officeho	iuei
Complete CNII V if direct	Candidate/Officeholder name Office sou	ht Office I	aold
Complete ONLY if direct expenditure to benefit C/O		ht Office I	ieiu

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
abor 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: 54/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/11/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.64	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	LAI LINDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 10/12/2023	Payee name
		Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.64	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder
		·
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/16/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.85	185 Berry St.
		Suite 5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
	Operation Children	Overflideta (Office Includes a construction of the Construction of
	Complete ONLY 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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	1
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 55/108 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	10/16/2023	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.85	185 Berry St.	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE		n, TX, officeholder living expense
		Transportation	on for Officeholder
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experialitire to beliefit C/O	1	
	Date	Payee name	
	10/16/2023	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.99	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Transportation	on for Officeholder
	Operation ONLY if allowed	One district Office healths are seen	Office health
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/16/2023	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.96	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if trave	outside of Texas. Complete Schedule T.
	LAFENDITORE		n, TX, officeholder living expense
		Transportation	on for Officeholder
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiorale to belief C/Of	1	

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: 56/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/16/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.49	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder
		Transportation for emechanic
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/16/2023	Lyft
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$46.76	185 Berry St.
	Ψ40.70	103 Berry St.
		San Francisco, CA 04107
L		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense La Check if Austin, TX, officeholder living expense Transportation for Officeholder
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/16/2023	Lyft
H	Amount (\$)	Payee address; City; State; Zip Code
	\$49.21	185 Berry St.
	Ψ43.21	100 Berry St.
		San Francisco, CA 94107
	DUDD 005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
1		
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	1
Г		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Aucounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		se
	Credit Card F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		ilers)
	Sch: 57/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	
4	Date	5 Payee name	
	10/24/2023	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.22	185 Berry St.	
		San Francisco, CA 94107	
•	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Transportation Equipment & Related The Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Transportation for Officeholder	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
Γ	Date	Payee name	
	10/25/2023	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.04	185 Berry St.	
	Ψ20.0 1		
		Can Francisco CA 04107	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Expense	
		That operation to the street	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Davida nama	
	10/25/2023	Payee name Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.81	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder	
		Transportation for Officerolder	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		
	•		
Fo	rms provided by Texas E	Ethics Commission www.ethics.state.tx.us Version V3.5.1.0	bfcfb67

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

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		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 58/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable)	Filer ID (Ethics Commission Filers) 00068004
4	Date	<u> </u>	
•	10/25/2023	5 Payee name Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.79	185 Berry St.	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	tside of Texas. Complete Schedule T.
			TX, officeholder living expense for Officeholder
		- I sinoportation	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/26/2023	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.83	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related	tside of Texas. Complete Schedule T. X, officeholder living expense
			for Officeholder
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/27/2023	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.21	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related	tside of Texas. Complete Schedule T. X, officeholder living expense
			for Officeholder
	Complete ONLY 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 Committee

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/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: 59/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4 Date	5 Payee name
11/01/2023	Lyft
6 Amount (\$) \$22.78	7 Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Officeholder
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
 Date	Payee name
11/06/2023	Lyft
Amount (\$) \$24.18	Payee address; City; State; Zip Code 185 Berry St.
	San Francisco, CA 94107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Officeholder
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/13/2023	Lyft
Amount (\$) \$12.62	Payee address; City; State; Zip Code 185 Berry St.
	San Francisco, CA 94107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Officeholder
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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: 60/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/13/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.19	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Transportation for emberioder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Power name
	11/13/2023	Payee name
		Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.78	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
	Compulate ONLY if direct	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/14/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.25	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	ZA ZHOHOKZ	Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	

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

	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: 61/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/15/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.86	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense
		Transportation of officers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Date	Payee name
	11/15/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.37	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder
		Transportation for emechanic
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies wares
	Date 11/15/2023	Payee name
		Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.98	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	·	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
_	Sch: 62/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/16/2023	Lyft
6	Amount (\$) \$27.98	7 Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/17/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.54	185 Berry St.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Transportation for Officeholder
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/17/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.93	185 Berry St.
	,_5.30	
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Expense Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	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: 63/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	
4	Date	5 Payee name	
	11/17/2023	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.88	185 Berry St.	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	
	_	Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder	
		Transportation for emechanic	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
_	Date	Payee name	=
	11/17/2023	Lyft	
_	Amount (\$)	Payee address; City; State; Zip Code	-
	\$11.98	185 Berry St.	
	Ψ11.90	100 Berry St.	
		San Francisco, CA 04107	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Transportation for Officeholder	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
	Date	Payee name	=
	11/17/2023	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.33	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	
		Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder	
		Transportation of Officeriolder	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/Ar
Candidate/Officeholder/Political Committee Legal
Credit Card Pavment

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 64/108 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4 Date	5 Payee name	<u>'</u>
11/20/2023	Lyft	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$19.92	185 Berry St.	
	San Francisco, CA 94107	
8 PURPOSE		(b) Description
OF	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experialitie to belieff C/O	1	
Date	Payee name	
11/20/2023	Lyft	
Amount (\$)	Payee address; City; State; Zip Co	de
\$52.65	185 Berry St.	
	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Expense	Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
Onesalata ONU V Malianat	Ossalidata (Office Inclident service)	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
·		
Date	Payee name	
11/20/2023	Lyft	
Amount (\$)	Payee address; City; State; Zip Co	de
\$29.66	185 Berry St.	
	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Expense	Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
Computate CNUV # alling :	Condidate/Officeholder vs.	Off: !!-!
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 65/108 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	·
	11/20/2023	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.81	185 Berry St.	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
		Expense	Check if Austin, TX, officeholder living expense
			Transportation for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
_	Data		
	Date 11/20/2023	Payee name	
		Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.87	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE OF	,	Description
	EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense	Transportation for Officeholder
			·
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/20/2023	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.80	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE		Description
	OF	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
			Transportation for Officeholder
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01	•	

