CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

T٢	e C/OH Instruction	Guide explains how to cor	nplete this form.	1 Filer ID (Ethics Comm 00068004		2 Total pages	filed: 101
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
	OFFICEHOLDER	The Honorable	Mary Edna				
	NAME					Date Received	
						ELECTRONIC	CALLY FILED
		NICKNAME	LAST		SUFFIX	07/15/2024	
			Gonzalez				
Ŀ						Data Usual daliwara	Lau Data Daatus alua d
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT/SUITE#; CI	ΙΥ;	ZIP CODE	Date Hand-delivered	l or Date Postmarked
	MAILING	PO Box 450				Receipt #	Amount
	ADDRESS					Receipt #	Amount
	Change of Address	Clint, TX 79836				Data Drassand	
						Date Processed	
						Data luna na d	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
ľ	TREASURER	Mr.	Alfred P.		IVII		
	NAME	1711.	Ailleu P.				
		NICKNAME	LAST		SUFFIX		
			Gonzalez				
6	CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
	TREASURER ADDRESS	13490 Virrey Dr.					
	(Residence or Business)	Clint, TX 79836					
7	CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION			
	TREASURER	(915) 494-1807					
	PHONE						
8	REPORT						
	TYPE	January 15	30th day befor	re election	Runoff	15th day after o	campaign treasurer
						-	fficeholder only)
		X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9	PERIOD	Month Day Yea			Month Day	Year	
	COVERED	01/01/2024	Т	HROUGH	06/30/202	4	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Yea	ar 🗌 🔲 I	Primary	Runoff	Other	
		11/05/2024		General	Special		
1.1						(if known)	
ľ	OFFICE	OFFICE HELD (if any) State Representative D	istrict 75		12 OFFICE SOUGHT State Representa		
1		Jaie Representative L					
1							
1							
1			GO	TO PAGE 2			
	rms provided by Ta	exas Ethics Commission	1404041 0	thice state ty u	\$	Vor	sion V4.1.0.d378aba0
гU	inis provided by Te	nas Eulius Commission	vvvvv.e	thics.state.tx.u	3	vers	5011 V4.1.0.03/0aDa0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 101

13 C / OH NAME	Gonzalez, Mary Edna	ı (The Honorable)	14 Filer ID (E 00068004	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	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	5)	\$ 9,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 43,150.13
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 38,197.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honora	ble Mary Edna Gonza	alez
		Signature of	Candidate or Officehold	ler
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	ribed before me, by the s	aid	. this the	day
		ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	V	/ersion V4.1.0.d378aba0

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 101 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Gonzalez, Mary Edna (The Honorable) 00068004 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 9,850.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 43,150.13 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 50.00 TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

				_		
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/101	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		lary Edna (The Honorable)			00068004	
4	Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7	Amount of Contribution (\$)	
	01/08/2024	Choctaw Nation of Oklahoma				\$2,500.00
		6 Contributor address; City; State; Zip Code		1		
		1				
		Durant, OK 74702				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
_	Date	Full name of contributor Out-of-state PAC (IE	D#:)	—	Amount of Contribution (\$)	
	05/06/2024		J#J			\$1,000.00
	001001202-1			ł		Ψ1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Oklahoma City, OK 73102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	IndePac				\$500.00
		Contributor address; City; State; Zip Code		1		
		1				
		1				
		Austin, TX 78750				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
=				—		
	Date 01/19/2024	Full name of contributor out-of-state PAC (IE			Amount of Contribution (\$)	\$250.00
	01/19/2024	PAC of The Independent Insurance Agents o				Φ250.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Γ	Amount of Contribution (\$)	
	03/07/2024	TSAPAC				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		1				
		Austin, TX 78701				
<u> </u>	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	i incipal occu			"		
-			<u> </u>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	,					
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/101	
2	FILER NAME		ļ	3	Filer ID (Ethics Commissio	on Filers)
-		lary Edna (The Honorable)		Ì	00068004	, , , , , , , , , , , , ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/10/2024	TX Society of Certified Public Accountants	1			\$500.00
		6 Contributor address; City; State; Zip Code		1		
			1			
			1			
		Addison, TX 75001				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
			L			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/05/2024	Texas American Federation of Teachers				\$250.00
		Contributor address; City; State; Zip Code	,	1		
			1			
			1			
		Austin, TX 78741	<u> </u>	Ļ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
]	<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Texas Apartment Association PAC]		\$2,500.00
		Contributor address; City; State; Zip Code]		
			1			
		Austin, TX 78701	1			
	Dringinal occi	Austin, 1X 78701 upation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
	Pilitipai occu			5)		
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Texas Rural Water PAC	,		,	\$500.00
	•	Contributor address; City; State; Zip Code		ł		
			1			
			1			
		Austin, TX 78701	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
		ļ	1			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/19/2024	VATAT PAC Fund	1			\$350.00
		Contributor address; City; State; Zip Code		1		
			1			
			1			
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

			EXPE	NDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Gift/Awards Legal Servi	age Expense /Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense 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					3	Filer ID (Ethics Commission File	arc)
L.	Sch: 1/94 Rpt: 6/101		Gonzalez, Mary Edi	na (The Honorable)			3	00068004	::5)
4	Date	5	Payee name						
	03/21/2024		1618 Asian Fusion						
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Co	le			
	\$208.39		1618 E. Riverside D	r.					
			Austin, TX 78741						
_		<u> </u>							
8	PURPOSE OF		Category (See Categorie		edule)	(b) Description			
	EXPENDITURE		Food/Beverage Exp	ense				ide of Texas. Complete Schedule T. , officeholder living expense	
								older and Staff during Meeting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder	name C	Office soug	ht		Office held	
	Date		Payee name						
	03/20/2024		Acuna, Ruben						
			-	ita a Ctoto	Zin Co				
	Amount (\$)				Zip Co	ie			
	\$540.00		PO Box 2506 Faber	IS					
			El Paso, TX 79838						
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Re					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Frames for v	eter	rans' flags	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	ht		Office held	
	Date		Payee name						
	03/05/2024		Alon Gas Station						
	Amount (\$)			ity; State;	Zip Co	10			
			-	ity, State,	Zip Cu	ie			
	\$74.19		7879 N Loop Dr.						
			El Paso, TX 79915						
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Travel In District			Check if travel	outsi	ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Gas for In-Di	stric	ct I ravel	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office souç	ht		Office held	

			EX	PENDITURE C	ATEGOF	RIES FOR	вс	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/B Gift/Aw Legal S	Expense everage Expense ards/Memorials Expe iervices Instruction Guide (Office Ove Polling Exp Printing Ex Salaries/W	Expense Travel in District Expense Travel Out of Dis					ng Expense ment & Related Expense gory not listed above)
1	Total pages Schedule F1:	2 []							3	Filer ID	/ 	thics Commission Filers)
1	Sch: 2/94 Rpt: 7/101		onzalez, Mary	Edna (The Hor	norable))			-	00068004	(
4	Date	5 Pa	ayee name									
	03/19/2024	Ai	merican Airline	5								
6	Amount (\$)	7 Pa	ayee address;	City;	State;	Zip Co	de					
	\$522.60	43	333 Amon Cart	er Boulevard.								
		E	ort Worth, TX 7	6155								
_	DUDDOOF						(1-)					
8	PURPOSE OF		ategory (See Cate		of this sche	edule)	(b)	Description	outoir	de of Toylog Cor	malata	
	EXPENDITURE	Tr	ravel Out of Dis	trict				X Check if travel		officeholder livin		
												elphia for Conferenc
								on Higher Ed			maat	
9	Complete ONLY if direct	Car	ndidate/Officehold	ler name		Office sou		-		Office h	blo	
9	expenditure to benefit C/OI		iuluale/Oniceriol		C		JIII			Oncen	leiu	
	Date		ayee name									
	02/20/2024	Ai	nson 11									
	Amount (\$)	Pa	ayee address;	City;	State;	Zip Co	de					
	\$215.59	30	03 N Oregon St									
		El	Paso, TX 7990)1								
	PURPOSE	(a) Cá	ategory (See Cate	pories listed at the top	of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Fo	ood/Beverage E	Expense						de of Texas. Cor	•	
										officeholder livin		
								Food for Offic	ene	older and S	lan	during Meeting
	-											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officehol	ter name	C	Office sou	gnt			Office h	ield	
	- p											
	Date	Pa	ayee name									
	04/30/2024	Aı	ustin Land & Ca	attle								
	Amount (\$)	Pa	ayee address;	City;	State;	Zip Co	de					
	\$389.59	12	205 N Lamar Bl	vd								
		Aı	ustin, TX 78703	}								
	PURPOSE		ategory (See Cate		of this ask	odulo)	(b)	Description				
	OF		cod/Beverage E		OF THIS SCH	euule)	()		outsid	de of Texas. Cor	nplete	Schedule T.
	EXPENDITURE		Sour Develage L							officeholder livin		
								Food for Cap	itol	Office staff	F	
	Complete ONLY if direct	Car	ndidate/Officehol	der name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/Oł											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Exp Legal Services The Instruction Guide		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	aising Expense quipment & Related Expense trict category not listed above)				
1	Total pages Schedule F1:		=				3 F	-iler ID	(Ethics Commission Filers)		
1	Sch: 3/94 Rpt: 8/101		- Mary Edna (The Ho	onorable)			-	00068004	()		
4	Date 01/18/2024	Payee name Austin Lanc									
6	Amount (\$)	Payee addre	ss; City;	State [.]	Zip Cod	ρ					
Ū	\$129.37	1205 N Lan Austin, TX	nar Blvd	oluic,	210 000	0					
_	DUDDOCE										
8	PURPOSE OF EXPENDITURE		ee Categories listed at the tr age Expense	op of this sche	edule) (Check if Austin	n, TX, o	e of Texas. Comp officeholder living Ider and Sta			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Off	iceholder name	0	ffice soug	ht		Office he	ld		
	Date	Payee name									
	05/01/2024	Austin Marr	riott								
	Amount (\$)	Payee addre	ss; City;	State;	Zip Cod	e					
	\$538.69	304 E Cesa Austin, TX	ar Chavez St. 78701								
	PURPOSE OF EXPENDITURE) Category _{(S} Travel Out	ee Categories listed at the to of District	op of this sche	edule) (n, TX, o	e of Texas. Comp fficeholder living ation for Of	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offi	iceholder name	0	office soug	ht		Office he	ld		
	Date	Payee name									
	03/22/2024	Austin Marr									
	Amount (\$) \$432.82	Payee addre 304 E. Ces	ss; City; ar Chavez St.	State;	Zip Cod	e					
		Austin, TX	78701								
	PURPOSE OF EXPENDITURE) Category _{(S} Travel Out	ee Categories listed at the to of District	op of this sche	edule) (n, TX, o	e of Texas. Comp fficeholder living ations for O	expense		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Off	iceholder name	0	office soug	ht		Office he	ld		

	EXPENDITURE CATEGORIES 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 nmittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Ex Salaries/W	rhead lense pens ages	e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:	2	-					3	Filer ID	(Ethics Commission Filers)	<u> </u>
1	Sch: 4/94 Rpt: 9/101	2	Gonzalez, Mary Edna (The Honor	rable)				3	00068004		,
4	Date	5	Payee name								
	03/20/2024		Austin Marriott								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de					
	\$281.50		304 E. Cesar Chavez St.								
			Austin, TX 78701								
8	DUDDOSE	<u> </u>				(h)	Description				
ð	PURPOSE OF	(a)	Category (See Categories listed at the top of Travel Out of District	this sche	edule)	(u)	Description	outei	de of Texas. Comp	alete Schedule T	
	EXPENDITURE		Travel Out of District						officeholder living		
							Hotel Accom				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ght			Office he	ld	
	Date		Payee name								
	01/22/2024		Austin Marriott								
_	Amount (\$)		Payee address; City;	State	Zip Co	he					\neg
	\$216.41		304 E. Cesar Chavez St.	Olulo,	210 000						
	ΨΖΙΟ.41										
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District						de of Texas. Comp		
									officeholder living		
								mou		licenoluei	
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	wht			Office he	ld	
	expenditure to benefit C/Oł			C	JIICE SOUL	JIII			Office fie	iu	
_		1									_
	Date		Payee name Barraza, Abril								
	03/21/2024										
	Amount (\$)		y	State;	Zip Co	de					
	\$500.00		14411 Island Point								
			El Paso, TX 79938								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor		ŕ		Check if travel	outsi	de of Texas. Comp	blete Schedule T.	
	EXPENDITORE								officeholder living	expense	
							March Stipen	d			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	ld	
		. 1									

			EXPENDITURE CA	ATEGOP	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 Exper Imittee Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract	xpense Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2		•		•	-	3	Filer ID	(Ethics Commission Filers)
-	Sch: 5/94 Rpt: 10/101		Gonzalez, Mary Edna (The Hon	iorable))				00068004	
4	Date	5	Payee name							
	03/21/2024		Barraza, Abril							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le				
	\$200.00		14411 Island Point							
			El Paso, TX 79938							
8	PURPOSE	<u> </u>								
0	OF	(a)	Category (See Categories listed at the top Salaries/Wages/Contract Labor		edule)	(b) Descrip		outsir	de of Texas. Compl	ete Schedule T
	EXPENDITURE		Salaries/ Wages/Contract Labor						officeholder living e	
									rsement	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ht			Office hel	d
	Date		Payee name							
	02/16/2024		Barraza, Abril							
_	Amount (\$)	-	Payee address; City;	State	; Zip Co	le				
	\$500.00		14411 Island Point	olulo,	, zip 00					
	\$500.00									
			El Paso, TX 79938							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Salaries/Wages/Contract Labor		edule)	Cheo	ck if travel c ck if Austin,	, TX,	de of Texas. Compl officeholder living e rSement	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Dffice sou	ht			Office held	d
	Date		Payee name							
	01/01/2024		Barraza, Abril							
	Amount (\$)		Payee address; City;	State:	; Zip Co	le				
	\$500.00		14411 Island Point	Olulo,	, <u>Lip</u> 00					
	\$000.00									
			El Paso, TX 79938							
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Descrip				
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Cheo			de of Texas. Compli officeholder living e	
-	Complete ONLY if direct	L	Candidate/Officeholder name	C	Office soug	ht			Office held	d
	expenditure to benefit C/OI									
-										

