### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00065728		2 Total pages	s filed: 14
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	Norma			Date Received	
					ELECTRON	ICALLY FILED
	NICKNAME	LAST		SUFFIX	. 07/15/2024	
		Gonzales				
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
ADDRESS	REDACTED PER 25	4.0313, GOV'T (	CODE		Receipt #	Amount
Change of Address					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Ms.	Margaret				
NAME		Margaret				
	NICKNAME	LAST			SUFFIX	
		Mireles				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	D BOX PLEASE);	AP	T / SUITE #; CITY;	S	STATE; ZIP CODE
ADDRESS						
(Residence or Business)	REDACTED PER 25	4.0313, GOV'T (	CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (210) 735-6348	NE NUMBER	EXTENSION			
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after	campaign treasurer
					appointment (	officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (	Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	Tł	IROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	District Judge District 13:	l Bexar		12 OFFICE SOUGHT		
	1			<u> </u>		
		<b>GO</b> 1	TO PAGE 2			
Forms provided by Te	xas Ethics Commission		hics.state.tx.u	S	\/ei	rsion V4.1.0.d378aba

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 14

I

13 C / OH NAME	Gonzales, Norma (Th	e Honorable)	14 Filer ID 00065728	(Ethics Comn	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been made without	t the candidate's or offic	ceholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
00065728  SNOTICE FROM POLITICAL CONTRIBUTION COMMITTEE(S) SPECIFIC COMMITTEE ADDRESS COMMITTEE(S) COMMITTEE(S) COMMITTEE(S) COMMITTEE(S) COMMITTEE(S) COMMITTEE(S) COMMITTEE(S) SPECIFIC COMMITTEE(S) SPECIFIC COMMITTEE(S) COMMITTEE(S) SPECIFIC SPECIFIC COMMITTEE(S) SPECIFIC SPECIFIC COMMITTEE(S) SPECIFIC COMMITTEE(S) SPECIFIC S					
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS		
19 NOTICE     FROM     POLITICAL     SOURCEASE     POLITICAL     COMMITTEE     TYPE     COMMITTEE     TYPE     COMMITTEE     COMMITTEE     ADDRESS     COMMITTEE     SPECIFIC     COMMITTEE     COMMITTEE     ADDRESS     SPECIFIC     COMMITTEE     COMMITTEE     COMMITTEE     ADDRESS     SPECIFIC     COMMITTEE     COMMIT					
	8,000.00				
EXPENDITURE	· ·		00065728         al expenditures made by political committees to support the ade without the candidate's or officeholder's knowledge or is information only if they receive notice of such expenditures.         ER nAME         ER NAME         ER ADDRESS         THER THAN PLEDGES, LOANS, MADE ELECTRONICALLY)         \$ 0,000         S OF LOANS)         \$ 0,000         S OF LOANS)         \$ 0,000         IDANS AS OF THE LAST DAY         \$ 0,000         nder penalty of perjury, that the accompanying report is d includes all information required to be reported by me tion Code.         The Honorable Norma Gonzales         Signature of Candidate or Officeholder		
TOTALS		COMMITTEE CAMPAIGN TREASURER ADDRESS         UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, JARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)       \$ 0.00         L POLITICAL CONTRIBUTIONS       \$ 8,000.00         ER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       \$ 8,000.00         UNITEMIZED POLITICAL EXPENDITURES       \$ 0.00         L POLITICAL EXPENDITURES       \$ 0.00         L POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE RTING PERIOD       \$ 7,700.74         POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE RTING PERIOD       \$ 0.00         PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY E REPORTING PERIOD       \$ 0.00         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			
	4. TOTAL POLITICAL EXPENDITURES     5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE	7,700.74			
			LAST DAY OF THE	\$	87,319.01
			S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		true and correct and includes	all information required		
		The Hon	orable Norma Gonza	ales	
		Signature	of Candidate or Officeho	older	
AFFIX NC	)TARY STAMP / SEAL AB	OVE			
Sworn to and subs	scribed before me, by the s	aid	, this the		_day
of	DODG572     DODG57     DO				
Signature of off	icer administering oath	Printed name of officer administering oath	Title of office	er administerin	g oath
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V4.	1.0.d378aba(

### FORM JC/OH COVER SHEET PG 3

				3 of 14
18 FILER NA Gonzales	ME s, Norma (The Honorable)	19 Filer ID 00065728	(Ethics Comm	ission Filers)
	E SUBTOTALS SCHEDULE		SUBTOT	al amount
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	8,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	7,336.74
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	364.00
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	DF C/OH	\$	
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC	INS	\$	5,559.75
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	22.84

