

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

|  |  |  |  |               |  |                                    |  |  |  |           |        |                |  |             |
|--|--|--|--|---------------|--|------------------------------------|--|--|--|-----------|--------|----------------|--|-------------|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00062864 | <b>2</b> Total pages filed:<br>16  | <b>OFFICE USE ONLY</b>   |  |               |  |                                    |  |  |  |           |        |                |  |             |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                   | MS / MRS / MR<br>The Honorable   | FIRST<br>Marlene   | MI<br>MI                                 |               |  |                                    |  |  |  |           |        |                |  |             |
|  | NICKNAME   | LAST<br>Gonzalez   | SUFFIX                                   |               |  |                                    |  |  |  |           |        |                |  |             |
| <b>4</b> ORIGINAL REPORT TYPE                            | <input type="checkbox"/> January 15  | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other (specify) |               |  |                                    |  |  |  |           |        |                |  |             |
|  | <input type="checkbox"/> July 15   | <input type="checkbox"/> Exceeded modified reporting limit                                 |  |               |  |                                    |  |  |  |           |        |                |  |             |
|  | <input type="checkbox"/> 30th day before election  | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |  |               |  |                                    |  |  |  |           |        |                |  |             |
|  | <input checked="" type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |  |               |  |                                    |  |  |  |           |        |                |  |             |
| <b>5</b> ORIGINAL PERIOD COVERED                         | Month Day Year<br>01/26/2024   | THROUGH  | Month Day Year<br>02/24/2024             |               |  |                                    |  |  |  |           |        |                |  |             |
|  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center;">ELECTRONICALLY FILED<br/>03/08/2024</td> </tr> <tr> <td colspan="2">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> |  |  | Date Received |  | ELECTRONICALLY FILED<br>03/08/2024 |  | Date Hand-delivered or Date Postmarked |  | Receipt # | Amount | Date Processed |  | Date Imaged |
| Date Received  |  |  |  |               |  |                                    |  |  |  |           |        |                |  |             |
| ELECTRONICALLY FILED<br>03/08/2024                       |  |  |  |               |  |                                    |  |  |  |           |        |                |  |             |
| Date Hand-delivered or Date Postmarked                   |  |  |  |               |  |                                    |  |  |  |           |        |                |  |             |
| Receipt #  | Amount   |  |  |               |  |                                    |  |  |  |           |        |                |  |             |
| Date Processed   |  |  |  |               |  |                                    |  |  |  |           |        |                |  |             |
| Date Imaged  |  |  |  |               |  |                                    |  |  |  |           |        |                |  |             |

**6 EXPLANATION OF CORRECTION**

Regarding the Lucas family, an error occurred during the data entry process. Unfortunately, James D. Lucas, who had contributed in the previous cycle, was mistakenly recorded in the system instead of Dolores Lucas. We acknowledge this as an honest mistake and are taking immediate steps to rectify it.

On January 12, 2024, we received a \$1,000.00 contribution from James D. Lucas. Additionally, on February 09, 2024, we received another contribution from Maria Dolores Lucas, also known as Dolores Lucas. Despite being the treasurer, I had volunteers assisting me with depositing contributions for the Honorable Judge Marlene Gonzalez. Juggling community volunteer work, treasurer responsibilities, family commitments, and a full-time job from 7 am to 6 pm has been challenging during the reporting periods.

Also, we missed a charge from Creative Consulting regarding Advertisement Charges that was just added.

Despite my efforts to address this issue earlier, it was unintentionally overlooked as we diligently ensured compliance with all other reporting requirements mandated by the Texas Ethics Commission. We sincerely apologize for any confusion or inconvenience caused by this oversight. I have corrected the report that covers the period from [start date] to [end date] to accurately reflect this change.

**7 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Marlene Gonzalez  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |  |   |  |  |
|---|--|---|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00062864 | <b>2</b> Total pages filed:<br><br>16  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable   | FIRST<br>Marlene  | MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>03/08/2024 |
|   | NICKNAME   | LAST<br>Gonzalez  | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 2px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>                         |   |  | Date Hand-delivered or Date Postmarked   |
|   |  |   |  | Receipt #      Amount  |
|   |  |   |  | Date Processed   |
|   |  |   |  | Date Imaged  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mrs.  | FIRST<br>Mayte G.   | MI   |  |
|   | NICKNAME   | LAST<br>Fitzgearld  | SUFFIX   |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 2px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div> |   |  |  |
|   |  |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(915)   | PHONE NUMBER<br>252-2744                                    | EXTENSION  |  |
| <b>8</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)                                   |   |  |  |
|   | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |   |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>01/26/2024   | THROUGH   |  | Month    Day    Year<br>02/24/2024   |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>03/05/2024  |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |  |   |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>District Judge District 388 El Paso  |   | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 388  |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