			EXPENDITURE	CATEGO	RIES FOR	вс)X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Ex Salaries/W	rheac iense pense ages	e /Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
_		-	The Instruction Guid	e explains	now to con	npie	ete this form.	-		(=); = = = = = = = = = = = = = = = = = =
1	Total pages Schedule F1:	2			,			3		(Ethics Commission Filers)
	Sch: 6/94 Rpt: 11/101		Gonzalez, Mary Edna (The He	onorable))				00068004	
4	Date	5	Payee name							
	01/29/2024		Barraza, Abril							
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	de				
	\$300.00		14411 Island Point							
			El Paso, TX 79938							
8	PURPOSE	(a)	Category (See Categories listed at the t			(b)	Description			
Ū	OF		Salaries/Wages/Contract Lab		iedule)	(~)		outsi	de of Texas. Compl	ete Schedule T.
	EXPENDITURE		ealance, mages, contract Las	01			Check if Austin	, TX,	officeholder living e	expense
							Staff Stipend			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(Office sou	ght			Office hel	d
	Date		Payee name							
	06/24/2024		Bellagio Hotel & Casino							
	Amount (\$)	┝	Payee address; City;	State	; Zip Coo	de				
	\$453.21		3600 S. Las Vegas Blvd.		, 1					
	\$ 100.21		eeee e. Lae vegae biva.							
			Las Vegas, NV 89109							
	PURPOSE OF	(a)	Category (See Categories listed at the t	top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Travel Out of District						de of Texas. Compl officeholder living e	
									-	fficeholder during Trave
							to NALEO co			j
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	(Office soug	aht			Office hel	d
	expenditure to benefit C/OI	Н				,				
_	Date		Payee name							
	04/15/2024		Bellagio Hotel & Casino							
		-		Stata	; Zip Co	40				
	Amount (\$) \$305.11		Payee address; City;	State,	, <i>Σ</i> ιρ Cot	Je				
	\$305.11		3600 S. Las Vegas Blvd.							
			Las Vegas, NV 89109							
	PURPOSE OF	(a)	Category (See Categories listed at the t	top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Travel Out of District						de of Texas. Compl officeholder living e	
										fficeholder during Trave
							to NALEO co			and a second stand started startes started
-	Complete ONLY if direct	L c	Candidate/Officeholder name		Office soug	nht			Office hel	d
	expenditure to benefit C/Oł				2.1100 0000	,				~

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
L			The Instruction Guid	ie explains r	now to con	piete this form.	1-		
1	Total pages Schedule F1:						1	Filer ID	(Ethics Commission Filers)
	Sch: 7/94 Rpt: 12/101		Mary Edna (The H	onorable)				00068004	
4	Date	Payee nam	e						
	01/29/2024	Black El P	aso Democrats						
6	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e			
	\$200.00	P.O. Box 3	371425						
		El Paso, T	X 79937						
8	PURPOSE		See Categories listed at the			b) Description			
	OF		ons/Donations Mad		edule)		outsic	de of Texas. Comp	plete Schedule T.
	EXPENDITURE		/Officeholder/Politic		ittee	Check if Austir	n, TX,	officeholder living	expense
						Donation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/O	fficeholder name	C	Office soug	ht		Office he	ld
	Date	Payee nam	e						
	02/26/2024	Cabo Bob	's Burritos						
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e			
	\$55.88	2828 Rio (Grande St.						
		Austin, TX	78705						
	PURPOSE OF EXPENDITURE		See Categories listed at the erage Expense	top of this sche	edule)	Check if Austir	η, TX,	de of Texas. Comp officeholder living Staff during	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/O	fficeholder name	C	Office soug	ht		Office he	ld
	Date	Payee nam	e						
	03/11/2024	Cafe Arte							
	Amount (\$)	Payee addr	ess; City;	State:	Zip Cod	e			
	\$29.48	1498 Mair			•				
		San Elizar	io, TX 79849						
	PURPOSE OF		See Categories listed at the	top of this sche	edule)	b) Description			
	EXPENDITURE	Food/Beve	erage Expense					de of Texas. Comp officeholder living	
									aff during Meeting
							5511		an daming mooting
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/O	fficeholder name	C	Office soug	ht		Office he	ld
⊢									

			EXPENDITURE CATE	GORIE	ES 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 nmittee Legal Services The Instruction Guide expl	C P S	Office Over Polling Exp Printing Ex Salaries/W	oense 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	· · · · ·				3	Filer ID (Ethics Commission Filers)	_
	Sch: 8/94 Rpt: 13/101	2	Gonzalez, Mary Edna (The Honora	able)				00068004	
4	Date	5	Payee name						٦
	03/04/2024		Cafe Central						
6	Amount (\$)	7	Payee address; City; S	state; Z	Zip Coo	le			
	\$426.92		109 N Oregon St.						
			El Paso, TX 79901						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedu	ule)	(b) Description			
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								older, staff and constituents during	
								sing legislative issues	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Offi	ice souç	ht		Office held	_
	Date		Payee name						7
	03/05/2024		Caldera, Mauricio						
-	Amount (\$)		Payee address; City; S	tate.	Zip Co				\neg
	\$816.00		1130 Prescott Dr.	nuic, z					
	\$010.00		1130 Flescoll DI.						
			El Paso, TX 79915						
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedu	ule)	(b) Description			
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Co	mmitt				ide of Texas. Complete Schedule T. , officeholder living expense	
			Candidate/Onicenoide//Political Co		ee			the Alex Annello for State	
						Representati	-		
⊢	Complete ONLY if direct		Candidate/Officeholder name	Offi	ice sou	ht		Office held	\neg
	expenditure to benefit C/Oł		Annello, Alex			resentative Distr	ict		
		, 		0.0					╡
	Date		Payee name						
	06/07/2024		Capitol Gift Shop						
	Amount (\$)		Payee address; City; S	state; Z	Zip Coo	le			
	\$4.33		1400 Congress Ave. E1.006						
			Austin, TX 78701		i				
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedu	ule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
						Postage	I, I A	, onceroider iving expense	
						i USituye			
		Ľ	Condidate (Office hold or respect	<u></u>		bt.		Office held	\neg
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Uff	ice souç	III		Office held	
	-								\neg

	EXPENDITURE CATEGORIES 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 Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related E Travel in District Travel Out of District OTHER (enter a category not listed ab			
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commiss	ion Filers)		
-	Sch: 9/94 Rpt: 14/101		Gonzalez, Mary Edna (The Honorable) 00068004								
4	Date	5	Payee name								
	06/10/2024	Cattleman's Steakhouse									
6	Amount (\$) 7 Payee address; City; State; Zip Code										
	\$265.09		3450 S Fabens Carlsbad Rd								
			Fahana TV 70020								
			Fabens, TX 79838								
8	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sch	edule)	b) Description					
	EXPENDITURE		Food/Beverage Expense					side of Texas. Complete Schedule T. <, officeholder living expense			
								holder and Constituents dur	ina		
						Meeting	noei		ing		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held											
	Date		Payee name								
	05/02/2024		Cattleman's Steakhouse								
_	Amount (\$)	<u> </u>	Payee address; City;	State:	Zip Coo						
	\$228.34		3450 S Fabens Carlsbad Rd	State,	, Ζιρ Ουι	le					
	ΦΖΖΟ.34		5450 5 Fabelis Calisbau Ru								
			Fabens, TX 79838								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	p of this sch	edule)	Check if Aus	tin, TX	side of Texas. Complete Schedule T. <, officeholder living expense holder and Constituents dur	ing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held			
	Date		Payee name								
	04/08/2024		Cattleman's Steakhouse								
	Amount (\$)		Payee address; City;	State [.]	Zip Coo						
	\$119.09		3450 S Fabens Carlsbad Rd	olule,	, 210 000						
			Fabens, TX 79838								
	PURPOSE OF		Category (See Categories listed at the to	p of this sch	edule)	b) Description					
	EXPENDITURE		Food/Beverage Expense					side of Texas. Complete Schedule T.			
								<, officeholder living expense holder and Constituents dur	ing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES 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 nmittee Legal Services The Instruction Guide explains	at 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 File	ers)			
	Sch: 10/94 Rpt:		Gonzalez, Mary Edna (The Honorable)		00068004				
4	Date 02/13/2024	5	Payee name Cattleman's Steakhouse							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$282.38 3450 S Fabens Carlsbad Rd Fabens, TX 79838									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Food for Officeholder and Staff during Meeting										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	Jht	Office held				
	Date		Payee name							
	01/11/2024		Cattleman's Steakhouse							
	Amount (\$) \$281.01		Payee address; City; State 3450 S Fabens Carlsbad Rd Fabens, TX 79838	e; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	hedule)	Check if Austir	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense fficeholder and Constituents during				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jht	Office held				
	Date		Payee name							
	06/06/2024		Chamber of Commerce Foundation							
	Amount (\$) \$150.00		Payee address; City; State 500.E. San Antonio Ave	e; Zip Co	de					
			El Paso, TX 79901	i						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm			vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	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	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	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	· · ·			2	Filer ID (Ethics Commission Filers)			
1	Sch: 11/94 Rpt:		Gonzalez, Mary Edna (The Honorable)			3	00068004			
4	Date	5	Payee name							
	03/22/2024		Clark's Oyster Bar							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$226.19		1200 W 6th St.							
			Austin, TX 78703							
8	PURPOSE				(b) Decoription					
ľ	OF		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
						ceh	older and Constituents during			
					Meeting					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held Office held										
	Date		Payee name							
	04/05/2024		Clay Pit							
_	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$181.87		1601 Guadalupe St.							
	+=0=101									
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	, тх	ide of Texas. Complete Schedule T. , officeholder living expense at meeting to discuss legislative			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	Jht		Office held			
_	Date									
	04/19/2024		Payee name Coffee Waffle							
				7:0 00						
	Amount (\$)		Payee address; City; State; 13178 Alameda Ave.	Zip Co	le					
	\$39.52									
			Suite B							
			Clint, TX 79836							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense		Check if Austin	, тх	ide of Texas. Complete Schedule T. , officeholder living expense Iolder and Constituents during			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ıht		Office held			

	EXPENDITURE CATEGORIES 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	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense kpens /ages	e /Contract Labor		Solicitation/Fundraisir Transportation Equipr Travel in District Travel Out of District OTHER (enter a cate	ment & Related Expense
1	Total pages Schedule F1:	2	· · · · ·				2	Filer ID (Et	thics Commission Filers)
-	Sch: 12/94 Rpt:		Gonzalez, Mary Edna (The Honorable))			5	00068004	
4	Date 03/20/2024	5	Payee name Cottrell, Hayden						
_		_							
6	Amount (\$)	7		; Zip Co	de				
	\$1,500.00		4410 Trowbridge Dr.						
			El Paso, TX 79903						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor	ŗ		Check if travel	outsi	de of Texas. Complete	Schedule T.
								officeholder living expe	ense
						Contract Lab	or		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	05/16/2024		Crave Kitchen & Bar						
_	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$84.59		8889 Gateway Blvd. W						
			#2840						
			El Paso, TX 79925						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description	outoi	de of Texas. Complete	Cabadula T
	EXPENDITURE		Food/Beverage Expense					officeholder living expe	
								older and Cons	
						Meeting			-
	Complete ONLY if direct		Candidate/Officeholder name 0	Office sou	ght			Office held	
	expenditure to benefit C/OI	Н			-				
_	Date		Payee name						
	05/06/2024		Crave Kitchen & Bar						
	Amount (\$)			; Zip Co	do				
	\$120.28		8889 Gateway Blvd. W	, zip co	uc				
	ψ120.20		-						
			#2840						
			El Paso, TX 79925						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete officeholder living expe	
								older and Cons	
						Meeting			
-	Complete ONLY if direct	<u>_</u>	Candidate/Officeholder name	Office sou	aht			Office held	
	expenditure to benefit C/Oł				J				

	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:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 13/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004							
4	Date 02/12/2024	5 Payee name Dairy Queen								
6	Amount (\$) \$36.62	7 Payee address; City; State; Zip Code 4850 E Paisano Dr. El Paso, TX 79905								
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Officeholder and Staff during Meeting										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/07/2024	Death & Taxes (The Reagan)								
	Amount (\$) \$52.22	Payee address; City; State; Zip Code 313 E. Mills Ave.								
	PURPOSE OF EXPENDITURE	Food for office	utside of Texas. Complete Schedule T. TX, officeholder living expense eholder and constituents at meeting jislative issues							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/15/2024	Desert Valley 4H								
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 10019 Belfast								
		El Paso, TX 79925								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
_	Tatal wares Oak adula E1			ue explains i				51	(Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 14/94 Rpt:		ME z, Mary Edna (The ⊢	lonorable)				Filer ID 00068004	(Ethics Commission Filers)
4	Date	Payee nar	ne				•		
	02/20/2024	Domino's							
6 Amount (\$) \$227.59 Cedar Park, TX 78613 7 Payee address; City; State; Zip Code Cedar Park, TX 78613									
8	PURPOSE					b) Description			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pizza for Clint students on AVID College Visit								expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	C	Office soug	ht		Office he	eld
	Date	Payee na	ne						
	06/18/2024	Doordasl							
	Amount (\$)	Payee add	lress; City;	State:	Zip Coc	e			
	\$9.99	303 2nd	-	,					
		Suite 800							
			cisco, CA 94107						
	PURPOSE OF EXPENDITURE	l) Category Fees	(See Categories listed at the	top of this sche	edule)		n, TX, d	officeholder living	plete Schedule T. J expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	C	Office soug	ht		Office he	eld
	Date	Payee na	ne						
	05/20/2024	Doordasl							
	Amount (\$)	Payee add	lress; City;	State:	Zip Coc	e			
	\$9.99	303 2nd			•				
		Suite 800)						
			cisco, CA 94107						
	PURPOSE) Category				b) Description			
	OF	Fees	(See Categories listed at the	top of this sche	edule)	Check if travel	n, TX, d	officeholder living	plete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	C	Office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Pinting Expense Gift/Awards/Memorials Expense Printing Expense	ense Transportation Equipment & Related Expense Travel in District Travel Out of District oor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
	Sch: 15/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004							
4	Date 04/18/2024	Payee name Doordash								
6 Amount (\$) 7 Payee address; City; State; Zip Code \$9.99 303 2nd St. Suite 800 San Francisco, CA 94107										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Subscription Fee										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/18/2024	Doordash								
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 303 2nd St. Suite 800 San Francisco, CA 94107								
	PURPOSE OF EXPENDITURE	Check i	DN f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense Dtion Fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/20/2024	Doordash								
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 303 2nd St. Suite 800 San Francisco, CA 94107								
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 Subscription Fee										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES 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 nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense 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: 16/94 Rpt:		Gonzalez, Mary Edna (The Honorable)				00068004			
4	Date 01/18/2024		Payee name Doordash							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$9.99 303 2nd St. Suite 800 San Francisco, CA 94107									
 8 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 Subscription Fee 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	03/15/2024		Doubletree by Hilton							
Amount (\$)Payee address;City;State;Zip Code\$224.80300 Army Navy Dr.										
	PURPOSE OF EXPENDITURE	(a)	Arlington, VA 22202 Category (See Categories listed at the top of this sche Travel Out of District	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense dations for Officeholder			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	01/09/2024		Dreamhost							
	Amount (\$) \$83.88		Payee address; City; State; 417 Associated Rd. PMB #327 Brea, CA 92821	Zip Co	le					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense Campaign website			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
		_		_		_				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
	Total pages Schedule F1:				01110 0011		3		(Ethics Commission Filers)
T	Sch: 17/94 Rpt:		ez, Mary Edna (The Ho	norable)			1	Filer ID 00068004	
4	Date 03/14/2024	Payee na El Paso	ame Border Youth Athletic	Associati	on				
6	Amount (\$) \$250.00		ddress; City; Kansas St. Suite 201 , TX 79901	State;	Zip Cod	e			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banner Sponsorship for Opening Day Ceremon								expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Of	ffice soug	nt		Office he	eld
	Date	Payee na	ame						
	02/20/2024	El Paso	Community College						
	Amount (\$) \$46.76	Building	scount Blvd	State;	Zip Cod	e			
	PURPOSE OF EXPENDITURE		(See Categories listed at the to everage Expense	op of this sched	dule) (Check if Austin	n, TX, c	officeholder living	plete Schedule T. Lexpense Candidate Forum
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Of	ffice soug	nt		Office he	eld
	Date	Payee na	ame						
	04/03/2024	El Paso	District Dental Society	,					
	Amount (\$) \$300.00	Payee a 3110 Tr	ddress; City; awood Suite D	State;	Zip Cod	е			
	DUDDOOF	_	, TX 79936						
	PURPOSE OF EXPENDITURE		(See Categories listed at the to everage Expense	op of this scheo	dule) (n, TX, c	officeholder living	plete Schedule T. I expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	Of	ffice soug	nt		Office he	eld