SUBTOTALS - JC/OH

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A(J)1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/14
2 FILER NAME Gonzales, N	orma (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065728	
4 Date 02/29/2024	5 Full name of contributor out-of-state PAC (ID#: Alford & Clark		7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78218		
8 Contributor's	I Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/03/2024	Law Office of Karl Brock		\$1,000.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78212		
Contributor's	I Principal Occupation	Contributor's Job Title	I
Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
lf contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/27/2024	Law Office of Ron Ramos		\$2,000.00
	Contributor address; City; State; Zip Code		
Contributor's	San Antonio, TX 78216 Principal Occupation	Contributor's Job Title	
Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)	I	
<u> </u>	hy Tayon Ethion Commission		Version V(4.1.0.d270.ebc0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A(J)1

	The Instru	iction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/14
2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Gonzales, N	Norma (The Honorable)			00065728
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	01/22/2024	Martinez & Associates, PL	LC		\$2,500.00
		6 Contributor address; City; Sta	ite; Zip Code		
		San Antonio, TX 78223			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	1
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)
12	2 If contributor i	is a child, law firm of parent(s) (if ar	ıy)		

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 6/14		Gonzales, Norma (The Honorable)				00065728
4	Date	5	Payee name				
	04/19/2024		Deputy Sheriff's Association of Bexar C	County			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$275.00		9200 Broadway				
			Ste. 106				
			San Antonio, TX 78217				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description		
-	OF		Contributions/Donations Made By	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee			, officeholder living expense
					Event sponse	or f	undraiser
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	jht		Office held
	Date		Payee name				
	04/18/2024		Girl Scouts of Southwest Texas				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$500.00		811 N. Coker Loop				
			San Antonio, TX 78216				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Comm	ittee	Event Spons		, officeholder living expense
					Event Spons		
_	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	nht		Office held
	expenditure to benefit C/OI				,		
	Date		Payee name				
	02/26/2024		LULAC # 4383				
_	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$300.00		P.O. Box 5431				
			San Antonio, TX 78201				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Towar, Complete Ochestick, T
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittoo			ide of Texas. Complete Schedule T. , officeholder living expense
			Candidate/Onicenoide//Political Comm	illee	fundraiser sp		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	jht		Office held
⊢							

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 7/14	Gonzales, Norma (The Honorable)	00065728
4	Date 04/03/2024	5 Payee name MABA	
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O.Box 830953 San Antonio, TX 78283	
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense ONSOR fOR SCHOLARSHIPS
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/28/2024	Machado, Angel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	19190 US-281, #2	
		1460 Martinez Losoya Rd.	
		San Antonio, TX 78221	
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense linary Arts Team Sponsor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/20/2024	NEBCD	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	7122 San Pedro Ave.	
		Suite 114	
		San Antonio, TX 78216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T.
			TX, officeholder living expense r for fundraiser
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDI	TURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		C C		Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/4 Rpt: 8/14		Gonzales, Norma (The	Honorable)				00065728	
4	Date 06/17/2024		<sup>p</sup> ayee name Pan American League						
6	Amount (\$) \$750.00		Payee address; City; P.O.Box 681435 San Antonio, TX 78268	State;	Zip Cod	e			
8	PURPOSE OF EXPENDITURE	(	Category <sub>(See Categories liste</sub> Contributions/Donations Candidate/Officeholder/	Made By	,		I, TX,	de of Texas. Comp officeholder living Or fundraiser	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office soug	ht		Office he	ld
	Date		Payee name						
	06/17/2024		Pan American League						
	Amount (\$) \$500.00		Payee address; City; P.O.Box 681435	State;	Zip Cod	e			
	PURPOSE OF EXPENDITURE	(a) (	San Antonio, TX 78268 Category <sub>(See Categories liste</sub> Contributions/Donations Candidate/Officeholder/	s Made By				de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office soug	ht		Office he	ld
	Date		Payee name					-	
	01/03/2024		Pay Pal, Inc.						
	Amount (\$) \$2,939.00		Payee address; City; 2221 North First Street	State;	Zip Cod	e			
		:	San Jose, CA 95131						
	PURPOSE OF EXPENDITURE		Category (See Categories liste Fees	d at the top of this sche	edule) (		ı, ТХ,	de of Texas. Comp officeholder living sing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office soug	ht		Office he	ld

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CATEG Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services	Loan Repayr Office Overh Polling Expe Printing Expe	nent/Reimbursement ead/Rental Expense nse	Transportation I Travel in Distric Travel Out of Di	
	Credit Card Payment		The Instruction Guide explain	ns how to com	plete this form.		
1	Total pages Schedule F1:	2 FILER NAM	Ξ			3 Filer ID	(Ethics Commission Filers)
	Sch: 4/4 Rpt: 9/14	Gonzales,	Norma (The Honorable)			00065728	
4	Date	5 Payee name				1	
	02/29/2024	Pay Pal, In					
6	Amount (\$)	7 Payee addre		te; Zip Code	۲		
ľ	\$72.74	-	First Street	lo, 21p 0000			
	¢12.11						
		Can lass					
		San Jose,					
8	PURPOSE OF		ee Categories listed at the top of this s	schedule) (k	) Description		
	EXPENDITURE	Fees				outside of Texas. Con n, TX, officeholder livin	
					Account proc		y expense
					, 1000 and prot	5000g 100	
9	Complete ONLY if direct		iceholder name	Office sough	nt	Office h	eld
	expenditure to benefit C/OI	Н					

