CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	omplete this form.	1 Filer ID (Ethics Commiss 00068004	ion Filers)	2 Total pages	filed: 140
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Mary Edna			Date Received	USE ONLY
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	" 01/15/2025	
		Gonzalez				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 450				Receipt #	Amount
Change of Address	Clint, TX 79836					
	Ciint, 177 73000				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mr.	Alfred P.				
	NICKNAME	LACT		SUFFIX		
	NICKNAME	LAST Gonzalez		SUFFIX		
		Gonzalez				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	APT	/ SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS	13490 Virrey Dr.					
(Residence or Business)	Clint, TX 79836					
7 CAMPAIGN TREASURER		PHONE NUMBER I	EXTENSION			
PHONE	(915) 494-1807					
8 REPORT TYPE	X January 15	30th day before	e election F	Runoff	15th day after o	campaign treasurer
				_	appointment (o	fficeholder only)
	July 15	8th day before		Exceeded modified eporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Y	ear		Month Day	Year	
COVERED	07/01/2024	TH	HROUGH	12/31/202	24	
10 ELECTION	ELECTION DAT	I		ELECTION TYPE		
	Month Day Y	earF	Primary	Runoff	Other	
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative	District 75		State Represent	ative District 75	1
	_1					
		GO 1	ΓO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 140

13 C / OH NAME	Gonzalez, Mary Edna	a (The Honorable)	14 Filer ID 00068004	(Ethics Commission Filers
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this informati	t the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	X GENERAL	Texas REALTORS PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	1115 San Jacinto Blvd.		
		Ste. 200		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
		P.O. Box 2246		
		Austin, TX 78768		
16 CONTRIBUTION TOTALS		AN PLEDGES, LOANS,		
TOTALO	01(00/11/11/12	ES OF LOANS, OR CONTRIBUTIONS MADE EL	LOTTONIO/LET)	\$ 0.0
	\$ 146,770.0			
EXPENDITURE TOTALS	\$ 0.0			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 54,365.3
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 141,521.0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.0
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required	
		The Honor	able Mary Edna Gonz	zalez
			of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering oath
Oignature of Office	oo. aanmiioteinig	. Thice hame of officer duffillistering	THIC OF OTHICE	daministering oddi

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 140	
18 FILEF		Mary Edna (The Honorable)	19 Filer ID 00068004	(Eth	nics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	145,870.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	900.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	54,365.36	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	824.44

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/26 Rpt: 4/140	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 11/11/2024	 Full name of contributor out-of-state PAC (ID#:_AT&T Texas PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00
_	Deinsinal	Austin, TX 78701	2. Evelove (Co. lectoration			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Alabama-Coushatta Tribe Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Livingston, TX 77351				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Atmos Energy Corporation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_Austin Firefighters Association PAC Contributor address; City; State; Zip Code Austin, TX 78752			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to comple	ete this form	n.	1	Total pages Schedule A1: Sch: 2/26 Rpt: 5/140	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)			3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/22/2024	BEEF-PAC	e PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
0	Dringinal acqu	Amarillo, TX 79106 Dation / Job title (See Instructions)	ام	Employer (See Instructions	.)		
0	Fillicipal occu	Janon / Job tille (See Instructions)	l ³	Employer (See instructions	')		
	Date 10/17/2024	BNSF Railpac				Amount of Contribution (\$)	\$1,000.00
		Fort Worth, TX 76161					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/08/2024	Full name of contributor out-of-state Bickerstaff Heath Delgado Acosta LLF Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 12/01/2024	Bing, Eric				Amount of Contribution (\$)	\$500.00
	Principal occu Chancellor	pation / Job title (See Instructions)		Employer (See Instructions The College of Health C		e Professionals	
	Date 10/30/2024	Bowing, Randall)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Co-Owner	pation / Job title (See Instructions)		Employer (See Instructions Tropicana Properties)		
	JO OWNER			торошна г торетиез			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/26 Rpt: 6/140	
2	FILER NAME Gonzalez, M	lary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/30/2024	 Full name of contributor out-of-state PAC (ID#: Bowling, Randall & Paige Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$5,000.00
_		El Paso, TX 79912	10 - 1 10 11			
8	Co-Owner	pation / Job title (See Instructions)	9 Employer (See Instructions Tropicana Properties)		
	Date 10/02/2024	Full name of contributor X out-of-state PAC (ID#: CWA - COPE PCC Contributor address; City; State; Zip Code	C00002089)		Amount of Contribution (\$)	\$500.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)	Employer (See Instructions)		
	· ····o.pa ooda	patient to a title (eee metreciency		,		
	Date 12/12/2024	Full name of contributor x out-of-state PAC (ID#: CWA-COPE PCC Contributor address; City; State; Zip Code	<u>C00002089</u>)		Amount of Contribution (\$)	\$500.00
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Cain, Randy Contributor address; City; State; Zip Code Austin, TX 78763			Amount of Contribution (\$)	\$150.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Cammack & Strong, PC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/26 Rpt: 7/140	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 09/26/2024	 Full name of contributor	000397851)	7	Amount of Contribution (\$)	\$500.00
_		St. Louis, MO 63105				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: Charter Communications, Inc Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/19/2024	Full name of contributor x out-of-state PAC (ID#: C Chevron Employees PAC Contributor address; City; State; Zip Code San Ramon, CA 94583	000035006		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#:_ Choctaw Nation of Oklahoma Contributor address; City; State; Zip Code Durant, OK 74702			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Coleman, Garnet Contributor address; City; State; Zip Code Houston, TX 77288			Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBUTION)NS		SCHEDUL	_E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 8/140	
2	FILER NAME Gonzalez, M	lary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/08/2024	 Full name of contributor	<u>C00248716</u>	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing age	Philadelphia, PA 19103	6 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/26/2024	Full name of contributor x out-of-state PAC (ID#: Constellation Energy Corp. Employee PAC Contributor address; City; State; Zip Code	C00793711)		Amount of Contribution (\$)	\$500.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#: DPSOA-PAC Contributor address; City; State; Zip Code Austin, TX 78752			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Danielle Delgadillo Consulting Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Delisi Communications PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/26 Rpt: 9/140		
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)	
4	Date 09/26/2024	 Full name of contributor	00074096)	7	Amount of Contribution (\$)	\$1,000.00	
0	Principal occu	Midland, MI 48674	D Employer (See Instructions				
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: ENPAC Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: El Paso Electric Company Employee PAC Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		El Paso, TX 79960					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Emergency Medicine PAC of Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Erben & Yarbrough Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
		I					

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to comp	olete this forn	n.	1	Total pages Schedule A1: Sch: 7/26 Rpt: 10/140	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)			3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 09/26/2024	Focused Advocacy Political	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal	Austin, TX 78746	- lo	Familia var (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor out-of-st Friends of Baylor Med Contributor address; City; State; Zip Cod	tate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77010					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-st Friends of UNT PAC Contributor address; City; State; Zip Cod	tate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75380					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/11/2024	Friends of the TTU System PAC				Amount of Contribution (\$)	\$5,000.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/16/2024	Garcia, Joe	tate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Government	oation / Job title (See Instructions) Affairs		Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBU	ΓIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 8/26 Rpt: 11/140
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00068004
4	Date 09/26/2024	 Full name of contributor	ID#: <u>C00199257</u>	7 Amount of Contribution (\$) \$500.00
		San Francisco, CA 94080		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction:	ns)
	Date 09/26/2024	Full name of contributor out-of-state PAC (Grossman, Tyler Curtis Contributor address; City; State; Zip Code	 ID#:)	Amount of Contribution (\$) \$50.00
	Principal occu	Austin, TX 79912 pation / Job title (See Instructions)	Employer (See Instruction:	(20)
	Executive Di		El Paso Fireman & Poli	
	Date 12/11/2024	Full name of contributor out-of-state PAC (Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code	ID#:)	Amount of Contribution (\$) \$500.00
		Houston, TX 77077		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)
	Date 09/26/2024	Full name of contributor out-of-state PAC (HOSPAC - State Contributor address; City; State; Zip Code Austin, TX 78701	ID#:)	Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)
	Date 12/11/2024	Full name of contributor out-of-state PAC (HS Law PAC Contributor address; City; State; Zip Code Austin, TX 78701	D#:)	Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)
			'	

	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 9/26 Rpt: 12/140	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)				3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/30/2024	5 Full name of contributor Haggerty, Patrick6 Contributor address; City; Sta	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$500.00
8	Dringinal occu	El Paso, TX 79904 pation / Job title (See Instructions)	l d		Employer (See Instructions	·,		
0	Government			9	Self	·)		
	Date 09/26/2024	Full name of contributor Haggerty, Patrick Contributor address; City; Sta					Amount of Contribution (\$)	\$250.00
		El Paso, TX 79904				<u></u>		
	Government	pation / Job title (See Instructions) Affairs			Employer (See Instructions Self	5)		
	Date 09/26/2024	Full name of contributor Hillco PAC Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)			Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor Hughes, Lisa Contributor address; City; Sta)		Amount of Contribution (\$)	\$500.00
	Principal occu Government	pation / Job title (See Instructions) Affairs			Employer (See Instructions Self	5)		
	Date 09/26/2024	Full name of contributor Hughes, Lisa Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
	Principal occu Government	pation / Job title (See Instructions) Affairs			Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	S		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	rm	n.	1	Total pages Schedule A1: Sch: 10/26 Rpt: 13/140
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)			3	Filer ID (Ethics Commission Filers) 00068004
4	Date 12/14/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$2,500.00
8	Principal occu	El Paso, TX 79913 pation / Job title (See Instructions)	9	Employer (See Instructions)	
•	Businessmai			Self	,	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: IATSE Local 484 PAC Fund Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,000.00
		Austin, TX 78741				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#: Independent Bankers Association of Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Jackson Walker LLP PAC Contributor address; City; State; Zip Code Dallas, TX 75201				Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#: John Spence Farm Contributor address; City; State; Zip Code Fabens, TX 79838)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/26 Rpt: 14/140	
2	FILER NAME Gonzalez, M	lary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 12/10/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	Deinsinal	Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Kastrin, Deborah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)	Employer (See Instructions			
	Vice Preside		Kasco Ventures	,		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Laredo Fire-PAC)		Amount of Contribution (\$)	\$500.00