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

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: 2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
Sch: 66/108 Rpt: Gonzalez, Mary Edna (The Honorable) 00068004	
4 Date 5 Payee name	
12/04/2023 Lyft	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$135.44 185 Berry St.	
San Francisco, CA 94107	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Transportation Forwing point 8 Policied Transportation Forwing point 8 Policied	
EXPENDITURE Transportation Equipment & Related	
Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder	
Transportation of Officerolder	
O Complete ONLY if direct Complidate /Office held and a second of the complete	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
12/04/2023 Lyft	
Amount (\$) Payee address; City; State; Zip Code	
\$37.20 185 Berry St.	
San Francisco, CA 94107	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas Complete Schedule Texas C	
EXPENDITURE Transportation Equipment & Related	
Expense Check if Austin, TX, officeholder living expense Transportation for Officeholder	
Transportation of Officerolaci	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
12/04/2023 Lyft	
Amount (\$) Payee address; City; State; Zip Code	
\$118.41 185 Berry St.	
San Francisco, CA 94107	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Transportation Equipment & Related Transportation Equipment & Related Transportation Equipment & Related	
Expense Check if Austin, 1X, officendider living expense	
Transportation for Officeholder	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
· -	

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 67/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/04/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
•	\$13.66	185 Berry St.
	720.00	255 25.17 5.1
		San Francisco, CA 94107
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/04/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.60	185 Berry St.
	400.00	255 25.17 5.1
		San Francisco, CA 94107
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/27/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.68	185 Berry St.
		San Francisco, CA 94107
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 68/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/28/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.72	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related
		Expense Language Check if Austin, TX, officeholder living expense Transportation for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	12/29/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.99	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Language Check if Austin, TX, officeholder living expense Transportation for Officeholder
		That operation of the control of the
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/10/2023	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.89	1580 Clint
	Ψ110.00	1000 Ciril
		Clint, TX 79836
	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 Officeholder and Constituents during
		Meeting
	Complete ONL V if direct	-
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	

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

	Credit Card Payment	The Instruction Guide explains how to cor	Ŭ	ete this form.
1	Total pages Schedule F1:	•	_	3 Filer ID (Ethics Commission Filers)
	Sch: 69/108 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004
4	Date	5 Payee name		•
	08/21/2023	Mamacitas		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$422.50	1580 Clint		
		Clint, TX 79836		
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 for Officeholder and Constituents during Meeting
_	Occupate ONLY if discort	Overallidades (Office Includes a second		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held
	Data			
	Date	Payee name		
	08/24/2023	Mamacitas		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$601.23	1580 Clint		
		Clint, TX 79836		
	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 for Officeholder and Constituents during Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office souc	aht	Office held
	expenditure to benefit C/OI		ynı	Office field
	Data			
	Date	Payee name		
	08/28/2023	Mamacitas		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$163.39	1580 Clint		
		Clint, TX 79836		
	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 for Officeholder and Constituents during
				Meeting
	Complete CNII V if direct	Candidate/Officeholder name Office souc	ab+	Office held
	Complete ONLY if direct expenditure to benefit C/OI		yııı	Office field

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	
1	Total pages Schedule F1:	
1	Sch: 70/108 Rpt:	Gonzalez, Mary Edna (The Honorable) Gonzalez Mary Edna (The Honorable)
4	Date	5 Payee name
	08/28/2023	Mamacitas
6	Amount (\$) \$226.70	7 Payee address; City; State; Zip Code 1580 Clint Clint, TX 79836
_	DUDDOCE	
8	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
		Food for Officeholder and Constituents during Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/08/2023	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.19	1580 Clint
		Clint, TX 79836
	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
		Food for Officeholder and Constituents during
		Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/25/2023	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.44	1580 Clint
		Clint, TX 79836
	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 for Officeholder and Constituents during Meeting
\vdash	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 Comp

Event Expense 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	/ - ıl Cor	nmittee	Legal Sen				/ages	/Contract Labor		Travel Out OTHER (e		strict category not listed above)	
L					uction Gui	ue explains	now to co	ınpıє	ete this form.	_				
1	Total pages Schedule F1:	2								3	Filer ID		(Ethics Commission Filers)	
	Sch: 71/108 Rpt:		Gonzalez, N	Mary Ec	na (The F	Honorable))				000680	004		
4	Date	5	Payee name											
	10/02/2023		Mamacitas											
6	Amount (\$)	7	Payee addre	ss; (City;	State;	; Zip Co	de						
	\$162.97		1580 Clint											
			Clint, TX 79	836										
8	PURPOSE	(a)	Category (Se		ige lietad at the	ton of this seb	ledulo)	(b)	Description					
	OF	``	Food/Bever			= tob or triis SCII	ieuuie)	. ,	_ `	outsi	de of Texas	. Com	plete Schedule T.	
	EXPENDITURE		2 2 2 2 2 3 3 1	.g/\				ı	Check if Austin,					
										ceh	older an	d Co	onstituents during	
L		L						_	Meeting					
9	Complete ONLY if direct		Candidate/Offi	ceholde	r name		Office sou	ght			Offic	ce he	eld	
	expenditure to benefit C/OF	H —						_						
	Date		Payee name											
	10/02/2023		Mamacitas											
	Amount (\$)	Γ	Payee addres	ss; (City;	State;	; Zip Co	de						
	\$340.33		1580 Clint											
			Clint, TX 79											
	PURPOSE OF	(a)	Category (Se	ee Categor	ies listed at the	top of this sch	nedule)	(b)	Description					
	EXPENDITURE		Food/Bever	age Ex	pense			l	Check if travel of Check if Austin,				plete Schedule T.	
								l	—				onstituents during	
									Meeting	. 011	or un	U		
	Complete ONLY if direct		Candidate/Offi	ceholde	r name		Office sou	ght			Offic	ce he	eld	
	expenditure to benefit C/O				-	`		J -				. •		
	Date	一	Payee name											
	10/02/2023		Mamacitas											
		\vdash			⊃itv:	Ctota	· 7in 0-	do						
	Amount (\$)		Payee addres	55 , (City;	State;	; Zip Co	ue						
	\$51.19		1580 Clint											
			Ol: =	002										
			Clint, TX 79	1836 										
	PURPOSE OF	(a)	Category (Se			top of this sch	redule)	(b)	Description	0.	do 24 =	_	ploto Cohodula T	
	EXPENDITURE		Food/Bever	age Ex	pense			ı	Check if travel of Check if Austin,				plete Schedule T.	
								l					onstituents during	
									Meeting			٥,	8	
	Complete ONLY if direct	Щ	Candidate/Offi	ceholde	r name		Office sou	ght			Offic	ce he	eld	
	expenditure to benefit C/OI				-	•		J						
		—												
		AL.	- 0											