	Advertising Expense Accounting/Banking Consulting Expense	Event Expe Fees	ENDITURE CATEGOR ense rage Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
	Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Gift/Awards	s/Memorials Expense ices	Printing Expense	Travel Out of District DTHER (enter a category not listed above)
1	Total pages Schedule F4:		ruction Guide explains in		2 Filer ID (Ethics Commission Filers)
T			The lieuenchie)		3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 10/14	Gonzales, Norma (			00065728
4	CREDIT CARD ISSUER		ncial institution e Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid
		\$364.00	03/15/2024	04/09/2024	
7	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
		United States Postr	naster	2400 McCullough	
				San Antonio, TX 78212	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Campaign P.O. Box 6 m	onth rental
	X Political				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	K, officeholder living expense
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	ffice sought	Office held	
0.					

SCHEDULE I

Total pages Schedule I: Sch: 1/2 Rpt:	2     FILER NAME     3     Filer ID     (Ethics Commission F       Gonzales, Norma (The Honorable)     00065728	lers
Date 01/17/2024	5 Payee name ABOTA	
Amount (\$) 200.00	7       Payee Address;       City; State; Zip         2001 Bryan St.       Suite 3000         Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information requirements) Membership Dues	uired.
Date 05/30/2024	Payee name Augie's Barbed Wire Grill	
Amount (\$) 399.75	Payee Address; City; State; Zip 3709 N. St. Mary's	
	San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required information req	uired.
Date	Payee name	
04/16/2024	San Antonio Bar Foundation	
Amount (\$) 1,500.00	Payee Address;City; State; ZipP.O. Box 831165	
	San Antonio, TX 78283	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required information req	uired.
Date	Payee name	
05/23/2024	Texas Bar Foundation	
Amount (\$)	Payee Address; City; State; Zip	
1,500.00	515 Congress Ave. Suite 1755 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee(b) Description(See instructions regarding type of information required Sustaining life fellow	uired.

The Instruction Guide explains how to complete this form. Total pages Schedule I: 2 FILER NAME Filer ID (Ethics Commission Filers) 1 3 Gonzales, Norma (The Honorable) 00065728 Sch: 2/2 Rpt: 4 Date 5 Payee name 03/05/2024 Tom & James Moving Amount (\$) Payee Address; City; State; Zip 6 7 11844 Bandara Rd., #455 1,960.00 San Antonio, TX 78023 (a) Category (See instructions for examples of acceptable categories) 8 PURPOSE (b) Description (See instructions regarding type of information required.) OF EXPENDITURE Office Overhead/Rental Expense Movers (and moving supplies) for new courtroom

SCHEDULE |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ages Schedule K: /2 Rpt: 13/14					
2	FILER NAME		3 Filer ID	(Ethics Commission F	ilers)		
	Gonzales, N	orma (The Honorable)	00065	728			
4	Date	5 Name of person from whom amount is received	•	8 Amount (\$)			
	01/17/2024	Broadway Bank			\$3.73		
		6 Address of person from whom amount is received; City; State; Zip Code					
		San Antonio, TX 78217					
			olitical conti	ribution returned to filer			
		Interest on campaign checking account					
	Date	Name of person from whom amount is received		Amount (\$)			
	02/16/2024	Broadway Bank			\$4.16		
		Address of person from whom amount is received; City; State; Zip Code					
		San Antonio, TX 78217					
			olitical conti	ibution returned to filer			
		Interest on campaign checking account					
	Date	Name of person from whom amount is received		Amount (\$)			
	04/17/2024	Broadway Bank			\$3.84		
		Address of person from whom amount is received; City; State; Zip Code					
		San Antonio, TX 78217					
			olitical conti	ribution returned to filer			
		Interest on campaign checking account					
	Date	Name of person from whom amount is received		Amount (\$)			
	05/17/2024	Broadway Bank			\$3.97		
		Address of person from whom amount is received; City; State; Zip Code					
		San Antonio, TX 78217					
			olitical conti	ribution returned to filer			
		Interest on campaign checking account					
	Date	Name of person from whom amount is received		Amount (\$)			
	06/17/2024	Broadway Bank			\$3.52		
		Address of person from whom amount is received; City; State; Zip Code					
		San Antonio, TX 78217					
			olitical conti	ibution returned to filer			
		Interest on campaign checking account					

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru		pages Schedule K: 2/2 Rpt: 14/14			
2	FILER NAME Gonzales, N	orn	Filer II	D (Ethics Commission Filers) 5728		
4	Date 03/18/2024	5	Name of person from whom amount is received Broadway Bank			8 Amount (\$) \$3.62
		6	Address of person from whom amount is received; City; State; Zip Code			
			San Antonio, TX 78217			
		7	Purpose for which amount is received Check if p Interest on campaign checking account	oliti	cal con	tribution returned to filer