		Laredo, TX 78041				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Lee A. Woods PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/26 Rpt: 15/140	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)			3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/22/2024	Marathon Petroleum Corp		C	7	Amount of Contribution (\$)	\$1,000.00
		Findlay, OH 45840					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 08/08/2024	Full name of contributor McGuire Woods Federal F Contributor address; City; St				Amount of Contribution (\$)	\$500.00
	Deignainal again	Richmond, VA 23219		Frankston (Cookstants)			
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor Morin, Thomas Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77005					
	Principal occu President	pation / Job title (See Instructions		Employer (See Instructions Daily Court Review	s)		
	Date 12/02/2024	Full name of contributor Motorola Solutions, Inc. P. Contributor address; City; St. Washington, DC 20004		00075341)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor NAIFA Texas IFAPAC Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/26 Rpt: 16/140	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/08/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	Deinsinal	Austin, TX 78701	O Frankrije (Ozakasta stiera			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/22/2024	Full name of contributor x out-of-state PAC (ID#: C NRG Energy Inc. PAC Contributor address; City; State; Zip Code	000366559		Amount of Contribution (\$)	\$1,000.00
		Princeton, NJ 08540				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ National Cutting Horse AssociationTexas Events Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Fort Worth, TX 76107				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/08/2024	Full name of contributor x out-of-state PAC (ID#: CONEOK Employees PAC Contributor address; City; State; Zip Code Tulsa, OK 74102	000215384		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Oncor Texas State PAC Contributor address; City; State; Zip Code Dallas, TX 75202			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/26 Rpt: 17/140	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)			3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/30/2024	5 Full name of contributor Osborn, David6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$500.00
		El Paso, TX 79912					
8	Principal occu President	pation / Job title (See Instructions)	g	Employer (See Instructions WestStar Bank	s)		
	Date 09/26/2024	Full name of contributor PAC of the Independent In Contributor address; City; Sta		as		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/25/2024	Full name of contributor Pediatrix Medical Group, Ir Contributor address; City; Sta		00469205)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Sunrise, FL 33323 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Pfizer PAC Contributor address; City; Sta	x out-of-state PAC (ID#: CC	00016683		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/02/2024	Full name of contributor PharmPac Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/26 Rpt: 18/140	
2	FILER NAME Gonzalez, M	lary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 09/26/2024	5 Full name of contributor out-of-state PAC (ID#:_ Philips Uresti Meachum Partners 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Deinsinal	Austin, TX 78711				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Poinsett PLLC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Power, Rhonda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77018 pation / Job title (See Instructions)	Employer (See Instructions)		
	Realtor	, , , , , , , , , , , , , , , , , , , ,	Self	,		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Red Rock Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson, Douglass Contributor address; City; State; Zip Code Abilene, TX 79605)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Natura Resources)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/26 Rpt: 19/140	
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)			3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 10/08/2024	5 Full name of contributor Rock Holdings Inc. State6 Contributor address; City; St			7	Amount of Contribution (\$)	\$750.00
		Lansing, MI 48933					
8	Principal occu	pation / Job title (See Instructions	;) 	9 Employer (See Instructions	s)		
	Date 09/26/2024	Full name of contributor Rodriguez, Marc Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	z)		
	Government		,	Self	۶)		
	Date 09/26/2024	Full name of contributor Ron Lewis & Associates Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor Rural Friends of Electric C Contributor address; City; St Austin, TX 78701)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor Sampson Pubic Affairs, P Contributor address; City; St Austin, TX 78749			•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/26 Rpt: 20/140	
2	FILER NAME Gonzalez, M	lary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ Southern Glazer's PAC of Texas 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
	Dringing! goog	Austin, TX 78701	D. Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ TBA Bank PAC-STATE Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
		paner, cos ano (cos menastro)		,		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ TNLA PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC-Texas Realtors PAC Contributor address; City; State; Zip Code Austin, TX 78768)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Tenet Healthcare Corporation PAC Contributor address; City; State; Zip Code Dallas, TX 75254			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/26 Rpt: 21/140	
2	FILER NAME Gonzalez, M	lary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	n Filers)
4	Date 09/26/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: Texas AFL-CIO State Cope Fund Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78711 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Aggregates & Concrete Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions)		
	· 	,	. , ,			
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Agricultural Aviation Association Ag-Air P Contributor address; City; State; Zip Code Austin, TX 78701	AC		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Agriculture Co-op Council-PAC Contributor address; City; State; Zip Code Round Rock, TX 78664)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/26 Rpt: 22/140	
2	FILER NAME Gonzalez, M	lary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 12/13/2024	5 Full name of contributor out-of-state PAC (ID#: Texas Alliance for Conservation PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Ozona, TX 76943				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association for Home Care and Hospice, Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Pawnbrokers PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Crawford, TX 76638				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Beverage Alliance Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/26 Rpt: 23/140	
2	FILER NAME Gonzalez, M	lary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 11/23/2024	5 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	<u> </u>	Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78711 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Democratic Women Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Early Childcare PAC Contributor address; City; State; Zip Code Austin, TX 78768)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/26 Rpt: 24/140	
2	FILER NAME Gonzalez, M	lary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 08/06/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau AG Fund 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
		Waco, TX 76702				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Forestry Association PAC Contributor address; City; State; Zip Code Lufkin, TX 75902)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Gin PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Deinainal agai	Round Rock, TX 78664	Faralous (Cool lastructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 22/26 Rpt: 25/140		
2	FILER NAME Gonzalez, M	ILER NAME conzalez, Mary Edna (The Honorable)			Filer ID (Ethics Commission 00068004	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Texas Nurse Practitioners PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
_	<u> </u>	Austin, TX 78735				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78705 upation / Job title (See Instructions)	Employer (See Instructions)		
		panent out and (out men actions)	p.o/o. (000edua	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Physical Therapy Assn. PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78737				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Podiatric Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Poultry PAC Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 23/26 Rpt: 26/140		
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)
4	Date 07/22/2024 5 Full name of contributor out-of-state PAC (ID#:) Texas Sands PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$4,000.00	
Ω	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	oalion7 300 title (See instructions)	Employer (See instructions	')		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Texas Sands PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#: Texas Society of Architects Committee Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78702				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Association of Fire Fighters Action C Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#: Texas State Teachers Association PAC Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 24/26 Rpt: 27/140	
2	FILER NAME Gonzalez, M	NAME alez, Mary Edna (The Honorable)			Filer ID (Ethics Commission 00068004	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Texas Trial Lawyers 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00	
_	Deignaignal annu	Austin, TX 78701	O Familia va (Gaz la structiona			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ The Associated General Contractors of Texas P Contributor address; City; State; Zip Code	AC		Amount of Contribution (\$)	\$2,000.00
	Principal occu	El Paso, TX 79922 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ The Chickasaw Nation Contributor address; City; State; Zip Code Ada, OK 74820			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ The Posey Law Firm, PC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 25/26 Rpt: 28/140			
2	FILER NAME Gonzalez, M	ary Edna (The Honorable)		3	Filer ID (Ethics Commission 00068004	on Filers)		
4	Date 12/02/2024 5 Full name of contributor out-of-state PAC (ID#:) The Texas State University System PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00			
		Austin, TX 78701						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)				
	Date 09/26/2024	Full name of contributor	#:)		Amount of Contribution (\$)	\$50.00		
		El Paso, TX 79913	1 - 1 - 2 - 1	<u> </u>				
	Principal occupation / Job title (See Instructions) Employer (See Instruction Fire Lietenant El Paso Fire Departme							
	Date Full name of contributor 🗓 out-of-state PAC (ID#: C00542365) 09/24/2024 Toyota Motor North America, Inc PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	e) 				
	i illopai occa	pation, out the (out institutions)	Employer (See mondeners	٥,				
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID USAA Employee PAC Contributor address; City; State; Zip Code San Antonio, TX 78288	#:)		Amount of Contribution (\$)	\$750.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)				
	Date Full name of contributor			Amount of Contribution (\$)	\$2,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)				
			•					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 26/26 Rpt: 29/140		
2	FILER NAME Gonzalez, M	lary Edna (The Honorable)		3	Filer ID (Ethics Commission F	Filers)
4	Date 10/08/2024 5 Full name of contributor out-of-state PAC (ID#:) Veterinarian PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Dein eine Langu	Austin, TX 78754	- Frankrija (Ozaka ta strastica)			
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/18/2024	Full name of contributor)	•	Amount of Contribution (\$) \$2	2,500.00
	Principal occu	Irving, TX 75039 pation / Job title (See Instructions)	Employer (See Instructions	<u>=)</u>		
	Fillicipal occu	pation / Job title (See instructions)	Employer (See instructions	»)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code		•	Amount of Contribution (\$) \$3	1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 30/140					
2 FILER NAME	:	3 Filer ID (Ethics Commission Filers)					
	Mary Edna (The Honorable)		00068004				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 08/06/2024	 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of contribution (\$) 9 In-kind contribution description \$350.00 Email Expenses for Event Promotion Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)				
Governmen	·	Blackridge	,				
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a shild law firm of parent(s) (if any) (EQD HIDICIAL)						
16 ii contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Texas REALTORS PAC Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$250.00 Advertising for fundraising event				
	Austin, TX 78701		I I Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Texas REALTORS PAC Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$300.00 Hosting a Fundraising Event				
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenoider/F Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule	F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4 Date	5 Payee name