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 72/108 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	10/19/2023	Mamacitas	
6	Amount (\$) \$158.64	7 Payee address; City; State; Zip Code 1580 Clint	
		Clint, TX 79836	
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense cod for Officeholder and Constituents during eeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/23/2023	Mamacitas	
	Amount (\$) \$149.66	Payee address; City; State; Zip Code 1580 Clint	
		Clint, TX 79836	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense cod for Officeholder and Constituents during eeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/30/2023	Payee name Mamacitas	
	Amount (\$) \$116.99	Payee address; City; State; Zip Code 1580 Clint	
		Clint, TX 79836	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense cod for Officeholder and Officeholder during eeting
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contr	Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete th	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 73/108 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	·
	10/30/2023	Mamacitas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
•	\$60.15	1580 Clint	
	Ψ00.13	1300 Cilit	
		Clint, TX 79836	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			od for Officeholder and Officeholder during eting
		IVIC	eurig
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/13/2023	Mamacitas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$179.82	1580 Clint	
	Ψ113.02	1300 Clint	
		Clint, TX 79836	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Foo	od for Officeholder and Staff during Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/01/2023	Mamacitas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.58	1580 Clint	
	Φ230.36	1300 CIIII	
		Clint, TX 79836	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	1 000/Develage Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
		Foo	od for Officeholder and Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Cara r ayment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 74/108 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004
4	Date	5 Payee name		•
	12/07/2023	Mamacitas		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$213.96	1580 Clint		
		Clint, TX 79836		
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 for Constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		•	
	Date	Payee name		
	12/11/2023	Mamacitas		
_	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$70.42	1580 Clint		
		Clint, TX 79836		
	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 for Constituents
				Toda for Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		5	
	Date	Payee name		
	12/11/2023	Mamacitas		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$171.03	1580 Clint		
		Clint, TX 79836		
	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.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Food for Constituents
L	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
	Complete ONLY if direct expenditure to benefit C/Ol		ynı	Office field
-				
l				

SCHEDULE F1

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

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								
1	Total pages Schedule F1: Sch: 75/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004	1						
4	Date	5 Payee name							
	07/28/2023	Michael's							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$12.44	1313 George Dieter							
		Ste. C							
		El Paso, TX 79936							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Supplies for District Office							
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
	07/28/2023	Michael's							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$14.06	1313 George Dieter							
		Ste. C							
		El Paso, TX 79936							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Supplies for District Office							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
	09/25/2023	Michael's							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$14.06	1313 George Dieter							
		Ste. C							
		El Paso, TX 79936							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Office Supplies for District Office							
		Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							

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

	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: 76/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/27/2023	Mission Trail Brew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.37	10179 Socorro Rd
		Socorro, TX 79927
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 Constituent Meeting
		1 ood for constituent weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	09/11/2023	NGP VAN Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$703.56	655 15th St. NW
		Suite 650
		Washington, DC 20005
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Database Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/10/2023	NGP VAN Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$703.56	655 15th St. NW
		Suite 650
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Database Software
	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 -