	EXPENDITURE CATEGORIES 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 F mittee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense 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: 18/94 Rpt:		Gonzalez, Mary Edna (The I	Honorable))			00068004		
4	Date 06/28/2024		Payee name Escamilla, Alberto							
6	6 Amount (\$) \$141.27 \$141.27 \$1445 Main St. B1-2 San Elizario, TX 79849									
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 Check if Austin, TX, officeholder living expense Framed pictures for colleagues at Board of Latino Legislative Leaders conference								officeholder living expense for colleagues at Board of Latino		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	04/04/2024		abens High School							
	Amount (\$) Payee address; City; State; Zip Code \$311.25 601 NE G Avenue Fabens, TX 79838									
	PURPOSE OF EXPENDITURE	(Category (See Categories listed at th Contributions/Donations Ma Candidate/Officeholder/Polit	de By		Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense nior Class Trip		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held		
	Date		^D ayee name							
	02/02/2024		Flicks							
	Amount (\$) \$62.09		Payee address; City; 12800 Alameda Ave.	State	; Zip Coo	le				
			Clint, TX 79836							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Food/Beverage Expense	e top of this sch	nedule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense older and Staff during Meeting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ht		Office held		

	EXPENDITURE CATEGORIES 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 mittee Legal Services The Instruction Guide explains	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 ID (Ethics Commission Filers)						
	Sch: 19/94 Rpt:		Gonzalez, Mary Edna (The Honorable)			00068004			
4	Date		Payee name	-						
	06/03/2024		Flyers Energy LLC							
6	Amount (\$) \$46.14	7 Payee address; City; State; Zip Code \$46.14 107 Main St. Dell City, TX 79837								
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. Check if Austin, TX, officeholder living expense Gas for Out of District travel to speak at Del City High School graduation ceremony High School graduation ceremony										
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name							
06/03/2024 Frost Bank										
	Amount (\$) \$19.95		Payee address; City; State 111 W. Houston St. San Antonio, TX 78205	; Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Accounting/Banking	nedule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name (Office sou	ght		Office held			
	Date		Payee name							
	06/03/2024		Frost Bank							
	Amount (\$) \$19.95		Payee address; City; State 111 W. Houston St.	; Zip Co	de					
San Antonio, TX 78205										
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Transportation Food/Beverage Expense Polling Expense Travel in Distriction Gift/Awards/Memorials Expense Printing Expense Travel Out of Distriction					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: 20/94 Rpt:		Gonzalez, Mary Edna (The Honorable)					00068004		
4	Date 05/03/2024		Payee name 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 OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if Austin, TX, officeholder living expense Bank Fee Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	05/03/2024		Frost Bank							
	Amount (\$) \$19.95		Payee address; City; State; 111 W. Houston St. Suite 100 San Antonio, TX 78205	Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Accounting/Banking	edule)				de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	04/03/2024		Frost Bank							
	Amount (\$) \$19.95		Payee address; City; State; 111 W. Houston St. Suite 100 San Antonio, TX 78205	Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)				de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		

	EXPENDITURE CATEGORIES 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 expl	Off Po Pri Sa	fice Overh Iling Expe nting Exp Iaries/Wa	ense ges/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: 21/94 Rpt:		Gonzalez, Mary Edna (The Honora	able)				00068004		
4	Date	5	Payee name							
	04/03/2024		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 th	nis schedule	. (b) Description				
	OF		Fees		-		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	η, TX,	, officeholder living expense		
						Bank Fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Offic	e sougl	nt		Office held		
	Date		Payee name							
	04/03/2024		Frost Bank							
	Amount (\$)		Payee address; City; S	State; Zi	ip Cod	9				
	\$0.06		111 W. Houston St.		•					
		Suite 100								
			San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Fees	nis schedule	e) (ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	e sougl	nt		Office held		
	Date		Payee name							
	03/04/2024		Frost Bank							
	Amount (\$)		Payee address; City; S	State; Zi	ip Cod	9				
	\$19.95		111 W. Houston St.		•					
			Suite 100							
			San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Accounting/Banking	nis schedule	e) (ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	e sougl	nt		Office held		

	EXPENDITURE CATEGORIES 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	Office Ove Polling Ex Printing Ex Salaries/W	erhea pense xpens Vages	se s/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: 22/94 Rpt:		Gonzalez, Mary Edna (The Honorable	e)				00068004		
4	Date	5	Payee name							
	03/04/2024		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 sc	hedule)	(b)	Description				
	OF EXPENDITURE	Accounting/Banking Accounting/Banking Check if Austin, TX, officeholder living expense Bank Fee						•		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	02/05/2024		Frost Bank							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$19.95		111 W. Houston St.							
			Suite 100							
			San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Accounting/Banking	hedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	02/05/2024		Frost Bank							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$19.95		111 W. Houston St.							
			Suite 100							
			San Antonio, TX 78205							
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Accounting/Banking	neuue)	(-)	Check if travel		de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l Ight			Office held		

	EXPENDITURE CATEGORIES 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 Exp ee Legal Services The Instruction Guide	oense	Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 23/94 Rpt:		nzalez, Mary Edna (The Ho	onorable)				00068004	
4	Date 01/03/2024	-	vee name ost Bank						
6	Amount (\$) \$19.95	11: Su	vee address; City; L W. Houston St. ite 100 n Antonio, TX 78205	State;	Zip Cod	e			
8	PURPOSE OF EXPENDITURE	(a) Cat Fe	egory (See Categories listed at the tr ES	op of this scheo	dule)			ide of Texas. Compl , officeholder living e	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	Of	ffice soug	ht		Office hel	d
	Date	Pay	vee name						
	01/03/2024	Fro	ost Bank						
	Amount (\$) \$19.95	11: Su	vee address; City; L W. Houston St. te 100 n Antonio, TX 78205	State;	Zip Cod	e			
	PURPOSE OF EXPENDITURE	(a) Cat Fe	egory (See Categories listed at the tees	op of this scher	dule) (ide of Texas. Compl , officeholder living e	
	Complete ONLY if direct expenditure to benefit C/OF		lidate/Officeholder name	Of	ffice soug	ht		Office hel	d
	Date 02/12/2024		ree name II Consulting						
	Amount (\$) \$1,250.00		vee address; City; D. Box 685008	State;	Zip Cod	e			
		Au	stin, TX 78768						
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the te nsulting Expense	op of this scher	dule)		ı, TX	ide of Texas. Compl , officeholder living e nsulting	
	Complete ONLY if direct expenditure to benefit C/OF		lidate/Officeholder name	Of	ffice soug	ht		Office hel	d

	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				3	Filer ID (Ethics Commission Filers	5)	
	Sch: 24/94 Rpt:		Gonzalez, Mary Edna (The Hor	norable)				00068004		
4	Date	5	Payee name							
	04/15/2024		Gianna Restaurant							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$68.48		700 Magazine St.							
			#101							
			New Orleans, LA 70130							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this coho	dula)	b) Description			\neg	
-	OF	()	Food/Beverage Expense	on this sched	dule)		outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		5 1					K, officeholder living expense		
							ceh	nolder and Constituents during		
						Meeting				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	ht		Office held		
	Date		Payee name							
	03/18/2024		Google, LLC							
	Amount (\$)		Payee address; City;	State;	Zip Coo	е				
	\$12.00		1600 Amphitheatre Parkway							
			Mountain View, CA 94043							
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sched	dule)	b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	se				side of Texas. Complete Schedule T.		
	-					Domain Ren		K, officeholder living expense		
						Domain Ren	evva	a		
_	Complete ONLY if direct		Candidate/Officeholder name		ffice soug	bt		Office held	_	
	expenditure to benefit C/OI			UI UI	nice soug	in the second seco		Onice held		
									_	
	Date		Payee name							
	02/29/2024		Google, LLC							
	Amount (\$)		Payee address; City;	State;	Zip Coo	е				
	\$63.96		1600 Amphitheatre Parkway							
			Mountain View, CA 94043							
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sched	dule)	b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	se				side of Texas. Complete Schedule T.		
								(, officeholder living expense		
						Campaign E	nal	il Subscription		
		L	Panalidata (Office - Inc Inc	~ ~ ~	Hing -	b 4		Office hald		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	nı		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /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 h	now to col	npie	ete this form.	-		
1	Total pages Schedule F1:								
	Sch: 25/94 Rpt:		Gonzalez, Mary Edna (The Honorable)					00068004	
4	Date	5	Payee name						
	01/02/2024		Google, LLC						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$63.96		1600 Amphitheatre Parkway						
			Mountain View, CA 94043						
8	DUDDOCE	<u> </u>			(h)	D			
ð	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(a)	Description	nutsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense	
						Campaign Er	nail	Subscription	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	ght			Office held	
	Date		Payee name						
	06/24/2024		Gorditas La Masita						
	Amount (\$)	-	Payee address; City; State;	Zip Co	de				
	\$16.79		100 S San Elizario Rd	Zip Co	ue				
	φ10.79								
			Clint, TX 79836						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense older and Constituents during	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	ght			Office held	
	Date		Pavee name						
	02/07/2024		Gorditas La Masita						
-	Amount (\$)		Payee address; City; State;	Zip Co	do				
	\$78.94		100 S San Elizario Rd	Zip 00	uc				
	ψ <i>1</i> 0.34								
			Clint, TX 79836						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense			Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense older and Staff during Meeting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services 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)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
_	Sch: 26/94 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004						
4	Date 06/04/2024	5 Payee name Hill Country Springs, Inc.						
6	Amount (\$) \$22.65	 Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747 						
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 Office 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date 05/02/2024	Payee name Hill Country Springs, Inc.						
	Amount (\$) \$8.66	Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense / for Office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/02/2024	Hill Country Springs, Inc.						
	Amount (\$) \$36.64	Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd.						
		Austin, TX 78747						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense / for Office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr By - Gift/Awards/Memorials Expense Printing Expense Tr				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: 27/94 Rpt:		Gonzalez, Mary Edna (The Honorable	00068004						
4	Date	5	Payee name							
	02/09/2024		Hill Country Springs, Inc.							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$42.64		10019 S Interstate 35 Frontage Rd.							
			Austin, TX 78747							
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						Water Delive	ry fe	or Office		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	01/03/2024		Hill Country Springs, Inc.							
	Amount (\$)		Payee address; City; State	e; Zip Co	ode					
	\$27.81		10019 S Interstate 35 Frontage Rd.	o,p oo						
	Ψ21.01									
			Austin, TX 78747							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						Water Delive	ry to	or Office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Data	<u> </u>								
	Date		Payee name							
	06/08/2024		Hoover's Cooking							
	Amount (\$)		3 . 3 .	e; Zip Co	bde					
	\$146.02		2002 Manor Rd							
			Austin, TX 78722		_					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
	-							officeholder living expense		
						Lunch for sta	n a	t meeting to discuss legislative		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		