10/23/2024	ALC Steaks
6 Amount (\$) \$280.	7 Payee address; City; State; Zip Code 1205 N. Lamar Blvd.
	Austin, TX 78703
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 Office Staff during Meeting
9 Complete ONLY if dire expenditure to benefit	
Date	Payee name
10/09/2024	ALC Steaks
Amount (\$) \$164.	Payee address; City; State; Zip Code 1205 N. Lamar Blvd.
	Austin, TX 78703
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Office Staff during Meeting
Complete ONLY if dire expenditure to benefit	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
12/31/2024	ActBlue
Amount (\$) \$20.	Payee address; City; State; Zip Code 366 Summer St
	Somerville, MA 02144
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if dire expenditure to benefit	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	Total manage Calcadula F1.					
1	Total pages Schedule F1: Sch: 2/106 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004				
4	Date	5 Payee name				
	12/20/2024	Aloft Element Austin Downtown				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$194.65	621 Congress Ave				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Food for staff during meetings				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	11/18/2024	Alon				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$31.60	101 W. Main St.				
		Fabens, TX 79838				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Gas for Out-of-District Travel				
		Gas for Out-or-district Traver				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OI					
_	Data					
	Date 07/20/2024	Payee name				
	07/29/2024	Alon				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$15.16	101 W. Main St.				
		Fabens, TX 79838				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.				
		Coo for Out of District Transal				
		Gas for Out-of-District Travel				
_	Complete ONLY if alias -t	Condidate/Officeholder name Office cought				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

se Travel Out of [s/Contract Labor OTHER (enter

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
	Sch: 3/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	
4	Date	5 Payee name	
	07/23/2024	American Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.00	4333 Amon Carter Boulevard.	
		Fort Worth, TX 76155	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Airline Fee	
		,	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	07/23/2024	American Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$301.97	4333 Amon Carter Boulevard.	
		Fort Worth, TX 76155	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Airfare for Officeholder	
		/ whate for omeendad	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	=
	10/16/2024	American Disabled for Accessible Public Transit	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$250.00	11 S. IH 35 Service Rd.	
	Ψ230.00	11 3. III 33 Scivice Ita.	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		40th Anniversary Celebration Donation	
	Commiste CNUV'S	Condidate/Officeholder name	_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Nages	s/Contract Labor		OTHER (enter a	category not listed above)	
	·			ide explains how to co	mple	ete this form.				_
1	Total pages Schedule F1:	2 FILER NAM	IE				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/106 Rpt:	Gonzalez,	Mary Edna (The I	Honorable)				00068004		
4	Date	5 Payee nam	е							
	09/23/2024	Anson 11								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$373.75	303 N. Ore	egon St.							
		El Paso, T	X 79901							
8	PURPOSE	(a) Category	See Categories listed at the	e ton of this schedule)	(b)	Description				_
	OF		erage Expense	o top or and demodally			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin,	, TX,	officeholder living	g expense	
						Food for Office	ceh	older during	Meeting	
9	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/O	₹								
	Date	Payee nam	e							
	12/16/2024	Atlanta Ma	rriott Marquis							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					_
	\$291.63	265 Peach	tree Center Ave.	NE						
		Atlanta, G	A 30303							
	PURPOSE				(h)	Description				_
	OF		See Categories listed at the	e top of this schedule)	(0)	Description Check if travel of	nutsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE	Travel Out	OI DISTRICT					officeholder living		
						Accommodat	ion	for Officeho	older during Travel	
									_	
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	+								
	Date	Payee nam	 e							=
	11/18/2024	Austin City								
	Amount (\$)	Payee addr		State; Zip Co	ode					
	\$15.13	_	idential Blvd.							
	¥20.20									
		Austin, TX	70710							
	DUBBOOF				4->					
	PURPOSE OF		See Categories listed at the	e top of this schedule)	(a)	Description Check if travel (nutei	de of Teyes Com	plete Schedule T.	
	EXPENDITURE	Food/Beve	erage Expense			ш		officeholder living		
						Food for Office				
									•	
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıght			Office he	eld	_
	expenditure to benefit C/OH									
										_
1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/106 Rpt: Gonzalez, Mary Edna (The Honorable) 00068004 4 Date Payee name 10/10/2024 Austin Marriott Downtown 6 Amount (\$) Payee address; City; State; Zip Code \$480.99 304 E. Cesar Chavez St. Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Accommodation for Officeholder Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/19/2024 Austin Marriott Downtown Amount (\$) Payee address; City; State; Zip Code \$199.94 304 E. Cesar Chavez St. Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Accommodation for Officeholder Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/01/2024 Barolo Ristorante Amount (\$) Payee address: City; State; Zip Code \$478.49 1940 Westlake Ave. Seattle, WA 98101 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Officeholder during Travel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/09/2024	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.94	1201 Barbara Jordan Blvd.
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
_	Commission ONII V if direct	Constitute / Office helder mores Office accords
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/29/2024	Bookshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$268.08	463 Lincoln Place
		#200
		Brooklyn, NY 11238
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXFLINDITORL	Check if Austin, TX, officeholder living expense
		Gift
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	Bridge Pups Rescue
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3912 McKinley Ave.
		El Paso, TX 79930
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donations
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/106 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4		5 Payee name Cafe Arte Mi Admor
6	Amount (\$) \$44.60	7 Payee address; City; State; Zip Code 1498 Main St.
8	PURPOSE OF EXPENDITURE	San Elizario, TX 79849 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/29/2024	Payee name Cafe Central
	Amount (\$) \$117.42	Payee address; City; State; Zip Code 109 N. Oregon St.
	PURPOSE OF EXPENDITURE	El Paso, TX 79901 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/29/2024	Payee name Cafe Central
	Amount (\$) \$122.84	Payee address; City; State; Zip Code 109 N. Oregon St.
		El Paso, TX 79901
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	? FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	Payee name	
	08/26/2024	Cafe Piro	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.69	9993 Socorro Rd.	
		Socorro, TX 79927	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	- · · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
			onstituents during Meeting
		. 338 131 3	one and an ing mooning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	08/19/2024	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$119.40	200 E. 6th St.	
		Suite 200	
		Austin, TX 78701	
_	PURPOSE		
	OF	, , , , , , , , , , , , , , , , , , ,	rel outside of Texas. Complete Schedule T.
	EXPENDITURE		tin, TX, officeholder living expense
		Graphic De	sign Software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/29/2024	Capitol Extension Gift Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.13	1400 Congress Ave.	
		E1.006	
		Austin, TX 78701	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gilli Walds/ Wellionals Expense	rel outside of Texas. Complete Schedule T.