3 of 16

**13** C / OH NAME Gonzalez, Marlene (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00062864

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE                    | COMMITTEE NAME                       |
| <input type="checkbox"/> GENERAL  |                                      |
| <input type="checkbox"/> SPECIFIC |                                      |
|                                   | COMMITTEE ADDRESS                    |
|                                   | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |  |    |           |
|-------------------------------|--|----|-----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 4,500.00  |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00      |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 10,855.09 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 2,000.00  |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 17,500.00 |

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Marlene Gonzalez  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - JC/OH

|   |   |
|---|---|
| <b>18 FILER NAME</b><br>Gonzalez, Marlene (The Honorable) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00062864 |
|---|---|

| 20 SCHEDULE SUBTOTALS   |    | SUBTOTAL AMOUNT |
|---|----|-----------------|
| NAME OF SCHEDULE  |    |                 |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)              | \$ | 1,700.00        |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              | \$ | 2,800.00        |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                     | \$ |                 |
| 4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$ | 10,000.00       |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS         | \$ | 10,080.09       |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ |                 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                   | \$ |                 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ |                 |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                   | \$ | 775.00          |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$ |                 |
| 11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS     | \$ | 1,070.00        |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |                 |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/2 Rpt: 5/16  |
| <b>2</b> FILER NAME<br>Gonzalez, Marlene (The Honorable)                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062864    |
| <b>4</b> Date<br>02/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Estrada , Morayna | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79938                                  |   |
| <b>8</b> Contributor's Principal Occupation<br>Business Owner                  |   | <b>9</b> Contributor's Job Title<br>CEO Omega Vision Center |
| <b>10</b> Contributor's employer/law firm<br>None                              |   | <b>11</b> Law firm of contributor's spouse (if any)<br>N/A  |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)<br>N/A N/a |   |   |
| Date<br>02/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>FONT, NELSON               | Amount of Contribution (\$)<br><br>\$250.00                 |
|  | Contributor address; City; State; Zip Code<br><br>EL PASO, TX 79938   |   |
| Contributor's Principal Occupation<br>Business Owner                           |   | Contributor's Job Title<br>CEO                              |
| Contributor's employer/law firm<br>None  |   | Law firm of contributor's spouse (if any)<br>N/A            |
| If contributor is a child, law firm of parent(s) (if any)<br>N/A N/A           |   |   |
| Date<br>02/16/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HERNANDEZ, JULIAN          | Amount of Contribution (\$)<br><br>\$100.00                 |
|  | Contributor address; City; State; Zip Code<br><br>EL PASO, TX 79901   |   |
| Contributor's Principal Occupation<br>REALTOR                                  |   | Contributor's Job Title<br>REALTOR                          |
| Contributor's employer/law firm<br>N/A   |   | Law firm of contributor's spouse (if any)<br>N/A            |
| If contributor is a child, law firm of parent(s) (if any)<br>N/A N/A           |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 2/2 Rpt: 6/16 |
| <b>2</b> FILER NAME<br>Gonzalez, Marlene (The Honorable)                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062864   |
| <b>4</b> Date<br>02/12/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HERNANDEZ, JULIAN<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>EL PASO, TX 79901 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>8</b> Contributor's Principal Occupation<br>REALTOR                     |   | <b>9</b> Contributor's Job Title<br>REALTOR                |
| <b>10</b> Contributor's employer/law firm<br>NONE                          |   | <b>11</b> Law firm of contributor's spouse (if any)<br>N/A |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)<br>N/A |   |  |
| Date<br>02/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LUCAS, DOLORES<br><hr/> Contributor address; City; State; Zip Code<br><br>EL PASO, TX 79930                      | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Contributor's Principal Occupation<br>RETIRED                              |   | Contributor's Job Title<br>RETIRED                         |
| Contributor's employer/law firm<br>DOES NOT APPLY                          |   | Law firm of contributor's spouse (if any)<br>N/A           |
| If contributor is a child, law firm of parent(s) (if any)<br>N/A           |   |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|  |   |   |   |
|--|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                   |   | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 7/16                                |   |
| 2 FILER NAME<br>Gonzalez, Marlene (The Honorable)                                  |   | 3 Filer ID (Ethics Commission Filers)<br>00062864                               |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                              |   | \$  |   |
| 5 Date<br>02/15/2024   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>CABALLERO, THERESA | 8 Amount of contribution (\$)<br>\$800.00                                       | 9 In-kind contribution description<br>City El Paso Magazine Advertisement |
|  | 7 Contributor address; City; State; Zip Code<br><br>El Paso, TX 79901                                   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)          |   | 11 Employer (FOR NON-JUDICIAL) (See instructions)                               |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br>ATTORNEY AT LAW            |   | 13 Contributor's job title (FOR JUDICIAL) (See instructions)<br>ATTORNEY        |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br>THRESA CABALLERO ATTORNEY     |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br>N/A              |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)<br>N/A |   | N/A   |   |
| Date<br>02/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GONZALEZ, Mayte      | Amount of contribution (\$)<br>\$500.00   | In-kind contribution description<br>Coordination Volunteers               |
|  | Contributor address; City; State; Zip Code<br><br>El Paso, TX 79934                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)             |   | Employer (FOR NON-JUDICIAL) (See instructions)                                  |   |
| Contributor's principal occupation (FOR JUDICIAL)<br>Paralegal                     |   | Contributor's job title (FOR JUDICIAL) (See instructions)<br>Paralegal          |   |
| Contributor's employer/law firm (FOR JUDICIAL)<br>None                             |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br>N/A                 |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)<br>N/A    |   | N/A   |   |
| Date<br>02/15/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Villanueva, Marisela | Amount of contribution (\$)<br>\$1,500.00                                       | In-kind contribution description<br>Advertising Design                    |
|  | Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)             |   | Employer (FOR NON-JUDICIAL) (See instructions)                                  |   |
| Contributor's principal occupation (FOR JUDICIAL)<br>Advertisement                 |   | Contributor's job title (FOR JUDICIAL) (See instructions)<br>Business Owner     |   |
| Contributor's employer/law firm (FOR JUDICIAL)<br>None                             |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br>None                |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)<br>N/A    |   | N/A   |   |