	EXPENDITURE CATEGORIES 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 tee Legal Services The Instruction Guide ex	Salaries/Wages/Co	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		· · ·	3 Filer ID (Ethics Commission Filers)				
-	Sch: 28/94 Rpt:	onzalez, Mary Edna (The Hono	rable)	00068004				
4	Date 02/14/2024	iyee name Focus Campaigns LLC						
6	Amount (\$) \$7,395.99	7 Payee address; City; State; Zip Code P.O. Box 10726 Fort Worth, TX 76114						
8	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 Live Calls for the Alex Annello Campaign for State Representative 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	didate/Officeholder name nello, Alex	Office sought State Represe	Office held entative District 77				
	Date 04/30/2024	iyee name Motion						
	Amount (\$) \$27.05	iyee address; City; 501 Cargo Ave. uite 500 ustin, TX 78719	State; Zip Code					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of fice Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone Charger during Travel				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	didate/Officeholder name	Office sought	Office held				
	Date 06/25/2024	iyee name stacart						
	Amount (\$) \$9.99	nyee address; City; 9 Beale St. 500 an Francisco, TX 94015	State; Zip Code					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of CES		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription Fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office sought	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:				3 Filer ID (Ethics Commission Filers)			
	Sch: 29/94 Rpt:	onzalez, Mary Edna (The Hond	orable)		00068004			
4	Date 05/24/2024	iyee name stacart						
6	Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 50 Beale St. #600 San Francisco, TX 94015						
8	PURPOSE OF EXPENDITURE	OF Get Categories instead at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office sough		Office held			
	Date	iyee name						
	04/23/2024	stacart						
	Amount (\$) \$9.99	yee address; City;) Beale St. 500 an Francisco, TX 94015	State; Zip Code					
	PURPOSE OF EXPENDITURE	Ategory (See Categories listed at the top o	of this schedule) (b		utside of Texas. Complete Schedule T. TX, officeholder living expense =ee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office sought		Office held			
	Date	iyee name						
	03/22/2024	stacart						
	Amount (\$) \$9.99	yee address; City;) Beale St. 600 an Francisco, TX 94015	State; Zip Code					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top o	of this schedule) (b		utside of Texas. Complete Schedule T. TX, officeholder living expense -CeC			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office sough		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	oense 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	•		•	2	Filer ID (Ethics Commission Filers)		
-	Sch: 30/94 Rpt:		Gonzalez, Mary Edna (The Honorable))			00068004		
4	Date 02/21/2024		Payee name Instacart						
6	Amount (\$) \$9.99	:	7 Payee address; City; State; Zip Code 50 Beale St. #600 San Francisco, TX 94015						
8	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 Subscription Fee 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name (Office sou	ht		Office held		
	Date		Payee name						
	02/20/2024		Instacart						
	Amount (\$)		Payee address; City; State	; Zip Co	le				
	\$10.75		50 Beale St.						
			#600 San Francisco, TX 94015						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense pitol Office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ht		Office held		
	Date		Payee name						
	02/20/2024		Instacart						
	Amount (\$) \$97.00	;	Payee address; City; State 50 Beale St. #600 San Francisco, TX 94015	; Zip Co	le				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense pitol Office		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name 0	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 31/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004					
4	Date 01/22/2024	Payee name Instacart						
6	Amount (\$) \$199.92	Payee address; City; State; Zip Code 50 Beale St. #600 San Francisco, TX 94015						
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/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/22/2024	Instacart						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$9.99	50 Beale St. #600 San Francisco, TX 94015						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Eee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/13/2024	Julio's Cafe						
	Amount (\$) \$88.92	Payee address;City;State;Zip Code3630 Joe Battle Blvd.						
		El Paso, TX 79938						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense eholder and Constituents during					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expen y - Git/Awards/Memorials Expense Printing Expe			ense jes/Contract Labor	Image: Wreated Expense Transportation Equipment & Related Expense ravel in District Travel in District e Travel Out of District /Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · ·			3	Filer ID (Ethics Commission Filers)	
-	Sch: 32/94 Rpt:		Gonzalez, Mary Edna (The Honorable)				00068004	
4	Date 03/13/2024		Payee name L&J Cafe					
6	Amount (\$)	7	Payee address; City; State; Z	Zin Code	<u></u>			
Ū	\$148.81							
_	DUDDOCE	<u> </u>						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (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						officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offic	ce sough	nt		Office held	
	Date		Payee name					
	04/15/2024		Link Restaurant					
	Amount (\$)		Payee address; City; State; Z	Zip Code	9			
	\$104.38		930 Tchoupitoulas St. New Orleans, LA 70130					
		<u> </u>						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Food/Beverage Expense	_{ile)} (t	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense older and Constituents during	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce sough	it		Office held	
	Date		Payee name					
	06/17/2024		Lozano, Jennifer					
	Amount (\$) \$175.50		Payee address; City; State; Z 602 E. Calton Rd., #201	Zip Code	2			
			Laredo, TX 78041	i				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Contributions/Donations Made By Candidate/Officeholder/Political Committe	- /	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense aale Texas Olympian	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offic	ce sough	it		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 33/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 06/21/2024	Payee name Lyft							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$26.93	185 Berry St.							
		San Francisco, CA 94107							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Transportation Equipment And Related Expense Transportation for Officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/14/2024	Lyft							
	Amount (\$) \$12.99	Payee address;City;State;Zip Code185 Berry St.							
		San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense n for Officeholder						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/11/2024	Lyft							
	Amount (\$) \$31.61	Payee address;City;State;Zip Code185 Berry St.							
		San Francisco, CA 94107							
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Transportation for Officeholder									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Eth	ics Commission Filers)
	Sch: 34/94 Rpt:		Gonzalez, Mary Edna (The Honorable)						00068004	
4	Date 06/10/2024	5	Payee name Lyft							
6	Amount (\$)	7	-							
	\$5.00		185 Berry St. San Francisco, CA 94107							
8	PURPOSE	(2)					(b) Description			
ō	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Officeholder									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Office sou	ht		Office held	
	Date		Payee name							
	06/10/2024		Lyft							
Amount (\$) Payee address; City; State; Zip Code										
	\$35.98		185 Berry S San Francis	:. co, CA 94107						
PURPOSE OF EXPENDITURE				e Categories listed at th Dn Equipment A			Check if Austir	n, TX,	de of Texas. Complete S officeholder living exper or Officeholder	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ht		Office held	
	Date		Payee name							
	06/06/2024		Lyft							
	Amount (\$) \$32.99		Payee addres 185 Berry S		State	; Zip Coo	le			
			San Francis	co, CA 94107						
	PURPOSE OF EXPENDITURE	(a)		e Categories listed at th DN Equipment A		,	Check if Austir	n, TX,	de of Texas. Complete S officeholder living exper or Officeholder	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Dffice sou	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:		3 Filer ID (Ethics Commission Filers)					
-	Sch: 35/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004					
4	Date 06/05/2024	Payee name Lyft						
6	Amount (\$) \$14.43	7 Payee address; City; State; Zip Code \$14.43 185 Berry St. San Francisco, CA 94107						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Transportation for Officeholder								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/05/2024	Lyft						
	Amount (\$) \$9.54	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense on for Officeholder					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/05/2024	Lyft						
	Amount (\$) \$25.52	Payee address; City; State; Zip Code 185 Berry St.						
		San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	Expense Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense on for Officeholder					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 36/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 06/04/2024	Payee name Lyft							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$16.07	185 Berry St.							
		San Francisco, CA 94107							
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE		utside of Texas. Complete Schedule T.						
			TX, officeholder living expense I for Officeholder						
		Transportation	nor Onicentitider						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/04/2024	Lyft							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$10.26	185 Berry St.							
		San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense n for Officeholder						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/04/2024	Lyft							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$38.99	185 Berry St.							
		San Francisco, CA 94107							
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense In for Officeholder						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense			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	Ξ				3	Filer ID (Ethics Commission Filers)
	Sch: 37/94 Rpt:			Mary Edna (Th	e Honorable))			00068004
4	Date 05/02/2024	5	 Payee name Lyft 						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
-	\$24.79		185 Berry St. San Francisco, CA 94107						
8	PURPOSE	(a)					(b) Decoription		
U	OF	OF Transportation Equipment And Related						, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ıht		Office held
	Date		Payee name						
	04/25/2024		Lyft						
Amount (\$) Payee address; City; State; Zip Code									
	\$30.95		185 Berry S San Francis	St. 5co, CA 94107					
PURPOSE OF EXPENDITURE				ee Categories listed a tion Equipment			Check if Austir	n, TX,	ide of Texas. Complete Schedule T. K, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	Jht		Office held
	Date		Payee name						
	04/16/2024		Lyft						
	Amount (\$) \$22.97		Payee addre 185 Berry S		State	; Zip Co	le		
				sco, CA 94107					
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed a tion Equipment		,	Check if Austir	n, TX,	ide of Texas. Complete Schedule T. K, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(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	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:		3 Filer ID (Ethics Commission Filers)					
-	Sch: 38/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004					
4	Date 04/15/2024	5 Payee name Lyft						
6	Amount (\$) \$11.53	7 Payee address; City; State; Zip Code \$11.53 185 Berry St. San Francisco, CA 94107						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Transportation Equipment And Related Image: Check if Austin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/15/2024	Lyft						
	Amount (\$) \$8.06	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense 1 for Officeholder					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/12/2024	Lyft						
	Amount (\$) \$8.01	Payee address;City;State;Zip Code185 Berry St.						
		San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense n for Officeholder					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	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	· · · · ·		•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 39/94 Rpt:	-	Gonzalez, Mary Edna (The Honorable))			00068004		
4	Date 04/11/2024	5	Payee name Lyft						
6	Amount (\$)	7	Payee address; City; State;						
	\$47.66		185 Berry St.						
			San Francisco, CA 94107						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description				
-	OF		Transportation Equipment And Related			outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Expense		Check if Austin	, тх	, officeholder living expense		
					Transportatio	n f	or Officeholder		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	03/25/2024		Lyft						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$12.88		185 Berry St.						
			-						
			San Francisco, CA 94107						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	'	(b) Description				
	EXPENDITURE		Transportation Equipment And Related	t			ide of Texas. Complete Schedule T. , officeholder living expense		
			Expense		Transportation for Officeholder				
					ranoportatio				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	nht		Office held		
	expenditure to benefit C/OF				<u></u>				
-	Date		Payee name						
	03/22/2024		Lyft						
_	Amount (\$)		-	; Zip Co	do				
	\$27.99		185 Berry St.	, Zip C0	ue				
	φ21.55		100 Deny St.						
			San Francisco, CA 94107						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	,	(b) Description				
	EXPENDITURE		Transportation Equipment And Related	k			ide of Texas. Complete Schedule T.		
			Expense				, officeholder living expense or Officeholder		
					ransportatio	111			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	abt		Office held		
	expenditure to benefit C/OF			SUCE SUC	Jur		Unice field		
_									

	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			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 40/94 Rpt:		Gonzalez, Mary Edna (The Honorable)			ľ	00068004		
4	Date 03/21/2024	5	Payee name Lyft						
6		-	-	Zin Co	10				
0	Amount (\$) \$10.23	7 Payee address; City; State; Zip Code 185 Berry St.							
	Ψ10.25		105 Derry St.						
			San Francisco, CA 94107						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment And Related				ide of Texas. Complete Schedule T.		
			Expense				, officeholder living expense or Officeholder		
					Παπορυτιαία	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or Onicentitider		
9	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	uht		Office held		
9	expenditure to benefit C/OI			nice sou	jin		Once neid		
	Data	<u> </u>							
	Date		Payee name						
	03/20/2024		Lyft						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$47.93 185 Berry St.								
			San Francisco, CA 94107						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment And Related	<i>'</i>		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE		Expense				, officeholder living expense		
					Transportatio	on f	or Officeholder		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Iht		Office held		
	expenditure to benefit e/or								
	Date		Payee name						
	03/20/2024		Lyft						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$15.88		185 Berry St.						
			San Francisco, CA 94107						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment And Related	<i>'</i>		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE		Expense				, officeholder living expense		
					Transportatio	on f	or Officeholder		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held		
		1							

	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	· · · · ·		• • • • •	3	Filer ID (Ethics Commission Filers)			
-	Sch: 41/94 Rpt:	-	Gonzalez, Mary Edna (The Honorable)				00068004			
4	Date 03/19/2024	5	Payee name Lyft							
6	Amount (\$)	7	-	Zin Cor	10					
ľ	\$10.25	ľ	Payee address; City; State; Zip Code 185 Berry St.							
			San Francisco, CA 94107							
8	PURPOSE OF		Category (See Categories listed at the top of this sche		(b) Description					
	EXPENDITURE		Transportation Equipment And Related				ide of Texas. Complete Schedule T.			
			Expense				, officeholder living expense			
					Transportatio		or Officeholder			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	Jht		Office held			
	Date		Payee name							
	03/18/2024		Lyft							
	Amount (\$)	-	Payee address; City; State;	Zip Co	le					
	\$51.50		185 Berry St.	2.6 000						
	ψ51.50		105 Deny St.							
		<u> </u>	San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Transportation Equipment And Related	'			ide of Texas. Complete Schedule T.			
			Expense				officeholder living expense or Officeholder			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought				Office held			
	Date		Payee name							
	03/18/2024		Lyft							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$37.25		185 Berry St.	·						
			San Francisco, CA 94107							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment And Related Expense		Check if Austir	I, TX	ide of Texas. Complete Schedule T. , officeholder living expense or Officeholder			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	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	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
-	Sch: 42/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004					
4	Date 03/18/2024	Payee name Lyft						
6	Amount (\$) \$33.06	7 Payee address; City; State; Zip Code \$33.06 185 Berry St. San Francisco, CA 94107						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Transportation Equipment And Related Image: Check if Austin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/18/2024	Lyft						
	Amount (\$) \$30.91	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense ation for Officeholder					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/18/2024	Lyft						
	Amount (\$) \$24.95	Payee address; City; State; Zip Code 185 Berry St.						
		San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense ation for Officeholder					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	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			• • • • • •	3	Filer ID (Ethics Commission Filers)			
-	Sch: 43/94 Rpt:	-	Gonzalez, Mary Edna (The Honorable)			ľ	00068004			
4	Date 03/18/2024	5	Payee name Lyft							
6	Amount (\$)	7	<u> </u>							
ľ	\$15.75	ľ	7 Payee address; City; State; Zip Code185 Berry St.							
	φ13.75									
			San Francisco, CA 94107							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Transportation Equipment And Related				ide of Texas. Complete Schedule T.			
			Expense				, officeholder living expense or Officeholder			
					Παπορυτιαιία		of Officentider			
_	Complete ONIL V if direct		Condidate /Office helder response		- la 4		Office held			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	int		Office held			
	Date		Payee name							
	03/18/2024		Lyft							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$15.24 185 Berry St.									
			San Francisco, CA 94107							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF		Transportation Equipment And Related	<i>'</i>		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Expense				, officeholder living expense			
					Transportatio	n f	or Officeholder			
	Complete ONLY if direct		Candidate/Officeholder name O	Office soug	Jht		Office held			
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	03/18/2024		Lyft							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$14.98		185 Berry St.							
			San Francisco, CA 94107							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment And Related				ide of Texas. Complete Schedule T.			
	EXPENDITORE		Expense				, officeholder living expense			
					Transportatio	n f	or Officeholder			
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	Jht		Office held			
	expenditure to benefit C/OI	Η								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)						
-	Sch: 44/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 03/18/2024	Payee name Lyft							
6	Amount (\$) \$13.85	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 And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Officeholder 							
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
03/18/2024 Lyft									
	Amount (\$) \$13.79								
	PURPOSE OF EXPENDITURE	Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense n for Officeholder						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/18/2024	Lyft							
	Amount (\$) \$12.85	Payee address;City;State;Zip Code185 Berry St.							
		San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense n for Officeholder						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Printing Expense			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			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 45/94 Rpt:	-	Gonzalez, Mary Edna (The Honorable)	00068004					
4	Date 03/04/2024	5	Payee name Lyft						
6	Amount (\$)	7	Payee address; City; State;						
	\$24.71		185 Berry St.	•					
			-						
			San Francisco, CA 94107						
8	PURPOSE	<u> </u>			(b) Description				
ľ	OF		Category (See Categories listed at the top of this schu Transportation Equipment And Related			outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Expense	-	Check if Austin	, TX	, officeholder living expense		
					Transportatio	n f	or Officeholder		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	03/01/2024		Lyft						
Amount (\$) Payee address; City; State; Zip Code									
	\$11.37 185 Berry St.								
			-						
			San Francisco, CA 94107						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	'	(b) Description				
	EXPENDITURE		Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule						
			Expense				or Officeholder		
					ranoportatio				
	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	thr		Office held		
	expenditure to benefit C/OF				<u></u>				
-	Date		Payee name						
	02/26/2024		Lyft						
	Amount (\$)		-	Zip Co					
	\$36.78		185 Berry St.	, Zip C0	he				
	φ30.76		103 Deny St.						
			San Francisco, CA 94107						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	,	(b) Description				
	EXPENDITURE		Transportation Equipment And Related	k			ide of Texas. Complete Schedule T.		
			Expense				, officeholder living expense or Officeholder		
					ransportatio	111			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	abt		Office held		
	expenditure to benefit C/OF			SULLE SULL	Jur		Onice neid		
_									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur: Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 46/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 02/26/2024	Payee name Lyft							
6	Amount (\$) \$12.45	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 And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Officeholder 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/07/2024	Lyft							
	Amount (\$) \$83.98	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	Expense	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense ortation for Officeholder						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/05/2024	Lyft							
	Amount (\$) \$89.99	Payee address; City; State; Zip Code 185 Berry St.							
		San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	Expense	tion x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense ortation for Officeholder						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contrac The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 47/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 02/05/2024	Payee name Lyft							
6	Amount (\$) \$54.31	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 And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Officeholder 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/05/2024	Lyft							
	Amount (\$) \$20.69	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	Expense	ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense sportation for Officeholder						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/22/2024	Lyft							
	Amount (\$) \$37.75	Payee address; City; State; Zip Code 185 Berry St.							
		San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE		ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense sportation for Officeholder						
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Jummittee Legal Services 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)						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)						
-	Sch: 48/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 01/19/2024	Payee name Lyft							
6	Amount (\$) \$43.89	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 And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Officeholder 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/04/2024	Lyft							
	Amount (\$) \$38.85	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense for Officeholder						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/03/2024	Lyft							
	Amount (\$) \$10.00	Payee address;City;State;Zip Code185 Berry St.							
		San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense for Officeholder						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	· · · · ·	3 Filer ID (Ethics Commission Filers)						
-	Sch: 49/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 01/03/2024	Payee name Lyft							
6	Amount (\$) \$35.45	7 Payee address; City; State; Zip Code							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transporation for Officeholder 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/02/2024	Lyft							
	Amount (\$) \$27.97	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense n for Officeholder						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/02/2024	Lyft							
	Amount (\$) \$40.91	Payee address;City;State;Zip Code185 Berry St.							
		San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense n for Officeholder						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES 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 E Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	rhead lense pense ages/	e 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 Comn	nission Filers)
	Sch: 50/94 Rpt:		Gonzalez, Mary Edna (The I						00068004	(,
4	Date 06/28/2024		Payee name Mamacitas								
6	Amount (\$) \$54.33										
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 Constituents duri Meeting 						during		
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH							Office he	eld		
	Date		Payee name								
	06/28/2024		Mamacitas								
	Amount (\$) \$183.49		Payee address; City; 1580 Clint	State;	Zip Co	de					
			Clint, TX 79836								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Food/Beverage Expense	e top of this sch	edule)			, тх,	de of Texas. Com officeholder living older and C	expense	during
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	06/26/2024		Mamacitas								
	Amount (\$) \$59.87		Payee address; City; 1580 Clint	State;	Zip Co	de					
			Clint, TX 79836								
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) 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/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	