		Gifts	tin, TX, officeholder living expense
		Gills	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- Indo dagin	
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 9/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date 12/19/2024	5 Payee name Cattleman's Steakhouse	
6		7 Payee address; City; State; Zip Code	
	\$541.17	3450 S Fabens Carlsbad Rd	
		Fabens, TX 79838	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	l outside of Texas. Complete Schedule T.
	EXPENDITURE	1 coarbeverage Expense	in, TX, officeholder living expense
		Food for Offi	iceholder during Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
3	expenditure to benefit C/O		Office field
	Date	Payee name	
	10/22/2024	Cattleman's Steakhouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$187.74	3450 S Fabens Carlsbad Rd	
		Fabens, TX 79838	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	T 1 000/Develage Experise	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		· · · · · · · · · · · · · · · · · · ·	nstituents during Meeting
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
_	Date	Payee name	
	08/29/2024	Cattleman's Steakhouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$240.76	3450 S Fabens Carlsbad Rd	
		Fabens, TX 79838	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Leutride of Teuer Consolute Cabadala T
	EXPENDITURE	1 Toda/Beverage Expense	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Food for Cor	nstituents during Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH	•	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula F1:	2 Files ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 10/106 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date	5 Payee name
	07/29/2024	Cattleman's Steakhouse
6	Amount (\$) \$203.88	7 Payee address; City; State; Zip Code 3450 S Fabens Carlsbad Rd Fabens, TX 79838
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/06/2024	Chipolte Mexican Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.32	801 Congress Ave. Ste 100
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for staff working through lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/22/2024	ChopHouse & Brewery
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.36	1735 19th St.
		Ste. 100
		Denver, CO 80202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food for Officeholder during Travel
	Commission ONU Wife allows	Condidate/Officeholder come
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 11/106 Rpt:	Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable)
4	Date	5 Payee name
	10/25/2024	Circle K
6	Amount (\$) \$69.92	7 Payee address; City; State; Zip Code 1239 N. Zaragoza Rd.
		El Paso, TX 79907
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Gas for Out-of-District Travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/06/2024	City of San Elizario
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O Box 1723
		San Elizario, TX 79849
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		3rd Annual Winter Holiday Parade
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/09/2024	Clay Pit
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.48	1601 Guadalupe St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch for staff during staff meeting
		Lunch for standaring standing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 12/106 Rpt:			Mary Edna (The H	onorable)					00068004		,
4	Date	5	Payee name									
	10/24/2024		Clint Flowe	rs								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					
	\$75.00		13999 Mon	tana Ave.								
			El Paso, TX	(79938								
8	PURPOSE	(a)	Category (S	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards	:/Memorials Exper	nse					de of Texas. Com		
								Flowers for a		officeholder living	expense	
								riowers ioi a	CU	msiliuleni		
Ļ							<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Off	iceholder name	C	office sou	ught			Office he	eld	
F	Date		Payee name									
	08/09/2024		Cloak Roor	n								
┝	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	ode					
	\$35.25		1300 Colorado									
	700.20											
			Austin TV	70701								
L			Austin, TX									
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				=		de of Texas. Comp officeholder living		
								Drinks for sta				
										J		
┢	Complete ONLY if direct		Candidate/Off	ceholder name		Office sou	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OH	Η										
	Date		Payee name									
	12/10/2024		Cottrell, Ha	yden								
H	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode					
	\$57.35		10001 S. 19									
	·											
			Austin, TX	78748								
	PURPOSE	(a)	Category (S	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out					ш		de of Texas. Com		
	EXI ENDITORE							_		officeholder living		
								Out of District	ιIr	avei Keimbl	ursement	
ldash							<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	ceholder name	С	office sou	ught			Office he	eld	
	experience to beliefft C/Of	•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/20/2024	Cottrell, Hayden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	10001 S. 1st Street
		Austin, TX 78748
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Campaign Stipend
		Campaign capona
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/22/2024	Crave Kitchen & Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.03	300 Cincinnati Ave.
		El Paso, TX 79902
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
		3 11 3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/26/2024	Cultural Heritage Society
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	151 S. Moon Rd.
		El Paso, TX 79927
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 14/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/13/2024	Cuts Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$286.13	60 Andrew Young International Blvd. NE
		Atlanta, GA 30303
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Officeholder during Travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	11/25/2024	Dallas Marriott Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.15	650 N Pearl St.
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Accommodation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	11/01/2024	Desert ADAPT
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	` ,	9050 Viscount Blvd
	\$500.00	SOSO VISCOUNT BIVU
L		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Sponsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	re)
-	Sch: 15/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	3)
4	Date	5 Payee name	
	12/18/2024	DoorDash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.99	303 2nd St.	
		Suite 800	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Subscription Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	10/18/2024	DoorDash	
	Amount (\$)		
	\$9.99	303 2nd St.	
		Suite 800	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Subscription Fee	
	Complete ONLY if direct	Condidate/Office helder name	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	07/18/2024	DoorDash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.99	303 2nd St.	
		Suite 800	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Subscription Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
1			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Coı	mmittee	Gift/Awards/Memorials Legal Services			/ages	/Contract Labor		Travel Out of DOTHER (enter	District a category not listed above)	
				The Instruction Gu	iide explains	how to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 16/106 Rpt:	L	Gonzalez, N	Mary Edna (The	Honorable))				00068004		
4	Date	5	Payee name									
	11/18/2024		Doordash									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$9.99		303 2nd St.									
			Suite 800									
			San Francis	sco, CA 94107								
8	PURPOSE	(a)		ee Categories listed at th	ne ton of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	ĺ <i>′</i>	Fees	so salegories listed at ti	.0 .00 01 1113 3011	.caulc)	. ,	Check if travel			mplete Schedule T.	
	EXPENDITURE							_		officeholder livi	ng expense	
								Subscription	Fee	е		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(Office sou	ght			Office I	neld	
L	CAPERIORALE TO DETICITE C/OF	<u>'</u>										
	Date		Payee name									
	09/18/2024		Doordash									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$9.99		303 2nd St.									
			Suite 800									
			San Francis	sco, CA 94107								
	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees	-	•			=			mplete Schedule T.	
								ш		officeholder livi	ng expense	
								Subscription	-ee	=		
_	Complete ONLY if direct	<u> </u>	Pandidato/Offi	ceholder name		Office sou	aht			Office I	neld	
	expenditure to benefit C/O		Jai luiuale/OIII	cenduel Hallle		Jilice Suuļ	grit			Office	iciu	
	Date		Payee name									
	08/19/2024		Doordash									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$9.99		303 2nd St.	•		,, 50						
	40.00		Suite 800									
				CA 04107								
	BUDE 2 2 -			sco, CA 94107			<i>n</i> :					
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this sch	nedule)	(b)	Description Check if travel	Untei	de of Teves Co	mplete Schedule T.	
	EXPENDITURE		Fees					브		officeholder livi	•	
								Subscription			•	
	Complete ONLY if direct	(Candidate/Offi	ceholder name	(Office sou	ght			Office I	neld	
	expenditure to benefit C/O	4										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 17/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/26/2024	Doubletree Suites
6	Amount (\$) \$683.28	7 Payee address; City; State; Zip Code 303 W. 15th St. Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Accommodation for Officeholder
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2024	Eddie V's Prime Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$271.09	301 E. 5th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Food for Office Staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/11/2024	Eddie V's Prime Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$249.19	301 E. 5th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Office Staff during Meeting
_	Operation ONE VIII II	Overfildsta (Office health and over a complete service)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			Il Committee Legal Services Salaries/Wages/Contract Labor							OTHER (enter a category not listed above)			
			The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)		
	Sch: 18/106 Rpt:		Gonzalez, M	1ary Edna (Th	ie Honorab	ole)				00068004			
4	Date	5	Payee name										
	07/23/2024		Eddie V's Pr	rime Seafood									
6	Amount (\$)	7	Payee addres	ss; City;	Sta	ate; Zip Co	ode						
	\$279.50		301 E. 5th S	St.									
			Austin, TX 7	'8701									
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this	schedule)	(b)	Description				_	
	OF EXPENDITURE			age Expense		,		Check if travel	outsi	de of Texas. Cor	nplete Schedule T.		