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	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: 77/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/17/2023	New York Marriott Marquis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,052.25	1535 Broadway
		New York, NY 10036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel Accommodation for Officeholder for NALEO
		Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	11/16/2023	Newt's Eatery
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.95	408 Congress Ave.
		Austin, TX 78701
	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 for Capitol Staff
		1 ood for Supilor Stair
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	10/30/2023	Payee name Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.21	1313 George Dieter
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Student Conference
		Supplies for Student Somerence
-	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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 78/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 11/13/2023	5 Payee name Oya Rice Bowl
6	Amount (\$) \$101.47	7 Payee address; City; State; Zip Code 5610 N IH-35 Austin, TX 78751
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 Officeholder and Staff during Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/13/2023	Payee name PSA Valet Plaza
	Amount (\$) \$17.00	Payee address; City; State; Zip Code 106 N Mills Ave El Paso, TX 79901
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee for Officeholder for Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/25/2023	Payee name Park Tavern
	Amount (\$) \$217.61	Payee address; City; State; Zip Code 204 E Mills Ave.
		El Paso, TX 79901
	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 Officeholder and Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/Ol	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Gui	de explains how to c	omple	ete this form.		
1	Total pages Schedule F1:	FILER NAMI	Ē			3	Filer ID	(Ethics Commission Filers)
	Sch: 79/108 Rpt:	Gonzalez,	Mary Edna (The I	Honorable)			00068004	
4	Date	Payee name	!			•		
	11/09/2023	Party City						
6	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode			
	\$40.59	1842 Joe B	attle Blvd.					
		El Paso, T	< 79938					
8	PURPOSE	Category (S	see Categories listed at the	e top of this schedule)	(b)	Description		
	OF EXPENDITURE	Event Expe		,			itside of Texas. Com	
	EXI ENDITORE					_	TX, officeholder living	
						Supplies for Vo	eleran Day Pa	araue
9	Complete ONLY if direct	Candidato/Off	iceholder name	Office so	ught		Office h	old
9	expenditure to benefit C/OI	Carididate/On	icenoidei name	Office 50	ugnt		Office III	eiu
_	Data							
	Date	Payee name						
	10/13/2023	Patriot Pec						
	Amount (\$)	Payee addre		State; Zip C	ode			
	\$240.00	15101 Nort	n Loop Rd					
		Fabens, TX	(79838					
	PURPOSE OF		see Categories listed at the		(b)	Description		
	EXPENDITURE	Gift/Awards	s/Memorials Expe	ense		\Box	itside of Texas. Com FX, officeholder living	
						Gift for Constit		g expense
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught		Office h	eld
	expenditure to benefit C/OI							
	Date	Payee name	!					
	10/23/2023	Patriot Pec						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode			
	\$257.00	15101 Nort	•					
			•					
		Fabens, TX	(79838					
	PURPOSE) Category (s	see Categories listed at the	o top of this schodulo)	(b)	Description		
	OF		s/Memorials Expe		()		ıtside of Texas. Com	nplete Schedule T.
	EXPENDITURE		·			ш	ΓX, officeholder living	g expense
						Gift for Constit	uent	
					1_			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Off	iceholder name	Office so	ught		Office h	eld
	parameter content of of							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 80/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/06/2023	Pei Wei
6	Amount (\$) \$56.05	7 Payee address; City; State; Zip Code 5757 Wayne Newton Blvd
		Las Vegas, NV 89119
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 Officeholder during Travel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2023	Perla's Seafood
	Amount (\$) \$150.02	Payee address; City; State; Zip Code 1400 S Congress Ave
		Austin, TX 78704
	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 Officerholder and Constitutent during Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2023	Perla's Seafood
	Amount (\$) \$389.63	Payee address; City; State; Zip Code 1400 S Congress Ave
		Austin, TX 78704
	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 Officeholder and Constituents during Meeting
	Complete ONLY 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 Commi Event Expense 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 81/108 Rpt:	Gonzalez, Mary Edna (The Honorable)
4	Date	5 Payee name
	11/13/2023	Pistoleros Del Ado
6	Amount (\$) \$36.36	7 Payee address; City; State; Zip Code 1500 Main St
	400.00	
		San Elizario, TX 79849
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food for Officeholder and Staff during Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	11/13/2023	Pistoleros Del Ado
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.80	1500 Main St
		San Elizario, TX 79849
	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
		Food for Officeholder and Staff during Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/19/2023	Planned Parenthood of Greater Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	201 E. Ben White Blvd.
		Building B
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sponsorship for "915" Event
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 82/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 10/26/2023	5 Payee name Plentiful
6	Amount (\$) \$98.97	7 Payee address; City; State; Zip Code 9500 S IH-35 Frontage Rd. Austin, CA 78741
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 <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/17/2023	Payee name Primo Water
	Amount (\$) \$12.94	Payee address; City; State; Zip Code 1150 Assembly Dr. Ste. 800 Tampa, FL 33607
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/14/2023	Payee name Primo Water
	Amount (\$) \$51.91	Payee address; City; State; Zip Code 1150 Assembly Dr. Ste. 800 Tampa, FL 33607
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 83/108 Rpt:		Gonzalez, N	Mary Edna (The H	onorable)					00068004		
4	Date	5	Payee name									
L	09/11/2023		Primo Wate	r								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					
	\$12.94		1150 Asser	nbly Dr.								
			Ste. 800									
			Tampa, FL	33607								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			head/Rental Expe				=		de of Texas. Com		
								—		officeholder living		
								Water Deliver	ıy 1	от Сарііої О	IIICE	
9	Complete ONLY if direct	<u> </u>	andidata/O#	ceholder name		office co:	laht			Office he	uld.	
9	Complete ONLY if direct expenditure to benefit C/O		zai iuiudle/OIII	cenduel name		office sou	agrit			Office ne	nu .	
	Date		Payee name									
L	10/10/2023	L	Primo Wate	r								
	Amount (\$)	_	Payee addre	•	State;	Zip Co	ode					
	\$12.94		1150 Asser	nbly Dr.								
			Ste. 800									
			Tampa, FL	33607								
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			head/Rental Expe				—		de of Texas. Com		
								Check if Austin, Water Deliver		officeholder living		
								vvalei Delivei	ı y 1	от Сарпот О	ince	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	0	office sou	<u>l</u> ught			Office he	eld	
	exponential to benefit 0/01	_										
	Date		Payee name									
	10/10/2023		Primo Wate									
	Amount (\$)		Payee addre		State;	Zip Co	ode					
	\$63.95		1150 Assen	nbly Dr.								
			Ste. 800									
			Tampa, FL	33607								
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental Expe	nse			_		de of Texas. Comp		
								Water Deliver		officeholder living		
								a.c. Donvoi	۰, ۲	J. Capitoi O		
	Complete ONLY if direct		Candidate/Offi	ceholder name	Ω	office sou	l uaht			Office he	eld	
	expenditure to benefit C/OI						J			200.110		