	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	3 Filer ID (Ethics Commission Filers)						
	Sch: 51/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 06/26/2024	5 Payee name Mamacitas							
6	Amount (\$) \$140.82	7 Payee address; City; State; Zip Code 0.82 1580 Clint Clint, TX 79836							
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 Constituents during Meeting 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/10/2024	Mamacitas							
	Amount (\$) Payee address; City; State; Zip Code \$11.65 1580 Clint								
		Clint, TX 79836							
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense eholder and Constituents during						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/10/2024	Mamacitas							
	Amount (\$) \$19.70	Payee address; City; State; Zip Code 1580 Clint							
		Clint, TX 79836 (a) Category (See Categories listed at the top of this schedule) (b) Description							
	PURPOSE OF EXPENDITURE	outside of Texas. Complete Schedule T. TX, officeholder living expense eholder and Constituents during							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Printing Expense				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		•		•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 52/94 Rpt:		Gonzalez, Mary Edna (The F	00068004						
4	Date 06/10/2024		Payee name Mamacitas							
6	Amount (\$) \$79.57	7 Payee address; City; State; Zip Code 57 1580 Clint Clint, TX 79836								
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 Constituents during Meeting							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	06/03/2024		Vamacitas							
	Amount (\$) \$49.51		Payee address; City; 1580 Clint	State;	; Zip Coo	le				
	PURPOSE OF EXPENDITURE	(a)	Clint, TX 79836 Category _{(See Categories listed at the} Food/Beverage Expense	e top of this sch	edule)	Check if Austir	n, TX,	ide of Texas. Complete Schedule T. c, officeholder living expense nolder and Constituents during		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		^D ayee name							
	05/22/2024		Vamacitas							
	Amount (\$) \$25.49		Payee address; City; 1580 Clint	State;	; Zip Coo	le				
			Clint, TX 79836							
EXPENDITURE Check if Austin, TX, officeholder li					ide of Texas. Complete Schedule T. K, officeholder living expense nolder and Constituents during					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee Legal Servic	ge Expense Memorials Expense	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)		
_	Tatal warman Oak adula E4			Cubin Guide explains i					
1	Total pages Schedule F1: Sch: 53/94 Rpt:		FILER NAME3Filer ID(Ethics Commission FGonzalez, Mary Edna (The Honorable)00068004						
4	Date	5	Payee name				•		
	05/22/2024		Mamacitas						
6	Amount (\$)	7	Payee address; Ci	ty; State;	Zip Co	de			
	\$180.85		1580 Clint						
			Clint, TX 79836						
8	PURPOSE	(a)	Category (See Categories	listed at the top of this sch	edule)	(b) Description			
	OF		Food/Beverage Expe		ouuloy		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						Food for Offi Meeting	ceh	older and Constituents during	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder r	name C) Office sou	ght		Office held	
	Date		Payee name						
	05/20/2024		Mamacitas						
Amount (\$) Payee address; City; State; Zip Code									
	\$235.61		1580 Clint	y, Otato,	210 000				
	φ255.01								
			Clint, TX 79836						
	PURPOSE OF EXPENDITURE		Category (See Categories Food/Beverage Expo		edule)	Check if Austin	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense nolder and Constituents during	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder r	name C	Dffice sou	ght		Office held	
-	Date		Payee name						
	05/20/2024		Mamacitas						
					7: 0				
	Amount (\$)		Payee address; Ci	y; State;	Zip Co	de			
	\$461.49		1580 Clint						
			Clint, TX 79836						
	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Exp	ense		Check if Austin	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense nolder and Constituents during	
	Complete ONLY if direct	<u> </u>	andidate/Officeholder r	name C	Office sou	ght		Office held	
	expenditure to benefit C/OI			-		~			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee Legal Services	e Expense emorials Expense	Office Over Polling Exp Printing Ex Salaries/W	head/Rei ense bense ages/Con	eimbursement ntal Expense ntract Labor his form.		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	-		-	1	3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 54/94 Rpt:		Gonzalez, Mary Edna (The Honorable) 00068004						(,	
4	Date 05/20/2024	5	Payee name Mamacitas								
6	Amount (\$) \$80.71										
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 Constituents durin Meeting 						luring		
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH							Office he	eld		
	Date		Payee name								
	05/08/2024		Mamacitas								
	Amount (\$) \$246.24		Payee address; City 1580 Clint	r; State;	Zip Coo	le					
			Clint, TX 79836								
PURPOSE OF EXPENDITURE			Category (See Categories I Food/Beverage Expe		edule)	□ □ Fo	Check if Austin,	TX,	officeholder living	plete Schedule T. expense ONStituents C	luring
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	ame O	Office sou	lht		Office held			
	Date		Payee name								
	04/24/2024		Mamacitas								
	Amount (\$) \$277.19		Payee address; City 1580 Clint	r; State;	Zip Coo	le					
			Clint, TX 79836		i						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Food/Beverage Expense (b)					□ □ Fo	 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/OF		andidate/Officeholder na	ame O	Office soug	Iht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Award Imittee Legal Serv	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				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: 55/94 Rpt:		Gonzalez, Mary Edna (The Honorable) 00068004								
4	Date 04/18/2024		Payee name Mamacitas								
6	Amount (\$) \$164.70		Payee address; City; State; Zip Code 1580 Clint Clint, TX 79836								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Food for Officeholder and Constituents of Meeting						xpense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name O	Office souç	ht		Office held	1		
	Date		Payee name								
	04/18/2024		Mamacitas								
	Amount (\$) \$70.74		1580 Clint	City; State;	Zip Coo	le					
	PURPOSE OF EXPENDITURE	(a)	Clint, TX 79836 Category _{(See Categori} Food/Beverage Ex	es listed at the top of this sche DENSE	edule)	Check if Austir	ı, TX,	de of Texas. Comple officeholder living e: older and Cor			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name O)ffice sou	ht		Office held			
	Date		Payee name								
	04/08/2024		Mamacitas								
	Amount (\$) \$109.75		Payee address; 0 1580 Clint	City; State;	Zip Coo	le					
			Clint, TX 79836								
	PURPOSE OF EXPENDITURE		Category _{(See Categori} Food/Beverage Ex	es listed at the top of this sche DENSE	edule)	Check if Austir	ı, TX,	de of Texas. Comple officeholder living e older and Cor			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name O	Office soug	ht		Office held	1 		

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards nmittee Legal Servi	age Expense /Memorials Expense	Office Over 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)
_	Tatal warman Oak adula E4					inpiete this form.		Files ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 56/94 Rpt:		Gonzalez, Mary Edi	na (The Honorable)			3	Filer ID (Ethics Commission Filers) 00068004
4	Date	5	Payee name				•	
	04/01/2024		Mamacitas					
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Co	de		
	\$190.22		1580 Clint					
			Clint, TX 79836					
8	PURPOSE	(2)				(b) Decerimtics		
Ô	OF	(a)	Category (See Categorie		edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Exp	ense				, officeholder living expense
						Food for Offic	ceh	older and Constituents during
						Meeting		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name O)ffice sou	ght		Office held
	Date		Payee name					
	03/27/2024		Mamacitas					
_	Amount (\$)	┝	Payee address; C	ity; State;	Zip Co	1e		
	\$36.66		1580 Clint	ity, State,	20			
	ψ50.00		1300 Cillit					
			Clint, TX 79836					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categorie Food/Beverage Exp		edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rolder and Constituents during
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name O)ffice sou	Jht		Office held
_	Dete							
	Date 03/14/2024		Payee name Mamacitas					
	Amount (\$)		-	ity; State;	Zip Co	de		
	\$141.36		1580 Clint					
			Clint, TX 79836					
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Exp		,	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Iolder and Staff during Meeting
-	Complete ONLV if direct	Ľ	Candidate/Officeholder	name	office cour	aht		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuluate/Onicenoider		office sou	jiit		
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EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa nmittee Legal Se	verage Expense urds/Memorials Expense ervices	9	Office Over Polling Exp Printing Ex Salaries/W	head/Ren ense oense ages/Cont			Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	& Related Expense
-				struction Guide ex	pians no		ipiete ti			<u></u>	(E th):	
1	Total pages Schedule F1: Sch: 57/94 Rpt:	2	FILER NAME Gonzalez, Mary E	dna (The Hono	rable)					Filer ID 00068004	(Ethics (Commission Filers)
4	Date	5	Payee name		,							
-	03/14/2024	Ĵ	Mamacitas									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	le					
	\$159.24		1580 Clint									
			Clint, TX 79836									
8	PURPOSE	(a)	Category (See Categ	ories listed at the top of	this sched	dule)	(b) Des	scription				
	OF EXPENDITURE		Food/Beverage E							de of Texas. Com		dule T.
										officeholder living		na Meetina
							10				an uum	ing meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officehold	er name	Of	ffice soug	Iht			Office he	eld	
	Date		Payee name									
	03/11/2024		Mamacitas									
	Amount (\$)		Payee address;	City;	State [.]	Zip Co	le					
	\$67.31		1580 Clint	e,	o tato,	p 000						
	\$01101		2000 000									
			Clint, TX 79836									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categ Food/Beverage E		this schec	dule)		Check if Austin,	, TX,	de of Texas. Com officeholder living older and Si	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officehold	er name	Of	ffice souç	lht			Office he	eld	
	Date		Payee name									
	03/11/2024		Mamacitas									
	Amount (\$)		Payee address;	City;	State:	Zip Co	le					
	\$79.05		1580 Clint	,	,							
			Clint, TX 79836									
	PURPOSE OF	(a)	Category (See Categ		this scheo	dule)		Scription	Outeir	le of Texas. Com	nlete Schor	dule T
	EXPENDITURE		Food/Beverage E	xpense			Ħ	Check if Austin,	, TX,	officeholder living	, expense	
-	Complete ONLY if direct		andidate/Officehold	er name	Of	ffice soug	lht			Office he	eld	
	expenditure to benefit C/OI											
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EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa Legal Se	verage Expense rds/Memorials Expense rvices	Offic Polli Print Sala	e Overhe ng Exper ing Expe ries/Wag	nse es/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
-	T			struction Guide expl	ans now i	o com	nete this form.		51 10	
1	Total pages Schedule F1: Sch: 58/94 Rpt:	2	FILER NAME Gonzalez, Mary E	dna (The Honora	ahle)			3	Filer ID 00068004	(Ethics Commission Filers)
_	•								0000004	
4	Date 03/04/2024	5	Payee name Mamacitas							
6	Amount (\$) \$33.99	7	Payee address; 1580 Clint Clint, TX 79836	City; S	State; Zip	Code				
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Food/Beverage E		iis schedule)	(b	Check if Austin	n, TX,	ide of Texas. Comp , officeholder living older and Sta	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office	sough	t		Office he	ld
	Date		Payee name							
	02/26/2024		Mamacitas							
	Amount (\$)		Payee address;	City; S	State; Zip	Code	•			
	\$198.86		1580 Clint Clint, TX 79836							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categor Food/Beverage E		iis schedule)	(b	Check if Austin	n, TX,	ide of Texas. Comp , officeholder living Iolder and Sta	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office	sough	t		Office he	ld
	Date		Payee name							
	02/23/2024		Mamacitas							
	Amount (\$) \$69.87		Payee address; 1580 Clint	City; S	State; Zip	Code				
			Clint, TX 79836							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categor Food/Beverage E		iis schedule)	(b	Check if Austin	n, TX,	ide of Texas. Comp , officeholder living Iolder and Sta	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office	sough	t		Office he	ld