	EXPENDITURE							Check if Austin	, TX,	officeholder livin	g expense		
								Food for Office	ce S	Staff during	Meeting		
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ight			Office h	eld		
	expenditure to benefit C/OI	Η											
	Date		Payee name										
	08/20/2024		Education S	ervice Center	, Region 1	9							
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip Co	ode						
	\$500.00		6611 Boeing	g Drive									
			El Paso, TX	70025									
_	DUDDOGE	⊢					4->					_	
	PURPOSE OF			e Categories listed		schedule)	(D)	Description	outci	do of Toyon Con	nnlota Cabadula T		
	EXPENDITURE			s/Donations I Officeholder/P	,	nmittaa		_		officeholder livin	nplete Schedule T. a expense		
			Carididate/C	Jiliceriolaei/i	ontical Con	iiiiiiiiiiiii		—			Futuro Conference		
	Complete ONLY if direct		 Candidate/Offic	ceholder name		Office sou	ıaht			Office h	eld	_	
	expenditure to benefit C/OI						3						
_	Dete	Г										_	
	Date	ı	Payee name	-									
	10/18/2024		El Paso Cer	nter for Childre	en ———								
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip Co	ode						
	\$31.02		2200 N. Ste	vens St.									
			Building C										
			El Paso, TX	79930									
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this	schedule)	(b)	Description				_	
	OF			s/Donations I		Jonedaic)	` ´		outsi	de of Texas. Cor	nplete Schedule T.		
	EXPENDITURE			Officeholder/P		nmittee		Check if Austin	, TX,	officeholder livin	g expense		
								Donation					
L													
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ight			Office h	eld		
	expenditure to benefit C/OI	Н											
												_	
l													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee I	_egal Services	·		/ages	/Contract Labor		OTHER (enter a	a category not listed above)	
			'	The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	5)
	Sch: 19/106 Rpt:		Gonzalez, M	ary Edna (The	Honorable)					00068004		
4	Date	5	Payee name									
	10/10/2024		El Paso Cen	ter for Children	1							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$70.47		2200 N. Stev	vens St.								
			Building C									
			El Paso, TX	79930								
8	PURPOSE	├		e Categories listed at t	he top of this cohe	odulo)	(b)	Description				
	OF			s/Donations Ma		edule)	(- ,	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			fficeholder/Pol		ittee		Check if Austin	, TX,	officeholder livin	g expense	
								Donation				
9	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	08/16/2024		El Paso Cen	tral Labor Cou	ncil							
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$150.00		P.O. Box 97	1365								
			El Paso, TX	79997								
	PURPOSE	(a)	Category (See	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF		Advertising E			, , ,		Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Ū	•				ш		officeholder livin	g expense	
								Labor Day Pr	ogı	ram Ad		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	experialitare to beliefit C/Oi											
	Date		Payee name									
	12/17/2024		El Paso Des	ert ADAPT								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$200.00		9050 Viscou	nt Blvd								
			El Paso, TX	79925								
	PURPOSE	(a)	Category (See	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		,		Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE		Candidate/O	fficeholder/Pol	itical Commi	ittee				officeholder livin	g expense	
								Holiday Party	/ Sp	onsor		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
L	experialitate to beliefit 6/011											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 20/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	08/30/2024	El Paso District Dental Society
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	221 N. Kansas Street
		Suite 1900
		El Paso, TX 79901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Snacks for Volunteers
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		•
	Date	Payee name
	12/24/2024	Escamilla Fine Art Gallery
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.09	1445 Main St.
		San Elizario, TX 79849
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift
		G.I.V
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	09/30/2024	Fairfield Inn & Suites
\vdash	Amount (\$)	
	\$430.56	76 East Ave.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accommodation for Officeholder
		Accommodation to Officendide
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		· • • • • • • • • • • • • • • • • • • •			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 21/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004			
4	Date	5 Payee name				
	07/15/2024	Flyrite Chicken Sandwiches				
6	Amount (\$) \$98.41	7 Payee address; City; State; Zip Code 2129 E. 7th St. Austin, TX 78702				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript				
	EXPENDITURE	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense r Office Staff during Meeting			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
	Date	Payee name				
	12/10/2024	Fresa's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$136.82	9th and Lamar				
		Austin, TX 78703				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ON if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	1 000/Beverage Expense	if Austin, TX, officeholder living expense			
		Food fo	r staff during meetings			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
	Date	Payee name				
	12/03/2024	Frost Bank				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$19.95	111 W. Houston St.				
		San Antonio, TX 78205				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)				
	EXPENDITURE	/ Accounting/Banking	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
		Bank Fo				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		nittee L	∃in/Awards/Memorials Legal Services The Instruction G	S		ages	/Contract Labor		OTHER (enter a	strict a category not listed ab	oove)
Ļ		-		The instruction o	ulue explains no	w to con	iipic	te tilis loilli.	_			
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 22/106 Rpt:	(3onzalez, M	ary Edna (The	Honorable)					00068004		
4	Date	5 P	Payee name									
	12/03/2024	F	rost Bank									
6	Amount (\$)	7 P	Payee address	s; City;	State; 2	Zip Cod	de					
	\$19.95	l	.11 W. Hous	•	,	,						
	¥=3.55											
		_ ا		TV 7000F								
			San Antonio	, 17 78205								
8	PURPOSE OF			e Categories listed at t	the top of this schedu	ule)	(b)	Description				
	EXPENDITURE	^	Accounting/E	Banking				브		de of Texas. Con officeholder livin	nplete Schedule T.	
								Bank Fee	, 1,	onicendidei iiviii	g expense	
								Bankiec				
Ļ	Operation ONE Wife disease			-11-1	0.42		. I. A			O#: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OH		indidate/Offic	eholder name	Опі	ice soug	ınt			Office h	eia	
	<u> </u>											
	Date	P	Payee name									
	11/04/2024	F	rost Bank									
	Amount (\$)	Р	Payee addres	s; City;	State; 2	Zip Cod	de					
	\$19.95	1	.11 W. Hous	ston St.								
		5	San Antonio	. TX 78205								
_	PURPOSE	<u> </u>				1,	(h)	Description				
	OF		Accounting/E	e Categories listed at t	the top of this schedu	ıle)	(1)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	′	(CCOurilling/L	Banking				-		officeholder livin		
								Bank Fee				
	Complete ONLY if direct		andidate/Offic	eholder name	Offi	ice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
_	Date		Payee name									
	11/04/2024	l	Frost Bank									
				Cit ::	Ctata	7:n Coo	d a					
	Amount (\$)	l	Payee addres	•	State; 2	zip Cod	ле					
	\$19.95	+	.11 W. Hous	sion St.								
		S	San Antonio	, TX 78205								
	PURPOSE	(a) C	ategory (See	e Categories listed at t	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE	_	Accounting/E	Banking				ш			nplete Schedule T.	
								_	, TX,	officeholder livin	g expense	
								Bank Fee				
	Complete ONLY if direct expenditure to benefit C/OH		ındidate/Offic	eholder name	Offi	ice soug	jht			Office h	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/03/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$278.95	111 W. Houston St.
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Banki ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	10/03/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
		Bankree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	09/03/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Dalik Fee
	Operation ONLY if all part	Our distance (Office health annuary Control health
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 24/106 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004				
4	Date 09/03/2024	5 Payee name Frost Bank				
6	Amount (\$) \$19.95	7 Payee address; City; State; Zip Code 111 W. Houston St.				
		San Antonio, TX 78205				
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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 08/05/2024	Payee name Frost Bank				
	Amount (\$) \$19.95	Payee address; City; State; Zip Code 111 W. Houston St. 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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 08/05/2024	Payee name Frost Bank				
	Amount (\$) \$19.95	Payee address; City; State; Zip Code 111 W. Houston St.				
		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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment		The Instruction Guide explains how to c	ompl	lete this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics C	commission Filers)
	Sch: 25/106 Rpt:		Gonzalez, Mary Edna (The Honorable)		00068004	
4	Date	5	Payee name		•	
	07/03/2024		Frost Bank			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		
	\$19.95		111 W. Houston St.			
			San Antonio, TX 78205			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedu	ıle T.
	LXI ENDITORE				Check if Austin, TX, officeholder living expense	
					Bank Fee	
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	.uabt	Office held	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ugni	Office held	
		_				
	Date		Payee name			
	07/03/2024	L	Frost Bank			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$19.95		111 W. Houston St.			
			San Antonio, TX 78205			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense	ıle T.
					Bank Fee	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held	
	expenditure to benefit C/O			9		
	Date	Т	Payee name			
	08/07/2024		GNI Consulting			
		┝	Payee address; City; State; Zip C	,odo		
	Amount (\$) \$500.00		P.O. Box 685008	oue		
	Ψ500.00		F.O. Box 003000			
			Austin TV 70700			
		L	Austin, TX 78768			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedu	ulo T
	EXPENDITURE		Consulting Expense		Check if Austin, TX, officeholder living expense	ile 1.
					Compliance Consultant	
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held	
	expenditure to benefit C/O	Н		-		
_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Cr	edit Card Payment	The Instruction Guide explains how to com	nplete this	s form.		