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	
1 Total pages Schedule F1: Sch: 84/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4 Date 11/06/2023	5 Payee name Primo Water
6 Amount (\$) \$12.94	7 Payee address; City; State; Zip Code 1150 Assembly Dr. Ste. 800 Tampa, FL 33607
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 12/04/2023	Payee name Primo Water
Amount (\$) \$26.48	Payee address; City; State; Zip Code 1150 Assembly Dr. Ste. 800 Tampa, FL 33607
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 12/04/2023	Payee name Primo Water
Amount (\$) \$12.94	Payee address; City; State; Zip Code 1150 Assembly Dr. Ste. 800 Tampa, FL 33607
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 85/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 11/16/2023	5 Payee name Quinteros Meat Company
6	Amount (\$) \$1,085.93	7 Payee address; City; State; Zip Code 4413 Durango Ave.
8	PURPOSE OF EXPENDITURE	El Paso, TX 79905 (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 Turkey Drive
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/21/2023	Payee name Quinteros Meat Company
	Amount (\$) \$1,549.02	Payee address; City; State; Zip Code 4413 Durango Ave. El Paso, TX 79905
	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 Turkey Drive
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/28/2023	Payee name Raab, Ted
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 2800 W. 44th Street, Apt. A
		Austin, TX 78731
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Pay
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 86/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/20/2023	Rusty Pony
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	6920 Woodrow Rd
		El Paso, TX 79938
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/25/2023	Ruth's Chris Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.21	8889 Gateway Blvd W
		El Paso, TX 79925
	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.
	LAI LINDITORE	Check if Austin, TX, office-holder living expense
		Food for Officeholder and Constituents during Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Power name
	10/04/2023	Payee name Ruth's Chris Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.42	8889 Gateway Blvd W
	Ψ111.42	ooo Galeway Ewa W
		El Paso, TX 79925
	PURPOSE	To a
	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 Officeholder and Constituents during
		Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to beliefft 6/0	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Ca	ibutions/ Donations Made By andidate/Officeholder/Politica t Card Payment		Gift/Awards/Memorials Legal Services The Instruction Gu	Sa	-	ges/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)
1 Total	nagas Cahadula E1:	2 [" [• •	- "-1	-	١, و	Filor ID	(Ethics Commission	Eilore\
	pages Schedule F1: ch: 87/108 Rpt:		alez, Mary Edna (The	Honorable)			1	Filer ID 00068004	(Luncs Commission	riieis)
4 Date		5 Payee	name							
10/04	1/2023	Ruth'	s Chris Steakhouse							
6 Amou	s35.98	8889	address; City; Gateway Blvd W so, TX 79925	State; Z	Zip Code	9				
0 5					- 10					
8 PI	URPOSE OF	1	Ory (See Categories listed at the	ne top of this schedul	le) (t	Description		·- 0		
EXP	ENDITURE	Food	Beverage Expense					e of Texas. Com officeholder living	olete Schedule T.	
						—			onstituents during	1
						Meeting	00110	naci ana o	onoutaento danne	,
	olete <u>ONLY</u> if direct		ate/Officeholder name	Offic	ce sough	nt		Office he	eld	
Date		Payee	name							
10/16	6/2023	Ruth'	s Chris Steakhouse							
Amou	ınt (\$)	Payee	address; City;	State; Z	Zip Code	9				
	\$167.16	707 1	5th St.							
		ļ	er, CO 80202		1					
Pl	URPOSE OF	(a) Categ	Ory (See Categories listed at the	ne top of this schedul	le) (k	Description				
EXP	ENDITURE	Food	Beverage Expense			ш		e of Texas. Com officeholder living	olete Schedule T.	
						Food for Office				
						1 000 101 0111	CCITO	naci aaiiig	Tiavei	
	olete <u>ONLY</u> if direct anditure to benefit C/OI		ate/Officeholder name	Offic	ce sough	nt		Office he	eld	
Doto										
Date	1/2022	1 1	name Diogo Mission Boy Boy	cort						
	1/2023		Diego Mission Bay Res							
Amou	` '	1 1	address; City;	State; Z	Zip Code	е				
	\$67.52	1775	E Mission Bay Dr.							
		San [Diego, CA 92109							
PU	URPOSE	(a) Categ	ory (See Categories listed at the	ne top of this schedul	le) (k	Description				
EXP	OF ENDITURE	Food	Beverage Expense						plete Schedule T.	
	-							officeholder living		
						Food for Offi	ceno	nuer during	rravei	
Comp	Nete ONLY if direct	Candid	ate/Officeholder name	Offic	ce sough	nt .		Office he	ald.	
	olete <u>ONLY</u> if direct Inditure to benefit C/OI		ale/Onicendidel Hame	Oill	ce sougi	ıı		Onice ne	สน	
•										

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 88/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 11/21/2023	5 Payee name San Diego Mission Bay Resort
6	Amount (\$) \$14.00	7 Payee address; City; State; Zip Code 1775 E Mission Bay Dr.
_		San Diego, CA 92109
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 Officeholder during Travel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/13/2023	Payee name San Elizario Bakery
	Amount (\$) \$27.00	Payee address; City; State; Zip Code 11836 Glorietta Rd.
		San Elizario, TX 79849
	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 Constituents
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 07/10/2023	Payee name Shooters Smoking BBQ
	Amount (\$) \$56.71	Payee address; City; State; Zip Code 1591 Main St
		San Elizario, TX 79849
	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 Officerholder and Constitutent during Meeting
	Complete ONLY 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 -

Event Expense 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		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	
_	Sch: 89/108 Rpt:	Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable)	
4	Date	5 Payee name	
	07/17/2023	Shooters Smoking BBQ	
6	Amount (\$) \$183.21	7 Payee address; City; State; Zip Code 1591 Main St	
		San Elizario, TX 79849	
8	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	
		Food for Officerholder and Constitutent during	
		Meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	08/21/2023	Shooters Smoking BBQ	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.74	1591 Main St	
		San Elizario, TX 79849	
	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	
		Food for Constituents	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/22/2023	Shooters Smoking BBQ	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.27	1591 Main St	
	Ψ02.21		
		San Elizario, TX 79849	
	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 Food for Constituents	
		1 ood for Constituents	
	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 -Candidate/Officeholder/Political Comm

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 90/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/19/2023	Shooters Smoking BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$156.91	1591 Main St
		San Elizario, TX 79849
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 for Officeholder and Constituents during
		Meeting Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/10/2023	Silver Streak
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.31	13210 Alameda Ave
		Clint, TX 79836
	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
		Ice for Constituent Meeting
		loo io. Concataona meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/10/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.00	2702 Love Field Dr
		D. H. T. V. 75005
		Dallas, TX 75235
	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
		Flight Change Fee
\vdash	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 -Candidate/Officeholder/Political Commit