# LOANS (JUDICIAL)

# SCHEDULE E(J)

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 8/16  |
| <b>2</b> FILER NAME<br>Gonzalez, Marlene (The Honorable)                                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062864   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   | \$   |
| <b>5</b> Date of loan<br>02/13/2024   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HERNANDEZ, HECTOR | <b>9</b> Loan Amount (\$)<br>\$10,000.00   |
| <b>6</b> Is lender a financial institution?<br>No   | <b>8</b> Lender address; City; State; Zip Code<br><br>EL PASO, TX 79936                             | <b>10</b> Interest Rate  |
|   |   | <b>11</b> Maturity Date<br>06/13/2024  |
| <b>12</b> Lender's Principal Occupation<br>SECURITY OFFICER                               |   | <b>13</b> Lender's Job Title<br>SECURITY OFFICER   |
| <b>14</b> Lender's Employer/Law Firm<br>NONE  |   | <b>15</b> Law Firm of lender's spouse (if any)<br>N/A  |
| <b>16</b> If lender is child, law firm of parent(s) (if any)<br>N/A                       |   | N/A  |
| <b>17</b> Description of Collateral<br><input checked="" type="checkbox"/> None           |   | <b>18</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>19</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>20</b> Name of guarantor<br><br>.....<br><b>21</b> Guarantor address; City; State; Zip Code      | <b>22</b> Amount Guaranteed (\$)   |
| <b>23</b> Guarantor's Principal Occupation  |   | <b>24</b> Guarantor's Job Title  |
| <b>25</b> Guarantor's Employer/Law Firm   |   | <b>26</b> Law Firm of guarantor's spouse (if any)  |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)                           |   |  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 9/16 | <b>2</b> FILER NAME<br>Gonzalez, Marlene (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062864 |
|---|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>02/19/2024 | <b>5</b> Payee name<br>CREATIVE CONSULTING EP TX |
|-----------------------------|--|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$400.00 | <b>7</b> Payee address; City; State; Zip Code<br>912 Magoffin Ave<br><br>EL PASO, TX 79901 |
|----------------------------------|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>consulting |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>02/09/2024 | Payee name<br>CREATIVE CONSULTING EP TX |
|--------------------|---|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$250.00 | Payee address; City; State; Zip Code<br>912 Magoffin Ave<br><br>EL PASO, TX 79901 |
|-------------------------|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Facebook Ads |
|-------------------------------|---|--|