1 Tot	al pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 26/106 Rpt:	Gonzalez, Mary Edna (The Honorable)			00068004	
4 Dat	te	5 Payee name		I		
11/	/18/2024	Garcia, Desirae				
6 Am	ount (\$)	7 Payee address; City; State; Zip Cod	de			
	\$400.00	2504 Manor Rd.				
		Apt. 116				
		Austin, TX 78723				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	cription		
	OF XPENDITURE	Salaries/Wages/Contract Labor		heck if travel outsid	e of Texas. Com	plete Schedule T.
	APENDITORE	-		heck if Austin, TX, o		g expense
			Can	npaign Work	Pay	
•	1				O.W. 1	
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	Candidate/Officeholder name Office soug	jht		Office he	eld
Dat		Payee name				
	/20/2024	Garza, JJ				
Am	ount (\$)	Payee address; City; State; Zip Cod	de			
	\$200.00	2904 Barton Skyway, #339				
		Austin, TX 78746				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	•		
E	OF XPENDITURE	Salaries/Wages/Contract Labor		theck if travel outsid theck if Austin, TX, o		
				npaign Stipen		j expense
			•	pag oupo		
Coi	mplete ONLY if direct	Candidate/Officeholder name Office soug	ht		Office he	eld
exp	penditure to benefit C/OI		•			
Dat	te	Payee name				
	/02/2024	Google LLC				
	ount (\$)	Payee address; City; State; Zip Cod	de			
,	\$92.10	1600 Amphitheatre Parkway				
	+52.10					
		Mountain View, CA 94043				
	PURPOSE		(b) Desc	crintion		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		cription heck if travel outsid	e of Texas. Com	plete Schedule T.
E	XPENDITURE	Office Overhead/Nertial Expense	□c	theck if Austin, TX, o	officeholder living	expense
			Can	npaign Email	Accounts	
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	Candidate/Officeholder name Office soug	jht		Office he	eld
evh	onature to beliefft C/OI	,				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)				
_		<u> </u>					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 27/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004				
4	Date	5 Payee name					
	11/04/2024	Google LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$92.10	1600 Amphitheatre Parkway					
		Mountain View, CA 94043					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		utside of Texas. Complete Schedule T.				
	EXPENDITURE		TX, officeholder living expense				
		Campaign Em	ail Accounts				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	experioration benefit C/O	1					
	Date	Payee name					
	10/02/2024	Google LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$92.10	1600 Amphitheatre Parkway					
		Mountain View, CA 94043					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overficad/Nertial Expense	utside of Texas. Complete Schedule T.				
			TX, officeholder living expense				
		Campaign Em	all Accounts				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	<u> </u>	Office field				
	D :	_					
	Date	Payee name					
	09/03/2024	Google LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$92.10	1600 Amphitheatre Parkway					
		Mountain View, CA 94043					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Office Overficad/Nertial Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense				
		Campaign Em					
		Campaign Em	a / 300um3				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	•	Office field				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.	OTTIER (enter a category flot listed above)
1 Total pages Schedule F1:		·	3 Filer ID (Ethics Commission Filers)
Sch: 28/106 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004
4 Date	5 Payee name		
08/06/2024	Google LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Co	le	
\$92.10	1600 Amphitheatre Parkway		
	, , , , , , , , , , , , , , , , , , , ,		
	Mountain View, CA 94043		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	_	outside of Texas. Complete Schedule T.
LAFENDITORE			n, TX, officeholder living expense
		Campaign E	mail Accounts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıht	Office held
experientare to benefit 6/01	'		
Date	Payee name		
08/21/2024	Gorditas La Masita		
Amount (\$)	Payee address; City; State; Zip Co	le	
\$5.62	100 S. San Elizario Rd.		
	Clint, TX 79836		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food/Beverage Expense		outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Food for Cor	nstituents during Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sou	.ht	Office held
expenditure to benefit C/O		jiit	Office field
Date	Payee name		
08/21/2024	Gorditas La Masita		
Amount (\$)	Payee address; City; State; Zip Co	le	
\$33.67	100 S. San Elizario Rd.		
	Clint, TX 79836		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food/Beverage Expense	□	outside of Texas. Complete Schedule T.
EXPENDITORE			n, TX, officeholder living expense
		Food for Cor	nstituents during Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht	Office held
expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	08/21/2024	Gorditas La Masita
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.02	100 S. San Elizario Rd.
		Clint, TX 79836
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
		Food for Constituents during Meeting
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	07/19/2024	Gorditas La Masita
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.99	100 S. San Elizario Rd.
	!	
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
	!	Food for Constituents during weeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U
	·	
	Date	Payee name
	07/08/2024	Gorditas La Masita
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.08	100 S. San Elizario Rd.
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit over	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/31/2024	Greggerson's Cake Cottage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$116.00	2050 Trawood Dr.
	l	#9
		El Paso, TX 79935
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	1	Cake for Staff's Birthday
	I	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/25/2024	Hampton Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.41	7712 E. Riverside Dr.
	I	
		Austin, TX 78744
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	1	Accommodation for Officeholder
	l	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
H	Date	Payee name
	12/06/2024	Hill Country Springs
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.31	10019 S Interstate 35 Frontage Rd.
	I	
	I	Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office
	l	vvaler Delivery for Capitor Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
4 T-1-1 01 11 =:					
1 Total pages Schedule F1:					
Sch: 31/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004				
4 Date	5 Payee name				
11/04/2024	Hill Country Springs				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$22.65	10019 S Interstate 35 Frontage Rd.				
	Austin, TX 78747				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Office Overhead/Rental Expense Cry Category (See Categories listed at the top of this schedule) Cry Category (See Categories listed at the top of this schedule) Cry Category (See Categories listed at the top of this schedule) Cry Category (See Categories listed at the top of this schedule) Cry Category (See Categories listed at the top of this schedule)				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Water Delivery for Capitol Office				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	-				
Date	Payee name				
10/02/2024	Hill Country Springs				
Amount (\$)	Payee address; City; State; Zip Code				
\$22.65	10019 S Interstate 35 Frontage Rd.				
	Austin, TX 78747				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense				
LA LIBITORE	Check if Austin, TX, officeholder living expense				
	Water Delivery for Capitol Office				
Operation Children	Ora didata (Office hadden granne				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/04/2024	Hill Country Springs				
Amount (\$)	Payee address; City; State; Zip Code				
\$42.64	10019 S Interstate 35 Frontage Rd.				
	Austin, TX 78747				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
Z. ZIDITOKE	Check if Austin, TX, officeholder living expense				
	Water Delivery for Capitol Office				
Commission ONU V. V. V.	Condidate/Officeholder name				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_				
Sch: 32/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004					
4 Date	5 Payee name					
08/02/2024	Hill Country Springs					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$8.66	10019 S Interstate 35 Frontage Rd.					
	Austin, TX 78747					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Water Delivery for Capitol Office					
	Trans. 2 sirrer, 18. Supris. Sirrer					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
expenditure to benefit C/OI						
Date	Davies name	=				
07/02/2024	Payee name					
	Hill Country Springs	_				
Amount (\$)	Payee address; City; State; Zip Code					
\$42.14	10019 S Interstate 35 Frontage Rd.					
	Austin, TX 78747					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office					
	vvater belivery for capitor crince					
Complete ONLV if direct	Condidate/Officeholder name Office sought Office hold	_				
expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
		_				
Date	Payee name					
07/03/2024	Hyatt at Olive 8					
Amount (\$)	Payee address; City; State; Zip Code					
\$462.93	1635 8th Ave.					
	Seattle, WA 98101					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
EXPENDITORE	Check if Austin, TX, officeholder living expense					
	Accommodation for Officeholder					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experialitate to beliefit 6/01						

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
-	Sch: 33/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004			
4	Date	5 Payee name			
	12/13/2024	InMotion			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$22.10	9501 Cargo Ave.			
		Suite 500			
		Austin, TX 78719			
_	DUDDOCE				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Phone Charger			
		Thore charger			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	12/31/2024	Instacart			
	Amount (\$)				
	\$9.99	50 Beale St.			
		#600			
		San Francisco, TX 94015			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Subscription Fee			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
H	Date	Payee name			
	12/02/2024	Instacart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.99	50 Beale St.			
		#600			
		San Francisco, TX 94015			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Subscription Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/29/2024	Instacart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	50 Beale St.
		#600
		San Francisco, TX 94015
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription Fee
		Subscription ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	09/30/2024	Instacart
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	50 Beale St.
		#600
		San Francisco, TX 94015
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription Fee
		Subscription Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	08/27/2024	Instacart
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	50 Beale St.
		#600
		San Francisco, TX 94015
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Subscription Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction (ages	/Contract Labor			THER (enter a	strict a category not listed	above)
Ŀ		-			Suide explains	now to con	iipic	te tills form.					