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

	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: 91/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	08/24/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.97	2702 Love Field Dr
		Dallas, TX 75235
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
		Airfare for Officeholder to Vegas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/28/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$197.95	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Airfare for Dr. Hipolito Delgado to El Paso from Denver for youth summit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/05/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	2702 Love Field Dr
	,	
		Dallas, TX 75235
	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
		Flight Change Fee
	Complete ONLY if direct expenditure to benefit C/Ol	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 Commit

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	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: 92/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/24/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$261.98	2702 Love Field Dr
		Dallas, TX 75235
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 Airfare for Officeholder from Dallas to Austin
		Amare for Officeriolaer from Dalias to Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
H	Date	Payee name
	10/25/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$274.01	2702 Love Field Dr
	421 1101	2702 2000 7 1010 27
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flight Change Fee for Dr. Hipolito Delgado's Flight to
		Denver Denver
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/30/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.01	2702 Love Field Dr
	,	
		Dallas, TX 75235
	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
		Airfare for Officeholder for San Diego
	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 -Candidate/Officeholder/Political Comm

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 93/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/15/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.20	2702 Love Field Dr
		Dallas, TX 75235
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
		Companion Pass for Staff Travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	11/15/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.20	2702 Love Field Dr
		Dallas, TX 75235
	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
		Companion Pass for Staff Travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/16/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$229.99	2702 Love Field Dr
		
		Dallas, TX 75235
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Airline for Officeholder to San Diego
	Complete ONLY if direct	Condidate/Office held
	Complete ONLY if direct expenditure to benefit C/OH	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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 File
Sch: 94/108 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4 Date	5 Payee name	<u> </u>
11/22/2023	Southwest Airlines	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$271.98	2702 Love Field Dr	
	Dallas, TX 75235	
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.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Airline for Officeholder to Dallas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
Date	Payee name	
11/29/2023	Southwest Airlines	
Amount (\$)	Payee address; City; State; Zip C	Code
\$271.98	2702 Love Field Dr	
	Dallas, TX 75235	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Expense	Check if Austin, TX, officeholder living expense
		Airfare for Staff to Austin from El Paso
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		ought Office field
	Γ -	
Date	Payee name	
10/30/2023	Southwestern Art by Bert Saldana	
Amount (\$)	Payee address; City; State; Zip C	Code
\$102.83	1501-B Main St.	
	San Elizario, TX 79849	
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 Gift for Constituent
		Sat for constituent
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		ought Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 95/108 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	10/30/2023	Southwestern Art by Bert Saldana	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$243.56	1501-B Main St.	
		San Elizario, TX 79849	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	l outside of Texas. Complete Schedule T.
		Check if Austi	n, TX, officeholder living expense
		Gilt for Cons	intaerit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
_	Date	Davis name	
	10/30/2023	Payee name Speedway	
		<u> </u>	
	Amount (\$)	Payee address; City; State; Zip Code 12290 Eastlake	
	\$7.12	12290 EdStidke	
		FLD	
		El Paso, TX 79928	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Coffee for C	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	I	
	Date	Payee name	
	07/14/2023	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.65	139 S. Americas	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense
		Coffee for C	onstituents
	Complete ONLY if direct expenditure to benefit C/OH	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 -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 96/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/10/2023	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.30	201 S Americas Ave
		El Paso, TX 79907
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 Coffee for Constituent Meeting
		Conce for Constituent Weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
L	10/27/2023	Taco Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.57	3600 Presidential Blvd
		Austin, TX 78719
	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 for Officeholder during Travel
		Pood for Officeriolder during Traver
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date 10/10/2023	Payee name
		Tacos Guadalajara
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.84	12319 Socorro Rd
		San Elizario, TX 79849
	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 Breakfast for Constituent Meeting
		breaklast for Constituent Weeting
\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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 97/108 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	·
	11/16/2023	Taqueria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$102.60	525 N Lamar Blvd	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Food for Capitol Staff
		· ·	od for explicit dam
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cco
	Date	Payee name	
	07/30/2023	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.92	5621 N. IH-35	
	Ψ0 1.02	0022111111100	
		Austin, TX 78723	
	PURPOSE	<u> </u>	No exercised to as
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gill/Awaids/Memorials Expense	Check if Austin, TX, officeholder living expense
		F	Frames for gift photos for interns
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
	Date	Payee name	
	09/19/2023	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.16	1874 Joe Battle Blvd	
		El Paso, TX 79938	
	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L P	Paper for District Office
	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/Wages/Contract Labor