EXPENDITURE CATEGORIES 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 Imittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	rhead/Re pense pense ages/Co	Reimbursement ental Expense ontract Labor this form .		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2		pianioi				3	Filer ID	(Ethics Commission Filers)
1	Sch: 59/94 Rpt:	2	Gonzalez, Mary Edna (The Hono	rable)					00068004	
4	Date	5	Payee name							
	02/22/2024		Mamacitas							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de				
	\$103.88		1580 Clint							
			Clint, TX 79836							
8	PURPOSE	(a)				(h) D	operintion			
°	OF	(a)	Category (See Categories listed at the top of	this sche	edule)		escription Check if travel o	nutsio	le of Texas. Comp	lete Schedule T
	EXPENDITURE		Food/Beverage Expense			-	4		officeholder living	
						F	ood for Offic	eh	older and Sta	aff during Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name	C	Office sou	ght			Office hel	d
	Date		Payee name							
	02/20/2024		Mamacitas							
		<u> </u>		State	Zip Co	do				
	Amount (\$)		Payee address; City;	State,	Zip Cu	ue				
	\$49.44		1580 Clint							
			Clint, TX 79836							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Food/Beverage Expense	f this sche	edule)		Check if Austin,	ΤX,	de of Texas. Comp officeholder living older and Sta	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C)ffice sou	ght			Office hel	d
	Date		Payee name							
	02/20/2024		Mamacitas							
	Amount (\$)	-	Payee address; City;	State	Zip Co	de				
	\$54.86		1580 Clint	otato,	2.p 00					
	\$04.00									
			Clint, TX 79836							
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) De	escription			
	OF EXPENDITURE		Food/Beverage Expense			L F	Check if Austin,	TX,	de of Texas. Comp officeholder living older and Sta	
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	0	Office sou	aht			Office hel	d
	expenditure to benefit C/OI			0						~
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EXPENDITURE CATEGORIES 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 explain	Office Polling Printing Salarie	Overhe Exper g Expe s/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
4	Tatal names Cabadula E1.			13 1100 10	comp	nete tins form.	1	Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 60/94 Rpt:	2	Gonzalez, Mary Edna (The Honorab	le)			3	Filer ID (Ethics Commission Filers) 00068004
4	Date	5	Payee name					
	02/20/2024		Mamacitas					
6	Amount (\$)	7	Payee address; City; Sta	te; Zip	Code	9		
	\$89.82		1580 Clint					
			Clint, TX 79836					
8	PURPOSE	(a)			(h	Description		
°	OF	(a)	Category (See Categories listed at the top of this	schedule)	(0	Description Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense					, officeholder living expense
						Food for Offi	ceh	older and Staff during Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office s	ough	t		Office held
	Date		Payee name					
	02/13/2024		Mamacitas					
_	Amount (\$)			te; Zip	Code			
	\$102.02		1580 Clint	ιιe, zip	Coue	;		
	\$102.02							
			Clint, TX 79836					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	(b	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense Holder and Staff during Meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office s	ough	t		Office held
	Date		Payee name					
	01/25/2024		Mamacitas					
	Amount (\$)		Payee address; City; Sta	te; Zip	Code	2		
	\$19.97		1580 Clint	,				
	\$20101							
			Clint, TX 79836		_			
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b	Description		
	OF EXPENDITURE		Food/Beverage Expense			Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense Iolder and Staff during Meeting
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office s	l ouah	t		Office held
	expenditure to benefit C/Oł			0000	Jugn			
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	EXPENDITURE CATEGORIES 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 explain	Office Overhead Polling Expense Printing Expens Salaries/Wages	se Travel Out of District S/Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)					
	Sch: 61/94 Rpt:	Gonzalez, Mary Edna (The Honorable	e)	00068004					
4	Date 01/25/2024	Payee name Mamacitas							
6	Amount (\$) \$127.88	Payee address; City; Stat 580 Clint Clint, TX 79836	e; Zip Code						
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this stood/Beverage Expense	chedule) (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 <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held					
	Date	Payee name							
	01/22/2024	lamacitas							
	Amount (\$) \$383.57	Payee address; City; Stat 580 Clint	e; Zip Code						
		Clint, TX 79836							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this stood/Beverage Expense	_{chedule)} (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					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held					
	Date	vayee name							
	01/22/2024	lamacitas							
	Amount (\$) \$86.50	Payee address; City; Stat 580 Clint	e; Zip Code						
		Clint, TX 79836	i						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Food/Beverage Expense	chedule) (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					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	undidate/Officeholder name	Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	Gift/Awa mittee Legal S	verage Expense Irds/Memorials Expense	Office (Polling Printing Salarie	Dverhea Expens J Expen s/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Ex	
1	Total pages Schedule F1:	2	ILER NAME					3	Filer ID	(Ethics Commissio	on Filers)
	Sch: 62/94 Rpt:		Gonzalez, Mary E	dna (The Honoral	ole)				00068004		
4	Date 01/16/2024		Payee name Mamacitas								
6	Amount (\$) \$168.53		Payee address; 1580 Clint Clint, TX 79836	City; St	ate; Zip (Code					
8	PURPOSE OF EXPENDITURE		Category _{(See Categ} Food/Beverage E	ories listed at the top of this XPENSE	schedule)	(b)	Check if Austin	n, TX,	de of Texas. Comp officeholder living older and Co		ng
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office s	ought			Office he	eld	
	Date		Dayee name								
	01/16/2024	1	Vamacitas								
	Amount (\$) \$115.24	:	Payee address; 1580 Clint	City; St	ate; Zip (Code					
	PURPOSE OF EXPENDITURE	(a) (Clint, TX 79836 Category _{(See Categ} Food/Beverage E	ories listed at the top of this XPENSE	s schedule)	(b)	Check if Austin	n, TX,	de of Texas. Comp officeholder living Older and Co		ng
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office s	ought			Office he	eld	
	Date		Payee name								
	01/16/2024		Vamacitas								
	Amount (\$) \$19.40		^D ayee address; 1580 Clint	City; St	ate; Zip (Code					
			Clint, TX 79836			-					
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Food/Beverage E	ories listed at the top of this XPENSE	schedule)	(b)	Check if Austin	n, TX,	de of Texas. Comp officeholder living older and Co		ng
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office s	ought			Office he	eld	

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Comr	nittee Gift/Award Legal Ser	erage Expense Is/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2 F					3	Filer ID	(Ethics Commission Filers)
	Sch: 63/94 Rpt:			Ina (The Honorable)				00068004	
4	Date 01/11/2024		ayee name Iamacitas						
6	Amount (\$) \$62.09	1	ayee address; 580 Clint Clint, TX 79836	City; State;	Zip Coo	le			
8	PURPOSE OF EXPENDITURE		Category _{(See Categor} Cood/Beverage Ex	ies listed at the top of this scho pense	edule)	Check if Austin	n, TX,	de of Texas. Comp officeholder living (older and Co	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholde	r name C	Office soug	ht		Office hel	ld
	Date	F	ayee name						
	01/09/2024	N	lamacitas						
	Amount (\$) \$390.82	1	ayee address; 580 Clint Clint, TX 79836	City; State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE	(a) (ies listed at the top of this scho pense	edule)	Check if Austin	n, TX,	de of Texas. Comp officeholder living older and Co	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholde	r name C	Office soug	ht		Office hel	ld
	Date	F	ayee name						
	01/02/2024	N	lamacitas						
	Amount (\$) \$186.83		ayee address; 580 Clint	City; State;	Zip Coo	le			
		C	Clint, TX 79836		i				
	PURPOSE OF EXPENDITURE		category _{(See Categor} Good/Beverage Ex	ies listed at the top of this scho pense	edule)	Check if Austin	ı, TX,	de of Texas. Comp officeholder living older and Co	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholde	r name C	Office soug	ht		Office hel	ld

EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)				
	Sch: 64/94 Rpt:		Gonzalez, Mary Edna	(The Honorable)				00068004					
4	Date	5	Payee name										
	01/08/2024		McDonald's										
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de							
	\$1.94		2811 Gateway Blvd.										
			Suite W										
			El Paso, TX 79903										
8	PURPOSE	(a)				(b) Description							
Ũ	OF	```	Category (See Categories lis Food/Beverage Expen		edule)		l outs	ide of Texas. Com	blete Schedule T.				
	EXPENDITURE		Tood/Develage Experi	30				, officeholder living					
						Food for Off	ceh	nolder and Co	onstituents during				
						Meeting							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder na	me C	Dffice sou	ght		Office he	ld				
	Date		Payee name										
	01/08/2024		McDonald's										
	Amount (\$)		Payee address; City;	State:	Zip Co	de							
	\$16.08		2811 Gateway Blvd.	,									
	φ10.00		-										
			Suite W										
			El Paso, TX 79903										
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sch	edule)	(b) Description							
	OF EXPENDITURE		Food/Beverage Expen	se				side of Texas. Comp					
								and a contract of the second and a contract o	onstituents during				
						Meeting	CEI						
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder na	me C	Dffice sou	ght		Office he	ld				
	Date		Payee name										
	02/28/2024		Michael's										
	Amount (\$)		Payee address; City;	State:	Zip Co	de							
	\$64.56		1313 George Dieter	etato,	p 000								
	404.00		Ste. C										
			El Paso, TX 79936										
	PURPOSE	(a)	Category (See Categories lis		edule)	(b) Description							
	OF EXPENDITURE			ntributions/Donations Made By					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	-		Candidate/Officeholde	r/Political Comm	iittee				expense				
						Supplies for		racy inight					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	me C	Office sou	yht		Office he	la				
-													

	EXPENDITURE CATEGORIES 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 h	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	·			2	Filer ID (Ethics Commission Filers)			
1	Sch: 65/94 Rpt:	2	Gonzalez, Mary Edna (The Honorable)				00068004			
4	Date	5	Payee name							
	06/27/2024		Montes, Jaime							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$240.00		371 Ruffian Way							
			Clint, TX 79836							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Gift/Awards/Memorials Expense	Julie)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Pecans for c Leaders	olle	agues at Board of Latino Legislative			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	lht		Office held			
	Date		Payee name							
	04/03/2024		NGP VAN Inc							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$703.56		655 15th St. NW							
			Suite 650							
			Washington, DC 20005							
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dulo)	(b) Description					
	OF		Office Overhead/Rental Expense	euule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin, TX, officeholder living expense					
					Campaign D	ata	base Subscription			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office held			
	Date		Payee name							
	02/12/2024		NGP VAN Inc							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$703.56		655 15th St. NW							
			Suite 650							
			Washington, DC 20005							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description					
	OF	Ľ	Office Overhead/Rental Expense	uuic)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
					Campaign D	ata	base Subscription			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	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		mmittee	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	ise s Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymer rhead bense pens (ages	ht/Reimbursement d/Rental Expense e e /Contract Labor		Transportation I Travel in Distric Travel Out of D		
1	Total pages Schedule F1:	2		F	-		-		3	Filer ID	(Ethics Commiss	sion Filers)
1	Sch: 66/94 Rpt:			∟ Mary Edna (The	Honorable))				00068004		
4	Date	5	Payee name									
	04/11/2024			cational Fund								
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	de					
	\$800.00		1000 Corpo	orate Center Dr.								
			Suite 310									
		Monterey Park, CA 91754										
_	DUDDOCE											
8	PURPOSE OF	(a)		See Categories listed at	the top of this sch	edule)	(D)	Description	outei	do of Toyas, Con	nplete Schedule T.	
	EXPENDITURE		Fees							officeholder livin	•	
								Membership			3	
									-			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ïceholder name	(Dffice sou	ght			Office h	eld	
	Date		Payee name	•								
	04/15/2024		National Hi	gh School Foot	all Network	(
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$12.98		2990 Brand			, I						
	\$12.00			aywine rea.								
			Ste. 300									
			Atlanta, GA	30341								
	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees								nplete Schedule T.	
										officeholder livin	g expense	atch San
											in State Cham	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	06/13/2024		Nothing Bu	ndt Cake								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$38.41		2785 Bee 0	Cave Rd.								
			#333									
			Austin, TX	78746								
	PURPOSE					1	(h)	Description				
	OF	(a)		See Categories listed at		iedule)	(u)	Description	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		GIII/Awarus	s/Memorials Exp	bense					officeholder livin		
								Gift				
-	Complete ONLY if direct	L(Candidate/Off	iceholder name	C	Office sou	aht			Office h	eld	
	expenditure to benefit C/Oł			isensider nume		2.1100 000	9.10			Onice II	0.0	
-												

EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Gift/Awards/Mer Legal Services		Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ymei rhead pense pens ages	nt/Reimbursement d/Rental Expense e /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							3	Filer ID	(Ethics Commiss	ion Filers)	
-	Sch: 67/94 Rpt:	[_		larv Edna (The Honorable)			ľ	00068004	(
1	Date	5	Payee name			/							
-	05/24/2024		Nothing Bun	dt Cake									
6	Amount (\$) \$56.81	7	Payee addres 2785 Bee Ca #333 Austin, TX 7	ave Rd.	State	; Zip Co	de						
8	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Gift/Awards/		ed at the top of this sch Expense	nedule)	(b)			de of Texas. Con officeholder livin	nplete Schedule T. g expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder nar	ne C	Office sou	ght			Office h	eld		
	Date		Payee name										
	05/23/2024		O'Donnell In	termediate	Elementary								
	Amount (\$) \$300.00		Payee addres P.O. Box 69	-	State	; Zip Co	de						
			Fabens, TX	79838									
	PURPOSE OF EXPENDITURE	(a)	Category (Se Gift/Awards/		ed at the top of this sch Expense	nedule)	(b)	Check if Austin	, тх,	officeholder livin	nplete Schedule T. g expense ny Monas Dest	ination	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	eholder nar	ne (Dffice sou	ght			Office h	eld		
	Date		Payee name										
	06/14/2024		Ostra Resta	urant									
	Amount (\$)		Payee addres		State	; Zip Co	de						
	\$200.65		212 W Crocl	າວແ ວເ.									
			San Antonio	, TX 78205	5								
	PURPOSE	(a)			ed at the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Food/Bevera	age Expens	se			Check if Austin	, тх,	officeholder livin	nplete Schedule T. g expense Constituents dur	ing	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder nar	ne (Office sou	ght			Office h	eld		

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	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: 68/94 Rpt:		Gonzalez, Mary Edna (The Honorable)				00068004
4	Date	5	Payee name				
	06/14/2024		Ostra Restaurant				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$165.31		212 W Crockett St.				
			San Antonio, TX 78205				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alube	(b) Description		
	OF	Ľ	Food/Beverage Expense	cuuic)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		5				K, officeholder living expense
						ceh	nolder and Constituents during
					Meeting		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held
	Date		Payee name				
	03/18/2024		Oyamel Cocina Mexicana				
_	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$228.10		401 7th St. NW				
	\$220110						
			Washington, DC 20004				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				side of Texas. Complete Schedule T.
							c, officeholder living expense nolder during Travel
_	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	iht		Office held
	expenditure to benefit C/OI						
-	Date		Payee name				
	02/09/2024		Panda Express				
	Amount (\$)			Zip Co	10		
	\$32.00		1820 Joe Battle Blvd.	Zip Cu			
	φ32.00		1020 JOE Ballie Bivd.				
			El Paso, TX 79936				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				side of Texas. Complete Schedule T.
	EXFENDITORE						K, officeholder living expense
					⊢ood for Offi	cer	nolder and Staff during Meeting
	0						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Inc		Office held