¹	Total pages Schedule F1:	2	FILER NAME			,			3		iler ID	(Ethics Comm	ission Filers)
	Sch: 35/106 Rpt:		Gonzalez, N	/lary Edna (Th	e Honorable					0	0068004		
4	Date	5	Payee name										
	07/26/2024		Instacart										
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Cod	de						
	\$9.99		50 Beale St	•									
			#600										
			San Francis	sco, TX 94015									
8	PURPOSE	(2)	<u> </u>				(h)	Description					
ľ	OF	(a)	,	ee Categories listed a	t the top of this scl	hedule)	(D)	Description Check if travel	outsi	ide	of Texas Con	nplete Schedule T.	
	EXPENDITURE		Fees					Check if Austin					
								Subscription	Fe	е			
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office soug	ght				Office h	eld	
	expenditure to benefit C/OI	Н											
F	Date	Π	Payee name										
	11/05/2024		-	er Campaign									
⊢	Amount (\$)	┝	Payee addres		State	e; Zip Coo	de.						
	\$500.00		P.O. Box 96		Sidio	z, Ζιρ Cot	uc						
	φ300.00		F.O. DOX 90	02904									
			=======================================	70000									
L			El Paso, TX	79996									
	PURPOSE OF	(a)	Category (Se	ee Categories listed a	t the top of this scl	hedule)	(b)	Description					
	EXPENDITURE			ns/Donations M	,			Check if travel				nplete Schedule T.	
			Candidate/C	Officeholder/Po	olitical Comn	nittee		Campaign Do				y expense	
								oumpaign b	00		,,,		
┝	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office soug	thr				Office h	eld	
	expenditure to benefit C/OI		our landator on the	oonolaar name		Omoc soug	gc				01110011	oid	
┝	5 .	_											
	Date		Payee name	- -									
	11/19/2024		Jose Cuerve										
	Amount (\$)		Payee addres			e; Zip Coo	de						
	\$86.53		5757 Wayn	e Newton Blvd	•								
			Las Vegas,	NV 89119									
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this scl	hedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever	age Expense				ш				nplete Schedule T.	
								Check if Austin					
								Food for Office	uen	IUI	uer aurin(j i i avei	
ldash	Operated Children	L	Daniell I I I I I I I I I I I I I I I I I I			04.	1 :				- C/F :	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	•	Office soug	gnt				Office h	eia	
L	oxponditure to periorit Orott												
ĺ													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 36/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/01/2024	Josh Acevedo Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2817 Silver Ave
		El Paso, TX 79902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Ŭ	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Campaign Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantific to benefit G/OI	<u> </u>
	Date	Payee name
	12/20/2024	Kings Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.28	12273 Socorro Rd.
		San Elizario, TX 79849
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Pizza for Surratt Elementary Student Council
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/16/2024	Kings Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.28	12273 Socorro Rd.
		San Elizario, TX 79849
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Pizza for the Americas Libertas Christmas Party
		1 izza for the 7 theneas Elbertas Christinas Faity
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
_	Sch: 37/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004				
4	Date	5 Payee name				
	09/19/2024	La Purisima Socorro Mission				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$300.00	328 S. Nevarez Road				
		El Paso, TX 79927				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee				
		Corn Donation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	07/10/2024	Las Americas Immigrant Advocacy Center				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,500.00	1500 E. Yandell Dr.				
		El Paso, TX 79902				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Candidate/Officeholder/Political Committee				
		2 Silvatorii				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
⊨	Date	Payee name				
	07/23/2024	Ling & Louie's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$56.94	2040 N. International Pkwy.				
		Dallas, TX 75261				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Food for Office Staff during Meeting				
		1 ood for Smile Stair during Meeting				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
-						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/16/2024	Longhorn Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.00	2892 N Druid Hills Rd.
		Atlanta, GA 30329
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Food for Officeholder during Meeting
		Food for Officeriolder during Meeting
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	12/16/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.79	185 Berry St.
	!	
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	!	Transportation Expense for Onicenduct
	Committee ONLL V if direct	Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	·	
	Date	Payee name
	12/13/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.22	185 Berry St.
	!	
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	!	Transportation Expense for Onicendider
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit e/or	<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/12/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.14	185 Berry St.
		, and the second
		San Francisco, CA 94107
Ļ	DUDD 0.5	· · · · · · · · · · · · · · · · · · ·
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Lack if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	12/10/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.69	185 Berry St.
		San Francisco, CA 94107
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
	12/09/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.92	185 Berry St.
		San Francisco, CA 94107
\vdash	PURPOSE	To.
	OF	
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
-	Sch: 40/106 Rpt:	Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable)			
4	Date	5 Payee name			
	11/25/2024	Lyft			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$43.53	185 Berry St.			
		San Francisco, CA 94107			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.			
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder			
		Transportation Expense for Onicenolaer			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
F	Date	Payee name			
	11/22/2024	Lyft			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$80.77	185 Berry St.			
		San Francisco, CA 94107			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	11/21/2024	Lyft			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$103.94	185 Berry St.			
		San Francisco, CA 94107			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.			
		Expense			
		Transportation Expense for Officenolation			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/20/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.23	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/19/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.20	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Power name
	11/18/2024	Payee name Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.23	185 Berry St.
	¥32.23	
		San Francisco, CA 94107
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

	Credit Cara r dyment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 42/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	11/18/2024	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.00	185 Berry St.	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Cancellat	
		53.765.113	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	11/18/2024	Lyft	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.67	185 Berry St.	
	402.01	100 2011) 0.1	
		San Francisco, CA 94107	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Fouriement And Polated Check if the Category (See Categories listed at the top of this schedule)	n ravel outside of Texas. Complete Schedule T.
	EXPENDITURE		Austin, TX, officeholder living expense
		l : —	tation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	11/18/2024	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.71	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Transportation Equipment And Related Check if to	ravel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Austin, TX, officeholder living expense
		Transport	tation Expense for Officeholder
	Complete ONL V if direct	Condidate/Officeholder name Office cought	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card	d Payment	The Instruction Guide explains how to co	omplete	e this form.		
1 Total page	es Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 4	43/106 Rpt:	Gonzalez, Mary Edna (The Honorable)			00068004	
4 Date		5 Payee name		•		
10/30/20)24	Lyft				
6 Amount (S	\$)	7 Payee address; City; State; Zip Co	ode			
	\$93.38	185 Berry St.				
		San Francisco, CA 94107				
8 PURP	POSE		(h) [Description		
OI	F	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related	(5)	Check if travel outsid	e of Texas. Com	plete Schedule T.
EXPEND	DITURE	Expense Equipment 7 that Related	[Check if Austin, TX, o	officeholder living	g expense
			1	Transportation Ex	xpense for	Officeholder
	ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditu	ire to benefit C/O	H				
Date		Payee name				
10/29/20)24	Lyft				
Amount (S	\$)	Payee address; City; State; Zip Co	ode			
	\$146.10	185 Berry St.				
		San Francisco, CA 94107				
PURP	POSE		(h) [Description		
OI	F	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Check if travel outsid	e of Texas. Com	plete Schedule T.
EXPEND	DITURE	Expense Equipment 7 that Related	[Check if Austin, TX, o	officeholder living	g expense
			T	Transportation Ex	xpense for	Officeholder
	ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditu	re to benefit C/O	'n				
Date		Payee name				
10/28/20)24	Lyft				
Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$70.14	185 Berry St.				
		San Francisco, CA 94107				
PURP	POSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
OI	F	Transportation Equipment And Related	``	Check if travel outsid	e of Texas. Com	pplete Schedule T.
EXPEND	DITURE	Expense		Check if Austin, TX, o		
			1	Transportation Ex	xpense for	Officeholder
			1			
	e ONLY if direct	Candidate/Officeholder name Office sou	ught		Office h	eld
	e <u>ONLY</u> if direct ure to benefit C/O		ught		Office h	eld
			ught		Office ho	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/24/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.42	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolaer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	10/10/2024	Lyft
┝		
	Amount (\$) \$36.50	Payee address; City; State; Zip Code
	\$30.50	185 Berry St.
L		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for emberioder
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/09/2024	Lyft
L	Amount (\$)	<u> </u>
	• •	
	\$6.80	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Specialistic Expense for Simoniolasi
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/09/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.55	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Transportation Expense for Onicendiaer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	10/08/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.07	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/07/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Cancellation Fee
		Cancellation ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/07/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.50	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/30/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.70	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Pouso namo
	09/30/2024	Payee name Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.56	185 Berry St.
	72.00	250 26Ny 6N
		San Francisco, CA 94107
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	09/27/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.75	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/27/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.24	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payros namo
	09/27/2024	Payee name Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.97	185 Berry St.