	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: 98/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/02/2023	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.53	1874 Joe Battle Blvd
		El Paso, TX 79938
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Baskets for Doriation
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/06/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.53	1874 Joe Battle Blvd
		El Paso, TX 79938
	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 Food and Gifts for Session Convening
		1 ood and ones for occasion convening
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	U
	Date	Payee name
	10/25/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.48	1874 Joe Battle Blvd
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for Student Conference
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/01	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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	
_	Total manus Oct 11 51	
1	Total pages Schedule F1:	
	Sch: 99/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/25/2023	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.31	1874 Joe Battle Blvd
		El Paso, TX 79938
_	DUDDOCE	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fvent Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Student Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ĺ	expenditure to benefit C/O	
\vdash	Date	Davis name
	Date	Payee name
	10/26/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.02	1874 Joe Battle Blvd
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for Student Conference
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	10/30/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.69	1874 Joe Battle Blvd
		El Paso, TX 79938
-	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies for Student Conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 100/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date	5 Payee name
	11/13/2023	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.51	1874 Joe Battle Blvd
		El Paso, TX 79938
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Candy for Veteran Day Parade
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit of or	'
	Date	Payee name
	12/07/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.69	1874 Joe Battle Blvd
	4200.00	
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		Animal Shelter Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit C/O	'
	Date	Payee name
	11/17/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.24	1874 Joe Battle Blvd
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Candy for Veterans Day Parade Float
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 101/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 07/07/2023	5 Payee name Texas Chili Parlor
6	Amount (\$) \$68.59	7 Payee address; City; State; Zip Code 1409 Lavaca St Austin, TX 78701
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 Officerholder and Constitutent during Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/06/2023	Payee name Texas Silved Haired Legislature Foundation
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 902 N. Main St. #10 San Angelo, TX 76903
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad in Directory
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/10/2023	Payee name The Outlaw Saloon
	Amount (\$) \$341.69	Payee address; City; State; Zip Code 11951 Glorietta Rd. Unit C
		San Elizario, TX 79849
	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 Officeholder and Constituents during Meeting
	Complete ONLY 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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 102/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 11/14/2023	5 Payee name The Plaza Hotel
6	Amount (\$) \$116.34	7 Payee address; City; State; Zip Code 106 W Mills Ave
8	PURPOSE OF EXPENDITURE	El Paso, TX 79901 (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 Constituent Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/05/2023	Payee name The UPS Store
	Amount (\$) \$36.51	Payee address; City; State; Zip Code 1108 Lavaca St. Ste. 110 Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shipping of state documents to district office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/13/2023	Payee name Trattoria Trecolori
	Amount (\$) \$208.11	Payee address; City; State; Zip Code 254 W 47th St.
		New York, NY 10036
	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 Officeholder during Travel
	Complete ONLY 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 Comm

Event Expense 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 103/108 Rpt:	Gonzalez, Mary Edna (The Honorable) Gonzalez Go
4	Date	5 Payee name
	11/02/2023	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.07	3590 N Zaragoza Rd.
		B103
		El Paso, TX 79938
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Postage
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	12/04/2023	Unihertz E-Commerce Co. Ltd.
	Amount (\$)	Payee address; City; State; Zip Code
	\$269.99	Room 308, Building C
		508 Chundong Rd.
		Shanghai Minhang District 201108 China
	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 Replacement Campaign Phone
		Replacement Campaign's none
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	Date	Payee name
	11/27/2023	VRBO
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.00	11920 Alterra Parkway
		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
		General Insurance for Staff Housing
_	Operation ONE VIII II	Out lide to 10ff and a lide and a second to the second to
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	OTIGICAL CONTROL OF OT	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 104/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/27/2023	VRBO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$490.42	11920 Alterra Parkway
		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 General Insurance for Staff Housing
		Central insulance for stall ribusing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/27/2023	VRBO
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6,328.10	11920 Alterra Parkway
		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 Housing for Staff in El Paso
		Trousing for Staff in Err ass
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/11/2023	Valero
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.41	13210 Alameda Ave
		Clint, TX 79836
	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.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gasoline for Travel
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense 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	
_	Total nagge Cebe dule 54	1
1	Total pages Schedule F1: Sch: 105/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date	5 Payee name
	10/12/2023	Vespaio
_		·
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.59	1610 S Congress Ave S
L		Austin, TX 78704
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 for Officeholder and Constituents during Meeting
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	12/04/2023	Vespaio
	Amount (\$)	Payee address; City; State; Zip Code
	\$747.68	1610 S Congress Ave S
		Austin, TX 78704
	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
		Food for Officeholder and Constituents during
		Meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	
	Date	Payee name
	10/03/2023	Victory-Clint Veterans
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 342
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFLINDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 106/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 08/03/2023	5 Payee name Vino Volo
6	Amount (\$) \$23.49	7 Payee address; City; State; Zip Code 3600 Presidential Blvd. Austin, TX 79719
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 Officeholder during Travel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/16/2023	Payee name Vista Central Market
	Amount (\$) \$113.76	Payee address; City; State; Zip Code 2231 N. Zaragoza Rd.
	PURPOSE OF EXPENDITURE	El Paso, TX 79938 (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 Turkey Drive
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/07/2023	Payee name West Texas Chophouse
	Amount (\$) \$196.67	Payee address; City; State; Zip Code 1317 George Dieter Dr, El Paso, TX Suite 7B El Paso, TX 79936
	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 Officeholder and Constituents during Meeting
	Complete ONLY 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 Comm Event Expense 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	
-	Total pages Schedule F1:	
1	Sch: 107/108 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date	5 Payee name
	11/14/2023	West Texas Chophouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$177.46	1317 George Dieter Dr, El Paso, TX
		Suite 7B
		El Paso, TX 79936
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
		Food for Staff and Constituents
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/24/2023	West Texas Chophouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.37	1317 George Dieter Dr, El Paso, TX
		Suite 7B
		El Paso, TX 79936
	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
		Food for Officeholder and Constituents during
		Meeting Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Т	Date	Payee name
	12/07/2023	Westin
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.12	8300 Pena Blvd
	Ψ00.12	SOUT CHA DIVA
		Denver, CO 80249
	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
		Food for Officeholder during Legislative Meeting
	Operation ONE VIII II	Overfildsta (Office health and over a complete service)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superioritate to bottom 0/01	