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

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|--------------------|------------------------------------|
| Date<br>02/13/2024 | Payee name<br>El Paso Mail & Print |
|--------------------|------------------------------------|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$8,732.09 | Payee address; City; State; Zip Code<br>1144 Vista de Oro<br><br>El Paso, TX 79935 |
|---------------------------|--|

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|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MAILERS EARLY VOTING |
|-------------------------------|--|--|

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/2 Rpt: 10/16 | <b>2</b> FILER NAME<br>Gonzalez, Marlene (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062864 |
|--|--|--|

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>4</b> Date<br>02/19/2024 | <b>5</b> Payee name<br>ORDONEZ, LILIA |
|-----------------------------|---------------------------------------|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$500.00 | <b>7</b> Payee address; City; State; Zip Code<br>12219 CHISHOLM<br><br>EL PASO, TX 79936 |
|----------------------------------|--|

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|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>DESIGN OF MAILER |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                             |
|--------------------|-----------------------------|
| Date<br>02/16/2024 | Payee name<br>SCORPIO SALES |
|--------------------|-----------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$198.00 | Payee address; City; State; Zip Code<br>1501 WYOMING<br><br>EL PASO, TX 79903 |
|-------------------------|---|

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|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Polling Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>T-SHIRTS FOR VOLUNTEERS |
|-------------------------------|--|---|

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

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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/2 Rpt: 11/16  | <b>2</b> FILER NAME<br>Gonzalez, Marlene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062864  |
| <b>4</b> Date<br>02/23/2024  | <b>5</b> Payee name<br>COSTCO   |   |
| <b>6</b> Amount (\$)<br>\$225.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>6101 GATEWAY WEST A-1<br><br>EL PASO, TX 79925 |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Polling Expense      | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>GASOLINE EXPENSE<br>WEEK Feb 20-Feb 23, 2024 |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>02/23/2024   | Payee name<br>FONT, ANEL V  |   |
| Amount (\$)<br>\$100.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>11708 Teachers Dr<br><br>El Paso, TX 79936              |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Polling Expense                 | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>POLL WORKER   |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>02/23/2024   | Payee name<br>GUERRERO, LYDIA   |   |
| Amount (\$)<br>\$100.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>4025 FILLMORE AVE APT 1<br><br>EL PASO, TX 79930        |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Polling Expense                 | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>POLL WORKER   |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 2/2 Rpt: 12/16 | <b>2</b> FILER NAME<br>Gonzalez, Marlene (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062864 |
|---|--|--|

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|-----------------------------|--|
| <b>4</b> Date<br>02/23/2024 | <b>5</b> Payee name<br>HINOJOS, OLIVIA |
|-----------------------------|--|

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|--|--|
| <b>6</b> Amount (\$)<br>\$100.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>665 PETE PAYAN<br><br>EL PASO, TX 79912 |
|--|--|

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|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Polling Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>POLL WORKER |
|---------------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                             |
|--------------------|-----------------------------|
| Date<br>02/20/2024 | Payee name<br>ROMERO, PEDRO |
|--------------------|-----------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>11708 TEACHERS DR<br><br>EL PASO, TX 79936 |
|---|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SIGNAGE BUILDING AND INSTALLATION ALL OVER CITY |
|-------------------------------|---|---|