		EXPENDITURE CATEGORIES 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 nmittee Legal Services The Instruction Guide exp		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/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: 69/94 Rpt:		Gonzalez, Mary Edna (The Honor	able)				00068004		
4	Date 01/29/2024		Payee name Park Tavern							
6	Amount (\$) \$243.49		7 Payee address; City; State; Zip Code 204 E Mills Ave. El Paso, TX 79901							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Food for Officeholder and Staff during Meeting							officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held		
	Date		Payee name							
	02/12/2024		Petro El Paso							
	Amount (\$) \$29.19		Payee address; City; S 1295 Horizon Blvd.	State;	Zip Cod	e				
	PURPOSE		El Paso, TX 79927							
	OF EXPENDITURE		Category (See Categories listed at the top of t Travel In District	his scheo	dule) (n, TX	ide of Texas. Complete Schedule T. , officeholder living expense ct Travel		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held		
	Date		Payee name							
	03/25/2024		Pho Tre Bien							
	Amount (\$) \$89.15		Payee address; City; 5 6946 Gateway Blvd. Suite E El Paso, TX 79915	State;	Zip Cod	e				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Food/Beverage Expense	his sched	dule) (Check if Austin	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense older and Constituents during		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Of	ffice soug	ht		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 Schodula F1:		3 Filer ID (Ethics Commission Filers)					
L.	Total pages Schedule F1: Sch: 70/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004					
4	Date 05/24/2024	5 Payee name Phoebe's Diner						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
-	\$177.47	408 W 11th St						
		Austin, TX 78701						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
		Lunch for staff and interns at meeting to discus legislative issues						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/17/2024	Primo Water						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$12.98	1150 Assembly Dr.						
		Ste. 800						
		Tampa, FL 33607						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ry for Office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/20/2024	Primo Water						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$12.98	1150 Assembly Dr.						
		Ste. 800						
		Tampa, FL 33607						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ry for Office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				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			Filer ID (Ethics Commission Filers)				
	Sch: 71/94 Rpt:		Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date	5	Payee name							
	04/22/2024		Primo Water							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$12.98		1150 Assembly Dr.							
			Ste. 800							
			Tampa, FL 33607							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense	,		outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE						officeholder living expense			
					Water Delive	ry f	or Office			
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	04/22/2024		Primo Water							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$26.48 1150 Assembly Dr.									
			Ste. 800							
			Tampa, FL 33607							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odula)	(b) Description					
	OF EXPENDITURE	`	Office Overhead/Rental Expense	euuic,	·	outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE						officeholder living expense			
					Water Delive	ry f	or Office			
		L			1.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt		Office held			
		_								
	Date		Payee name							
	03/25/2024		Primo Water							
	Amount (\$)			; Zip Co	de					
	\$25.96		1150 Assembly Dr.							
			Ste. 800							
			Tampa, FL 33607							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.			
					Water Delive		officeholder living expense			
					Water Delive	i y i				
	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	nht		Office held			
	expenditure to benefit C/OF			2.1100 000	g					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				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: 72/94 Rpt:		Gonzalez, Mary Edna (The Honorable) 00068004							
4	Date 01/29/2024	5	Payee name Primo Water							
_										
6	Amount (\$)	7		; Zip Co	de					
	\$12.98		1150 Assembly Dr.							
			Ste. 800							
			Tampa, FL 33607							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.			
							officeholder living expense			
					Water Delive	I Y I	of Office			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	01/29/2024		Primo Water							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$38.97		1150 Assembly Dr.							
			Ste. 800							
			Tampa, FL 33607							
	PURPOSE	(0)	-		(b) b					
	OF	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Once Overneau/Rentai Expense				officeholder living expense			
					Water Delive	ry f	or Office			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	Data	<u> </u>								
	Date 01/02/2024		Payee name Primo Water							
	Amount (\$)			; Zip Co	de					
	\$12.98		1150 Assembly Dr.							
			Ste. 800							
			Tampa, FL 33607							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.			
	-						officeholder living expense			
					Water Delive	iy I				
		Ľ	Condidate/Officeholder name				Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	JIIL		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Offic Poll Prin Sala	ce Overf ing Expe ting Exp aries/Wa	ense ges/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 expla	ins now	to com	piete this form.	1.		
1	Total pages Schedule F1:	2							
	Sch: 73/94 Rpt:		Gonzalez, Mary Edna (The Honoral	ole)				00068004	
4	Date	5	Payee name						
	04/05/2024		RMA Toll						
6	Amount (\$)	7	Payee address; City; St	ate; Zip	o Cod	е			
	\$4.82		P.O. Box 734182						
			Dallas, TX 75373						
_					<u> </u>				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)		b) Description		ide of Tanas, Osmalata Oshadala T	
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								ember's ride to Austin airport	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office	e soug	nt		Office held	
	Date		Payee name						
	03/01/2024		Raising Cane's						
			-						
	Amount (\$)			ate; Zip	o Cod	e			
	\$232.43		675 Sunland Park Dr.						
			El Paso, TX 79912						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Food/Beverage Expense	schedule)) (Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense during Literacy Night	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	e soug	nt		Office held	
	Date		Payee name						
	05/23/2024		Robinson, Katherin						
	Amount (\$)		Payee address; City; St	ate; Zip	n Cod	۵			
	\$200.00		1713 Gambel Qual	uio, 24	5 000	6			
	φ200.00								
			El Paso, TX 79936						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Gift/Awards/Memorials Expense	schedule)) (Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense estination Imagination	
								č	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	e soug	nt		Office held	
┣									

		EXPENDITURE	CATEGORIES FO	R 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 Exp tee Legal Services The Instruction Guide	Office Ov Polling Ex Dense Printing E Salaries/V	xpense Vages/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:	ER NAME	3 Filer ID (Ethics Commission Filers)						
_	Sch: 74/94 Rpt:	onzalez, Mary Edna (The Ho	onorable)		00068004				
4	Date	iyee name	,						
-	04/08/2024	uth's Chris Steakhouse							
6	Amount (\$)	yee address; City;	State; Zip Co	ode					
	\$148.25	889 Gateway Blvd W							
		El Paso, TX 79925							
8	PURPOSE OF	ategory (See Categories listed at the te	op of this schedule)	(b) Description					
	EXPENDITURE	ood/Beverage Expense			outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
					ceholder and Constituents during				
				Meeting	5				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	didate/Officeholder name	Office sou	ght	Office held				
	Date	iyee name							
	03/04/2024	am's Club							
	Amount (\$)	yee address; City;	State; Zip Co	ode					
	\$253.82	.360 Pellicano Dr.							
		Paso, TX 79936							
	PURPOSE OF	tegory (See Categories listed at the to		(b) Description	outside of Texas. Complete Schedule T.				
	EXPENDITURE	ontributions/Donations Made andidate/Officeholder/Politic			n, TX, officeholder living expense				
					ion for Libertas camp				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	didate/Officeholder name	Office sou	ight	Office held				
	Date	iyee name							
	04/24/2024	an Elizario Urban Agriculture							
	Amount (\$)	yee address; City;	State; Zip Co	ode					
	\$150.00	2004 Socorro Rd Suite B							
		an Elizario, TX 79849							
	PURPOSE	ategory (See Categories listed at the te	op of this schedule)	(b) Description					
	OF EXPENDITURE	ontributions/Donations Made			outside of Texas. Complete Schedule T.				
		andidate/Officeholder/Politic	al Committee	SEUA donati	n, TX, officeholder living expense				
	Complete ONLY if direct	didate/Officeholder name	Office sou	l	Office held				
	expenditure to benefit C/OI		Unice Sol	gin					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	verhea xpens Expens Wages	se s/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	· · ·				3	Filer ID (Ethics Commission Filers)		
-	Sch: 75/94 Rpt:	2	Gonzalez, Mary Edna (The Honorabl	le)				00068004		
4	Date	5	Payee name							
	03/18/2024		San Lorenzo							
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	ode					
	\$287.11		1316 9th St. NW							
			Washington, DC 20001							
8	PURPOSE		-			Description				
0	OF	(a)	Category (See Categories listed at the top of this s Food/Beverage Expense	schedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		roou/beverage Expense					officeholder living expense		
						Food for Offic	ceh	older during Travel		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	06/24/2024		Shake Shack							
	Amount (\$)		Payee address; City; Sta	te; Zip Co	nde					
	\$125.77		1100 S Lamar Blvd.		Juc					
	Φ120.77									
			Suite 2100							
			Austin, TX 78704							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
						Food for Cap		officeholder living expense		
								Office Staff		
				015						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	lgnt			Office held		
	Date		Payee name							
	06/15/2024		Sholz Beer Garden							
	Amount (\$)		Payee address; City; Stat	te; Zip Co	ode					
	\$69.26		1607 San Jacinto Blvd							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description				
	OF		Food/Beverage Expense	,			outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE Check if Austin, TX, officeholder living expense									
	Lunch for staff at meeting to discuss legislative									
					1	issues.				
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ught			Office held		
	expenditure to benefit C/OI	Η								