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

	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)
	oroak oara'r aymone	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 108/108 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	08/08/2023	Wildseed Farms
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.57	100 Legacy Dr.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g,
		Fradrickshurg TV 70624
		Fredricksburg, TX 78624
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	07/17/2023	Wine Down
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.95	10245 Socorro Rd.
		Socorro, TX 79927
	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 Officerholder and Constitutent during
		Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/23/2023	Xpress Fuel
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.51	1500 FM1110
	Ψ02.01	1000 1 1411110
		Olive TV 70000
		Clint, TX 79836
	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
		Gasoline for Travel
		Casonine for Haver
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/8 Rpt: 124/133 Gonzalez, Mary Edna (The Honorable) 00068004 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/30/2023 Amazon Amount (\$) Payee address; State; Zip Code City; \$34.63 410 Terry Ave. N Seattle, WA 98109 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Toner 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/01/2023 Amazon Payee address: Amount (\$) City; State; Zip Code \$29.21 410 Terry Ave. N Seattle, WA 98109 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense SD Card Reader for campaign/officeholder photos Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/8 Rpt: 125/133 Gonzalez, Mary Edna (The Honorable) 00068004 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 09/22/2023 Caroline's Amount (\$) Payee address; City; State; Zip Code \$56.52 621 Congress Ave., Suite 101 Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for lunch Capitol staff meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/25/2023 Chipotle Amount (\$) Payee address; City; State; Zip Code \$153.50 2230 Guadalupe St. Austin, TX 78705 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for lunch Capitol staff and constituent meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/8 Rpt: 126/133 Gonzalez, Mary Edna (The Honorable) 00068004 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/18/2023 Office Depot Amount (\$) Payee address; State; Zip Code City; \$91.46 5300 S MoPac Expy Austin, TX 78749 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Toner for campaign printer 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/24/2023 Pho Thaison Amount (\$) Payee address; City; State; Zip Code \$92.29 1908 Guadalupe St. Austin, TX 78705 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for lunch Capitol staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/8 Rpt: 127/133 Gonzalez, Mary Edna (The Honorable) 00068004 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 10/16/2023 Phoebe's Diner Amount (\$) Payee address; City; State; Zip Code \$44.15 408 W 11th St Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for lunch Capitol staff meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/29/2023 Phoebe's Diner Amount (\$) Payee address; City; State; Zip Code \$80.46 408 W 11th St Austin, TX 78701 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for lunch Capitol staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/8 Rpt: 128/133 Gonzalez, Mary Edna (The Honorable) 00068004 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/08/2023 RMA Toll Amount (\$) Payee address; State; Zip Code City; \$2.01 P.O. Box 142877 Austin, TX 78754 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Road toll while taking member to airport 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/05/2023 RMA Toll Amount (\$) Payee address; City; State; Zip Code \$4.66 P.O. Box 142877 Austin, TX 78754 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Road toll while taking member to & from airport Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/8 Rpt: 129/133 Gonzalez, Mary Edna (The Honorable) 00068004 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 09/01/2023 South Cloud Ramen Amount (\$) Payee address; State; Zip Code \$112.50 1914 Guadalupe St #A Austin, TX 78705 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for lunch Capitol staff meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/18/2023 Texas Chili Parlor Amount (\$) Payee address; City; State; Zip Code \$26.54 1409 Lavaca St Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for lunch Capitol staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/8 Rpt: 130/133 Gonzalez, Mary Edna (The Honorable) 00068004 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/12/2023 Texas Chili Parlor Amount (\$) Payee address; State; Zip Code City; \$30.73 1409 Lavaca St Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for lunch Capitol staff meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2023 Texas Chili Parlor Amount (\$) Payee address; City; State; Zip Code \$33.68 1409 Lavaca St Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for lunch Capitol staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/8 Rpt: 131/133 Gonzalez, Mary Edna (The Honorable) 00068004 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/20/2023 The Cloak Room Amount (\$) Payee address; State; Zip Code City; \$48.25 1300 Colorado Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Beverages for staff and constituents at meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/16/2023 The Tavern Amount (\$) Payee address; City; State; Zip Code \$37.09 922 W 12th Austin, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for lunch Capitol staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 132/133 2 FILER NAME Filer ID (Ethics Commission Filers) Gonzalez, Mary Edna (The Honorable) 00068004 8 Amount (\$) Date 5 Name of person from whom amount is received 10/16/2023 **Pecan Patriots** \$240.00 6 Address of person from whom amount is received; City; State; Zip Code Fabens, TX 79838 Purpose for which amount is received Check if political contribution returned to filer Check Bounced Name of person from whom amount is received Amount (\$) Date 10/24/2023 Southwest Airlines \$261.98 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75235 Purpose for which amount is received Check if political contribution returned to filer Refund for Flight Date Name of person from whom amount is received Amount (\$) 11/15/2023 Southwest Airlines \$11.20 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75235 Purpose for which amount is received Check if political contribution returned to filer Refund for Flight

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	uction Guid	1	Total pages Schedule T: Sch: 1/1 Rpt: 133/133		
2 FILER NAME				3	Filer ID (Ethics Commission Filers)
Gonzalez, Mary Edna (The Honorable)					00068004
4 Name of Contribut	or / Corporation	or Labor Organization / Pledgor /F	Payee	_	
Hilton Hotels					
5 Contribution / Expe	enditure reported	d on:			
Schedule A2	Sched	dule B Schedule B(J)	Schedule C2		Schedule D X Schedule F1
Schedule F2	Sched	dule F4 Schedule G	Schedule H		Schedule COH-UC
6 Dates of Travel	7 Name of pe	rson(s) traveling			
• Bales of Haver	Gonzalez,				
		ity or name of departure location			
08/10/2023	El Paso	my of flame of departure location			
		city or name of destination location	า		
08/13/2023	Chicago	ony of marie of documentation foodator			
10 Means of transport		Purpose of travel (including name	of conference, seminar, or	oth	ner event)
Commercial Airp		Board Meeting of Latino Legisl			,
Name of Contribut	or / Corporation	or Labor Organization / Pledgor /F	231/99		
New York Marric		or Eabor Organization / Friedgor /	dycc		
Contribution / Expe	-	d on:			
Schedule A2	Sched	_	Schedule C2		Schedule D X Schedule F1
	브		브		
Schedule F2	ш	dule F4 Schedule G	Schedule H		Schedule COH-UC
Dates of Travel		rson(s) traveling			
	Gonzalez,	<u> </u>			
07/44/0000		ity or name of departure location			
07/11/2023	El Paso				
07/4 4/0000		city or name of destination location	1		
07/14/2023	New York	<u> </u>			
Means of transpor		Purpose of travel (including name	of conference, seminar, or	oth	ner event)
Commercial Airp	iane	NALEO Conference			