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule I:<br>Sch: 1/3 Rpt: | <b>2</b> FILER NAME<br>Gonzalez, Marlene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062864   |
| <b>4</b> Date<br>02/23/2024                       | <b>5</b> Payee name<br>FACEBOOK   |  |
| <b>6</b> Amount (\$)<br>300.00                    | <b>7</b> Payee Address; City; State; Zip<br>1601 WILLOW ROAD<br><br>MENLO PARK , CA 94025                     |  |
| <b>8</b> PURPOSE OF EXPENDITURE                   | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Advertising Expense           | <b>(b)</b> Description (See instructions regarding type of information required.)<br>SOCIAL MEDIA POSTS              |
| Date<br>02/19/2024                                | Payee name<br>FITFAM  |  |
| Amount (\$)<br>75.00                              | Payee Address; City; State; Zip<br>UNKOWN DIGITAL PLATFORM<br><br>EL PASO, TX 79912                           |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Advertising Expense           | <b>(b)</b> Description (See instructions regarding type of information required.)<br>SOCIAL MEDIA POST ADVERTISEMENT |
| Date<br>02/20/2024                                | Payee name<br>FITFAM  |  |
| Amount (\$)<br>35.00                              | Payee Address; City; State; Zip<br>UNKOWN DIGITAL PLATFORM<br><br>EL PASO, TX 79912                           |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Advertising Expense           | <b>(b)</b> Description (See instructions regarding type of information required.)<br>SOCIAL MEDIA ADS                |
| Date<br>02/22/2024                                | Payee name<br>FONT, ANEL V  |  |
| Amount (\$)<br>90.00                              | Payee Address; City; State; Zip<br>11708 Teachers Dr<br><br>El Paso, TX 79936                                 |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description (See instructions regarding type of information required.)<br>BLOCK WALKING                   |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:<br>Sch: 2/3 Rpt: | <b>2</b> FILER NAME<br>Gonzalez, Marlene (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062864  |
| <b>4</b> Date<br>02/19/2024                       | <b>5</b> Payee name<br>GONZALEZ, ADA  |   |
| <b>6</b> Amount (\$)<br>250.00                    | <b>7</b> Payee Address; City; State; Zip<br>11708 TEACHERS DR.<br><br>EL PASO, TX 79936                       |   |
| <b>8</b> PURPOSE OF EXPENDITURE                   | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Advertising Expense           | <b>(b)</b> Description (See instructions regarding type of information required.)<br>Candy Bags for Seniors |
| Date<br>02/09/2024                                | Payee name<br>ROMERO, PEDRO   |   |
| Amount (\$)<br>50.00                              | Payee Address; City; State; Zip<br>11708 TEACHERS DR<br><br>EL PASO, TX 79936                                 |   |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Polling Expense               | <b>(b)</b> Description (See instructions regarding type of information required.)<br>POLLING SIGNS PREP     |
| Date<br>02/15/2024                                | Payee name<br>ROMERO, PEDRO   |   |
| Amount (\$)<br>50.00                              | Payee Address; City; State; Zip<br>11708 TEACHERS DR<br><br>EL PASO, TX 79936                                 |   |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Advertising Expense           | <b>(b)</b> Description (See instructions regarding type of information required.)<br>BLOCK WALKING          |
| Date<br>02/16/2024                                | Payee name<br>ROMERO, PEDRO   |   |
| Amount (\$)<br>110.00                             | Payee Address; City; State; Zip<br>11708 TEACHERS DR<br><br>EL PASO, TX 79936                                 |   |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description (See instructions regarding type of information required.)<br>BLOCK WALKER           |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule I:<br>Sch: 3/3 Rpt: | 2 FILER NAME<br>Gonzalez, Marlene (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00062864   |
| 4 Date<br>02/19/2024                       | 5 Payee name<br>ROMERO, PEDRO   |   |
| 6 Amount (\$)<br><br>60.00                 | 7 Payee Address; City; State; Zip<br>11708 TEACHERS DR<br><br>EL PASO, TX 79936                               |   |
| <b>8 PURPOSE OF EXPENDITURE</b>            | <b>(a) Category</b> (See instructions for examples of acceptable categories)<br>Salaries/Wages/Contract Labor | <b>(b) Description</b> (See instructions regarding type of information required.)<br>BLOCK WALKING AND FOOD |
| Date<br>02/21/2024                         | Payee name<br>ROMERO, PEDRO   |   |
| Amount (\$)<br><br>50.00                   | Payee Address; City; State; Zip<br>11708 TEACHERS DR<br><br>EL PASO, TX 79936                                 |   |
| <b>PURPOSE OF EXPENDITURE</b>              | <b>(a) Category</b> (See instructions for examples of acceptable categories)<br>Salaries/Wages/Contract Labor | <b>(b) Description</b> (See instructions regarding type of information required.)<br>BLOCK WALKING AND GAS  |

# OUTSTANDING LOANS

## SCHEDULE L

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule L:<br>Sch: 1/1 Rpt: 16/16  |
| <b>2</b> FILER NAME<br>Gonzalez, Marlene (The Honorable)         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062864 |
| LENDER INFORMATION   | <b>4</b> Name of lender<br>HERNANDEZ, HECTOR   |  |
|  | <b>5</b> Lender address; City; State; Zip Code<br><br>EL PASO, TX 79936                              |  |
| GUARANTOR INFORMATION  | <b>6</b> Name of guarantor   |  |
|  | <input checked="" type="checkbox"/> not applicable <b>7</b> Guarantor address; City; State; Zip Code |  |