	EXPENDITURE CATEGORIES 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	Office Ove Polling Ex 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)	e	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Fi	lers)	
	Sch: 76/94 Rpt:		Gonzalez, Mary Edna (The Honorable)					,	
4	Date 04/29/2024		Payee name Shooters Smoking BBQ						
6	Amount (\$) \$84.65								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Food/Beverage Expense Food for Officeholder and Constituents durin Meeting						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	06/21/2024		Silvas, Ashlee						
	Amount (\$) \$200.00		Payee address; City; State; 851 Manuel Ortgega	; Zip Co	de				
			El Paso, TX 79927						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	edule)		, TX, d	de of Texas. Complete Schedule T. officeholder living expense for Mileage		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	05/16/2024		Silvas, Ashlee						
	Amount (\$) \$200.00		Payee address; City; State; 851 Manuel Ortega	; Zip Co	de				
			El Paso, TX 79927						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	edule)		, TX, d	de of Texas. Complete Schedule T. officeholder living expense for Mileage		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		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:		B Filer ID (Ethics Commission Filers)						
-	Sch: 77/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 04/26/2024	 Payee name Silvas, Ashlee 							
6	Amount (\$) \$200.00	Payee address; City; State; Zip Code 851 Manuel Ortega El Paso, TX 79927							
8	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 Reimbursement for Mileage							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/14/2024	South Bank Lot							
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 303 E Commerce St. San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Transportation Equipment And Related Check if travel ou	itside of Texas. Complete Schedule T. 'X, officeholder living expense iceholder						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/17/2024	Southwest Airlines							
	Amount (\$) \$196.98	Payee address;City;State;ZipCode2702 Love Field Dr							
		Dallas, TX 75235							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense eholder to Las Vegas						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPE	NDITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra Gitt/Awards/Memorials Expense Printing Expense Tra				Travel in District Travel Out of Dist	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 78/94 Rpt:		Gonzalez, Mary Edna (The Honorable) 00068004							
4	Date	5	Payee name				<u> </u>			
	03/08/2024		Southwest Airlines							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$32.99		2702 Love Field Dr							
			Dallas, TX 75235							
8	PURPOSE	(a)	<u></u>			b) Description				
ľ	OF	(,	Fees	es listed at the top of this sche	edule)		outs	ide of Texas. Comp	lete Schedule T.	
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living	expense	
						Flight Charge	Э			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C	Office soug	ht		Office he	ld	
_	Data									
	Date 03/06/2024		Payee name Southwest Airlines							
	Amount (\$)			ity; State;	Zip Coo	le				
	\$505.99	\$505.99 2702 Love Field Dr								
			Dallas, TX 75235							
	PURPOSE	(a)	Category (See Categorie	es listed at the top of this sche	edule)	b) Description				
	OF EXPENDITURE		Travel Out of Distric		,			ide of Texas. Comp		
	EXPENDITORE							, officeholder living		
						Flight for Offi conference.	iceł	holder to Phil	adelphia for a	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C	Office soug	ht		Office he	ld	
-	Data	1								
	Date 01/26/2024		Payee name Speedway							
				it	7: 0	-				
	Amount (\$)			ity; State;	Zip Coo	le				
	\$65.00		715 N Stanton St.							
			El Paso, TX 79902							
	PURPOSE OF	(a)	Category (See Categorie	es listed at the top of this sche	edule)	b) Description				
	OF Travel In District Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense									
						Gas for In-Di			expense	
							•			
-	Complete ONLY if direct	L(Candidate/Officeholder	name C	Office soug	ht		Office he	ld	
	expenditure to benefit C/Oł			-		-		0	-	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
-	Sch: 79/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 06/12/2024	Payee name Starbucks							
6	Amount (\$) \$13.15	7 Payee address; City; State; Zip Code 2401 Utah Ave. S Seattle, WA 98134							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense (c) Coeffee for Officeholder during Meeting									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/22/2024	Starbucks							
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 2401 Utah Ave. S							
		Seattle, WA 98134							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/05/2024	Super Stop							
	Amount (\$) \$17.37	Payee address;City;State;Zip Code800 N Carolina Dr.							
		El Paso, TX 79915							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense trict Travel						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Legal Services	Office Overhead/Rental Expense Beverage Expense Polling Expense wards/Memorials Expense Printing Expense				Travel in District Travel Out of District	ng Expense ment & Related Expense gory not listed above)	
1	Total pages Schedule F1:						3	Filer ID (E	thics Commission Filers)
-	Sch: 80/94 Rpt:						00068004		
4	Date 04/30/2024		Payee name Sweetgreen						
_		0		Ctata	710 000				
6	Amount (\$) \$171.24	7 Payee address; City; State; Zip Code 1007 S Congress Ave. Austin, TX 78704							
8	PURPOSE					(b) Description			
0	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. Check if Austin, TX, officeholder living expense Food for Capitol Office staff 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/(Officeholder name	C	Office sou	ht		Office held	
	Date	Payee nar	ne						
	03/07/2024	Taco Cal	bana						
	Amount (\$)	Payee add	Iress; City;	State;	Zip Co	le			
	\$22.00		ateway Blvd. W TX 79936						
	PURPOSE OF EXPENDITURE		(See Categories listed at the rerage Expense	top of this sch	edule)	Check if Austir	ı, TX,	de of Texas. Complete officeholder living exp older and Staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/(Officeholder name	C	Dffice soug	ht		Office held	
	Date	Payee nar	ne						
	03/07/2024	Taco Cal							
-	Amount (\$)	Payee add	Iress; City;	State [.]	Zip Co	le			
	\$43.28		ateway Blvd. W	,		-			
		El Paso,	TX 79936						
	PURPOSE OF EXPENDITURE		(See Categories listed at the verage Expense	top of this sche	edule)	Check if Austir	ι, TX,	de of Texas. Complete officeholder living exp older and Staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/(Officeholder name	C	Dffice soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	· · · · · ·	3 Filer ID (Ethics Commission Filers)						
	Sch: 81/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 05/01/2024	Payee name Target							
6	Amount (\$) \$162.55	 Payee address; City; State; Zip Code 6001 W Gateway Blvd. El Paso, TX 79925 							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Snacks for the office									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/29/2024	Target							
	Amount (\$) \$31.45								
	PURPOSE OF EXPENDITURE	El Paso, TX 79925 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/11/2024	Target							
	Amount (\$) \$103.17	Payee address;City;State;Zip Code6001 W Gateway Blvd.							
		El Paso, TX 79925							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ies						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Exp Salaries/Wa	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				3	Filer ID (Ethics Commission Filers)		
<u> </u>	Sch: 82/94 Rpt:		Gonzalez, Mary Edna (The Honorable)			Ľ	00068004		
4	Date 02/29/2024		Payee name Target						
6	Amount (\$) \$47.64		7 Payee address; City; State; Zip Code 6001 W Gateway Blvd. El Paso, TX 79925						
8 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 Supplies for Literacy Night						, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office soug	ht		Office held		
	Date		Payee name						
04/10/2024 Target									
	Amount (\$) \$101.00		Payee address; City; State; 1874 Joe Batlle El Paso, TX 79936	Zip Coo	le				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snack donations for Super Noodles Destination			, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office soug	ht		Office held		
	Date		Payee name			_			
	06/13/2024		Texas Chili Parlor						
	Amount (\$) \$280.24		Payee address; City; State; 1409 Lavaca St	Zip Coo	le				
		<u>.</u> .	Austin, TX 78701						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	:dule)	Check if Austin	n, ⊤x, uff a	ide of Texas. Complete Schedule T. , officeholder living expense and constituents at meeting to discuss S		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			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: 83/94 Rpt:		Gonzalez, Mary Edna (The Honorable	e)			00068004		
4	Date	5	Payee name						
	05/21/2024		Texas Ethics Commission						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode				
	\$500.00		201 E 14th St #10						
			Austin, TX 78701						
8	PURPOSE	(2)			(b) Decoription				
ľ	OF	(a)	Category (See Categories listed at the top of this so Fees	chedule)	(b) Description	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		1003				, officeholder living expense		
					Late Fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held		
	Date		Payee name						
	06/13/2024		The Capitol Grill						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$19.19		1400 Congress Ave. Suite E1.002	о, <u>с</u> ір оо					
	ψ13.15								
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Meeting	cer	older and Constituents during		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight		Office held		
	Date		Payee name						
	04/30/2024		The Capitol Grill						
	Amount (\$)		·	e; Zip Co	de				
	\$19.90		1400 Congress Ave. Suite E1.002	e, zip co	Jue				
	ψ13.30		1400 Congress Ave. Suite L1.002						
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
	LAFENDITORE						, officeholder living expense		
					Food for Cap	oito	Office staff		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight		Office held		
	expenditure to benefit C/OI	1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Rei Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to complete th	tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · · ·	3 Filer ID (Ethics Commission Filers)						
-	Sch: 84/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 04/30/2024	Payee name The Capitol Grill							
6	Amount (\$) \$23.38	 Payee address; City; State; Zip Code 1400 Congress Ave. Suite E1.002 Austin, TX 78701 							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Food for Capitol Office staff									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/19/2024	The Capitol Grill							
	Amount (\$) \$42.22	Payee address; City; State; Zip Code 1400 Congress Ave. Suite E1.002 Austin, TX 78701							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Des Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Capitol Staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/01/2024	The Capitol Grill							
	Amount (\$) \$9.66	Payee address; City; State; Zip Code 400 Congress Ave. Suite E1.002							
		Austin, TX 78701							
	PURPOSE OF EXPENDITURE		Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense od for Capitol Staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment						ntal Expense tract 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 F				Filer ID (Ethics Commission Filers)			
	Sch: 85/94 Rpt:		Gonzalez, Mary Edna (The Honorable)					00068004		
4	Date	5	Payee name							
	06/27/2024		The UPS Store							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$370.05		700 N. Zaragosa Rd.							
			Ste. N							
			El Paso, TX 79907							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) De	scription				
	OF EXPENDITURE		Office Overhead/Rental Expense	ŕ				de of Texas. Complete Schedule T.		
								officeholder living expense		
					511	ipping Cos	1 10	mail pecans to Seattle		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	Jht			Office held		
	Date		Payee name							
	03/25/2024 The UPS Store									
Amount (\$) Payee address; City; State; Zip Code										
	\$24.50		1108 Lavaca St.							
			Ste. 110							
			Austin, TX 78701							
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) De	scription				
	OF EXPENDITURE		Office Overhead/Rental Expense	uulo)		Check if travel o		de of Texas. Complete Schedule T.		
	EXPENDITORE							officeholder living expense		
					Sn	ipping of the	ags	from Capitol to District Office		
	Complete ONLY if direct		Candidate/Officeholder name O	ffice sou	iht			Office held		
	expenditure to benefit C/OF				,					
	Date		Payee name							
	03/25/2024		The UPS Store							
	Amount (\$)			Zip Co	le					
	\$22.59		1108 Lavaca St.							
			Ste. 110							
			Austin, TX 78701							
-	PURPOSE	(a)			(h) Do	scription				
	OF	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	dule)		•	outsio	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin,	TX,	officeholder living expense		
							ffice	e supplies from Capitol to District		
					Of	fice				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice 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			Fees Office Overhe Food/Beverage Expense Polling Expens By - Gift/Awards/Memorials Expense Printing Expen			e /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: 86/94 Rpt:		Gonzalez, Mary Edna (The Honorable)					00068004	
4	Date	5	Payee name						
	03/22/2024		The UPS Store						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
-	\$8.50		1108 Lavaca St.						
			Ste. 110						
			Austin, TX 78701						
_	BUBBOCE				(1-)				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(D)	Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense	
						Postage			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held	
	Date		Payee name						
	06/03/2024		The Yard Patio Beer Garden						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$100.10	\$100.10 14261 Montana Ave.							
			El Paso, TX 79938						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.	
								officeholder living expense	
						Meeting	Jen	older and Constituents during	
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name O	Office sou	aht			Office held	
	expenditure to benefit C/OF				gin				
_	Date	<u> </u>							
	02/12/2024		Payee name Three Missions Brewery						
			-	Zin Co	do				
	Amount (\$) \$34.10		Payee address; City; State; 10179 Socorro Rd.	Zip Co	ue				
	Φ34.10		10179 S00010 Ru.						
			Socorro, TX 79927						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Event Expense					de of Texas. Complete Schedule T. officeholder living expense	
						District Tour	, 17,		
-	Complete ONLY if direct	L	Candidate/Officeholder name O	office sou	aht			Office held	
	expenditure to benefit C/OF				g				
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lat The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 87/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004							
4	Date 04/25/2024	Payee name Torres, Nancy								
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 12790 Bret Harte dr. El Paso, TX 79928								
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 Beaded Pens for gifts to constituents									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/05/2024	USPS								
	Amount (\$) \$216.00	Payee address; City; State; Zip Code 13001 Alameda Ave.								
		Clint, TX 79836								
	PURPOSE OF EXPENDITURE		on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense x Renewal Fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/26/2024	Union Plaza Transit Terminal Parking Garage								
	Amount (\$) \$3.00	Payee address;City;State;Zip Code400 W San Antonio Ave.								
		El Paso, TX 79901								
	PURPOSE OF EXPENDITURE		f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 88/94 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004						
4	Date 03/21/2024	Payee name VRBO							
6	Amount (\$) \$185.00	Payee address; City; State; Zip Code 11920 Alterra Parkway Austin, TX 78758							
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 Housing for Campaign Staff								
9	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name office sought office sought Annello, Alex Office sought office held								
	Date	Payee name							
	03/06/2024	VRBO							
	Amount (\$) \$779.60	Payee address; City; State; Zip Code 0 11920 Alterra Parkway Austin, TX 78758							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Campaign Staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H Annello, Alex State Representative District 75							
	Date	Payee name							
	01/31/2024	Valero							
	Amount (\$) \$50.16	Payee address;City;State;Zip Code13210 Alameda Ave.							
		Clint, TX 79836							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense strict Travel						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/R Food/Beverage Expense Polling Expense /- Gift/Awards/Memorials Expense Printing Expense			oense ages/Contract Labor	Image: Mark and the second s				
1	Total pages Schedule F1:	2	· · · · ·		•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 89/94 Rpt:		Gonzalez, Mary Edna (The Honorable)			ľ	00068004			
4	Date 01/22/2024	5	Payee name Voodoo Doughnut							
6	Amount (\$) \$44.23		7 Payee address; City; State; Zip Code 212 E. 6th St. Austin, TX 78701							
8	PURPOSE OF EXPENDITURE	OF Food/Beverage Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	06/06/2024		Wells Fargo							
	Amount (\$) \$0.98	Payee address;City;State; Zip Code\$0.98420 Montgomery St.								
	PURPOSE OF EXPENDITURE		San Francisco, TX 94104 Category (See Categories listed at the top of this sche Accounting/Banking	edule)			de of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	06/06/2024		Wells Fargo							
	Amount (\$) \$1.32		Payee address; City; State; 420 Montgomery St.	Zip Co	le					
			San Francisco, TX 94104							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Accounting/Banking	edule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			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: 90/94 Rpt:		Gonzalez, Mary Edna (The Honorable)				00068004			
4	Date 06/05/2024	5	Payee name Wells Fargo							
6	Amount (\$) \$0.43	 Payee address; City; State; Zip Code 420 Montgomery St. San Francisco, TX 94104 								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	06/05/2024		Wells Fargo							
	Amount (\$) \$0.28		Payee address; City; State; 420 Montgomery St.	Zip Co	de					
	PURPOSE	(0)	San Francisco, TX 94104		(b) b					
	OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Accounting/Banking	edule)		avel outs	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	06/05/2024		Wells Fargo							
	Amount (\$) \$0.76		Payee address; City; State; 420 Montgomery St.	Zip Co	de					
			San Francisco, TX 94104							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Accounting/Banking	edule)		avel outs	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES 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 mittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	Expense Wages/Contract Labor	t	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	•			2	Filer ID (Ethics Commission Filers)				
1	Sch: 91/94 Rpt:		Gonzalez, Mary Edna (The Honorable	00068004							
4	Date 06/04/2024		Payee name Wells Fargo								
6	Amount (\$)			v: Zip Co	odo						
U	\$0.48		Payee address; City; State; Zip Code 420 Montgomery St.								
			San Francisco, TX 94104		i						
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught		Office held				
	Date		Payee name								
	06/04/2024	· ·	Wells Fargo								
	Amount (\$)		Payee address; City; State	e; Zip Co	ode						
	\$0.30		420 Montgomery St. San Francisco, TX 94104								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Accounting/Banking	hedule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought				Office held				
	Date		Payee name								
	06/04/2024		Wells Fargo								
	Amount (\$) \$1.16		Payee address; City; State 420 Montgomery St.	e; Zip Co	ode						
			San Francisco, TX 94104								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Accounting/Banking	hedule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught		Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Event Expense Loan Repayment/Reimbursi Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		d/Rental Expense e se s/Contract Labor			uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 92/94 Rpt:		Gonzalez, Mary Edna (The Honorable)					00068004		
4	Date	5	Payee name							
	06/03/2024		West Texas Chophouse							
6	Amount (\$)	7								
	\$168.58		1317 George Dieter Dr, El Paso, TX							
			Suite 7B							
		El Paso, TX 79936								
8	PURPOSE	(a)			(h)	Description				
ľ	OF	(~,	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	()	-	outsi	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·					officeholder living		
						Food for Offic Meeting	ceh	older and Co	onstituents during	
_						Meeting				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office hel	ld	
	Date		Payee name							
	04/25/2024		West Texas Chophouse							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$147.99		1317 George Dieter Dr, El Paso, TX							
		Suite 7B								
			El Paso, TX 79936							
	PURPOSE	(a)	Category (See Categories listed at the top of this schu	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Comp		
	Food for Officeholder and Constituents during Meeting									
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ht			Office hel	ld	
	expenditure to benefit C/OI				9					
_	Date		Payee name							
	03/25/2024		West Texas Chophouse							
_	Amount (\$)			Zip Co	de					
	\$172.11		1317 George Dieter Dr, El Paso, TX	2.0 00						
	+		Suite 7B							
			El Paso, TX 79936							
	PURPOSE	(0)			(h)	Description				
	OF	(a)	Category (See Categories listed at the top of this schu Food/Beverage Expense	edule)	(u)	Description	outsi	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE		Food/Develage Expense					officeholder living		
	Food for Officeholder and Constituents during									
						Meeting				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office hel	ld	
		1								

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbu Fees Office Overhead/Rental I Food/Beverage Expense Poliing Expense / - Gift/Awards/Memorials Expense Printing Expense		head/Rental Expense ense pense ages/Contract Labor						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 93/94 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004								
4	Date	5	Payee name							
	01/04/2024		West Texas Chophouse							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$352.23		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 sche	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense	,			ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Meeting	Jer	nolder and Constituents during			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	ht		Office held			
	Data									
	Date 02/28/2024		Payee name Westin Riverwalk							
				7: 0-	1-					
	Amount (\$)			Zip Co	16					
	\$540.24 420 W Market St.									
			San Antonio, TX 78205							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(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										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held			
		-								
	Date		Payee name							
	01/30/2024		Whataburger							
	Amount (\$)			Zip Co	le					
	\$35.08		131 S Americas Ave.							
			El Paso, TX 79907							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.			
	EXPENDITORE Check if Austin, TX, officeholder living expense Food for Officeholder and Staff during Meeting									
							5 5			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ht		Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense	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)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 94/94 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004	
	5 Payee name			
01/16/2024	Whataburger			
6 Amount (\$) \$36.76	 7 Payee address; City; State; 131 S Americas Ave. El Paso, TX 79907 	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Food/Beverage Expense	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense holder and Constituents during	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fice sought	Office held	
Date	Payee name			
05/21/2024	Zoom Video Communications Inc.			
Amount (\$)	Payee address; City; State;	Zip Code		
\$170.46	55 Almaden Blvd. 6th Floor San Jose, CA 95113	,		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense ncing Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fice sought	Office held	

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

SCHEDULE K

	The Instru	pages Schedule K: I/1 Rpt: 100/101					
2	FILER NAME		D (Ethics Commission Filers))			
Ļ			r Edna (The Honorable)		00068		
4	Date 03/14/2024		Name of person from whom amount is received Southwest Airlines			8 Amount (\$) \$50	.00
		6	Address of person from whom amount is received; City; State; Zip Code				
			Dallas, TX 75235				
		7	Purpose for which amount is received Check if p Return	olitio	cal cont	ribution returned to filer	
		•					

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

SCHEDULE T

The Inst	ruction C	Guide explains	how to complete	this form.	1 Total pages Schedule T Sch: 1/1 Rpt: 101/10						
2 FILER NAME			3 Filer ID (Ethics Commission Filers)								
Gonzalez, Mary	Edna (The	e Honorable)	00068004								
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee											
	American Airlines										
5 Contribution / Expenditure reported on:											
Schedule A2	_	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6 Dates of Travel 7 Name of person(s) traveling											
	Gonzalez, Mary (The Honorable)										
	8 Depart	ture city or name of	departure location								
04/13/2024	El Pas	30									
	9 Destina	ation city or name of	f destination location								
04/15/2024	Philad	delphia									
10 Means of transpor	tation	11 Purpose of trav	vel (including name of co	onference, seminar, or	r other event)						
		Travel to atte	nd a conference abou	ut higher education i	in Philadelphia.						
Name of Contribut	tor / Corpor	I abor Orga	nization / Pledgor /Paye								
Southwest Airlin		alion of Labor Organ	lization / Fleugoi /Faye	e							
		norted on:									
Contribution / Exp											
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC											
Dates of Travel	Name	of person(s) travelin	ıg								
	Gonza	alez, Mary (The H	onorable)								
	Depart	ture city or name of	departure location								
06/02/2024	El Pas	so, TX									
	Destin	ation city or name of	f destination location								
06/04/2024		ito, Canada									
Means of transpor			vel (including name of co	onference, seminar, or	r other event)						
Commercial Airp		· ·	nd an AI & Migration		,						
		ation or Labor Orga	nization / Pledgor /Paye	:e							
Southwest Airlin											
Contribution / Exp	enditure rep	ported on:									
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel Name of person(s) traveling											
		alez, Mary (The H									
Departure city or name of departure location											
06/18/2024 El Paso											
00,10,2021			f destination leastion								
06/20/2024			f destination location								
06/20/2024	Las V	-									
Means of transpor											
Commercial Airp	olane	Travel to atte	nd the NALEO Confe	rence.							