	¥20.0.	250 26h y 6h
		San Francisco, CA 94107
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	09/12/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.30	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolaer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	09/03/2024	Lyft
H	Amount (\$)	Payee address; City; State; Zip Code
	\$8.80	185 Berry St.
	, , , ,	
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payros namo
1	08/19/2024	Payee name Lyft
L	Amount (\$)	<u> </u>
	\$33.46	Payee address; City; State; Zip Code 185 Berry St.
	\$33.40	185 Belly St.
		05
		San Francisco, CA 94107
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1: Sch: 49/106 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00068004
4	Date 08/16/2024	5 Payee name Lyft	
6	Amount (\$) \$9.63	7 Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107	
8	PURPOSE OF EXPENDITURE	Expense Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense n Expense for Officeholder
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/16/2024	Payee name Lyft	
	Amount (\$) \$11.70	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 n Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/12/2024	Payee name Lyft	
	Amount (\$) \$26.09	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 n Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this formula to the complete state of the complete that sta		OTHER (enter a	category not listed above)
_					
1	Total pages Schedule F1:	FILER NAME		Filer ID	(Ethics Commission Filers)
	Sch: 50/106 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004	
4	Date	Payee name			
	07/29/2024	Lyft			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$47.99	185 Berry St.			
		San Francisco, CA 94107			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion		
	OF			de of Texas. Com	plete Schedule T.
	EXPENDITURE		ck if Austin, TX,	officeholder living	expense
		Trans	portation E	expense for (Officeholder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experiditure to beriefit C/Oi				
	Date	Payee name			
	07/25/2024	Lyft			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$30.59	185 Berry St.			
		San Francisco, CA 94107			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Descrip	ption		
	OF EXPENDITURE	Transportation Equipment / the related		de of Texas. Com	
				officeholder living	
		Hans	portation =	xpense ioi i	Officeholder
_	Complete ONL V if direct	Condidate/Officeholder name Office cought		Office he	.ld
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eiu
_					
	Date	Payee name			
	07/23/2024	Lyft			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$13.59	185 Berry St.			
		San Francisco, CA 94107			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Descrip	ption		
	OF EXPENDITURE	Transportation Equipment And Related		de of Texas. Com	
	LAFLINDITORL			officeholder living	•
		Transı	portation E	xpense for (Officeholder
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experialities to beliefft C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 51/106 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 07/03/2024	5 Payee name Lyft
6	Amount (\$) \$79.96	7 Payee address; City; State; Zip Code 185 Berry St.
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94107 (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 Expense for Officeholder
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/02/2024	Payee name Lyft
	Amount (\$) \$91.52	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/01/2024	Payee name Lyft
	Amount (\$) \$13.51	Payee address; City; State; Zip Code 185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 52/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	07/01/2024	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$85.88	185 Berry St.	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		Transportatio	n Expense for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/01/2024	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.99	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related	outside of Texas. Complete Schedule T.
		L'Appende L	, TX, officeholder living expense n Expense for Officeholder
		Transportatio	ii Expense for Officeriolder
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
_	Data		
	Date 07/01/2024	Payee name	
	07/01/2024	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.24	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment 7 that Related	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		Transportatio	n Expense for Officeholder
_	Complete ONLY if direct	Candidate/Officeholder name Office county	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office field

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

orean oura r dyment	The Instruction Guide explains how to c	omplete this form	•	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Sch: 53/106 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004	
4 Date	5 Payee name		•	
07/01/2024	Lyft			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$122.32	185 Berry St.			
	San Francisco, CA 94107			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
OF	Transportation Equipment And Related	I — :	avel outside of Texas. Complete Sch	edule T.
EXPENDITURE	Expense	. —	austin, TX, officeholder living expense	
		Transport	ation Expense for Office	nolder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held	
experiditure to beliefit C/O	П			
Date	Payee name			
08/21/2024	Mamacita's			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$274.06	1580 Clint			
	El Paso, TX 79836			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
OF EXPENDITURE	Food/Beverage Expense		ravel outside of Texas. Complete Sch	edule T.
EXPENDITORE			austin, TX, officeholder living expense	
		Food for 0	Constituents during Meeti	ing
Operation ONLY if the ex-	Out distant (Office Includes a second		Office health	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ugnt	Office held	
Date	Payee name			
12/23/2024	Mamacitas			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$269.73	1580 Clint			
	Clint, TX 79836			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
OF EXPENDITURE	Food/Beverage Expense		ravel outside of Texas. Complete Sch	
		_	oustin, TX, officeholder living expense Constituents during Meeti	
		Food for t	Constituents during week	irig
Complete CNI V if direct	Candidate/Officeholder name Office so	ught	Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		uyıll	Office held	
-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		(Ethics Commission Filers)
	Sch: 54/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	
4	Date	5 Payee name	
_	12/23/2024	Mamacitas	
6	Amount (\$) \$163.29	7 Payee address; City; State; Zip Code 9 1580 Clint	
	\$103.29	1360 Clifft	
		Clint, TX 79836	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense Check if travel outside of Texas. Comple	ete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living ex	
		Food for Constituents during N	vieeurig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	<u> </u>
	expenditure to benefit C/O		
_	Date	Payee name	
	12/06/2024	Mamacitas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$139.65	5 1580 Clint	
		Clint, TX 79836	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	A. Calandala T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Comple	
		Food for Constituents during N	Meeting
	Complete ONLY if direct expenditure to benefit C/OI		i
	experience to benefit Gree		
	Date	Payee name	
	12/02/2024	Mamacitas State 7 in Oath	
	Amount (\$) \$350.49	Payee address; City; State; Zip Code 1580 Clint	
	Ψ330.49	1360 Clint	
		Clint, TX 79836	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Comple	
		Food for Constituents during N	
	Complete ONLY if direct		i
	expenditure to benefit C/OI	OH	

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/06/2024	Mamacitas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$210.62	1580 Clint
		Clint, TX 79836
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
L	11/04/2024	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.08	1580 Clint
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
┡	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
┡		
	Date	Payee name
	11/01/2024	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$179.41	1580 Clint
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/01/2024	Mamacitas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$774.12	1580 Clint
		Clint, TX 79836
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
		1 ood for Constituents during weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
\vdash	Date	Power name
	10/25/2024	Payee name Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.84	1580 Clint
		Clint, TX 79836
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
		Toda for Constituents during mooting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/21/2024	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$447.91	1580 Clint
	Ψ1.31	
		Clint, TX 79836
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 57/106 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 10/21/2024	5 Payee name Mamacitas
6	Amount (\$) \$154.97	7 Payee address; City; State; Zip Code 1580 Clint
8	PURPOSE OF EXPENDITURE	Clint, TX 79836 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/21/2024	Payee name Mamacitas
	Amount (\$) \$28.02	Payee address; City; State; Zip Code 1580 Clint Clint, TX 79836
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/07/2024	Payee name Mamacitas
	Amount (\$) \$162.44	Payee address; City; State; Zip Code 1580 Clint
		Clint, TX 79836
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to	compl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 58/106 Rpt:		Gonzalez, Mary Edna (The Honorable)		00068004
4	Date	5	Payee name		<u>'</u>
	10/07/2024		Mamacitas		
6	Amount (\$)	7	Payee address; City; State; Zip 0	Code	
	\$42.64		1580 Clint		
			Clint, TX 79836		
8	PURPOSE	(2)		(h)) Description
•	OF	(۵)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(6)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Toda/Develage Expense		Check if Austin, TX, officeholder living expense
					Food for Constituents during Meeting
9	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	t Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	09/26/2024		Mamacitas		
	Amount (\$)	T	Payee address; City; State; Zip C	Code	
	\$262.91		1580 Clint		
			Clint, TX 79836		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF	``	Food/Beverage Expense	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		. 000,2010,ag0 =po00		Check if Austin, TX, officeholder living expense
					Food for Constituents during Meeting
	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	t Office held
	expenditure to benefit C/O	'П			
	Date		Payee name		
	08/28/2024		Mamacitas		
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$269.16		1580 Clint		
			Clint, TX 79836		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF	``'	Food/Beverage Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		. 000,2010,ag0 =po00		Check if Austin, TX, officeholder living expense
					Food for Constituents during Meeting
	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	t Office held
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	ı.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 59/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	08/26/2024	Mamacitas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$367.86	1580 Clint	
		Ol' 1 TV 7000	
		Clint, TX 79836	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	N travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 dod/Beverage Expense	Austin, TX, officeholder living expense
		Food for	Constituents during Meeting
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/23/2024	Mamacitas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.26	1580 Clint	
		Ol: 1 TV 70000	
		Clint, TX 79836	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	N travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Develage Expense	Austin, TX, officeholder living expense
		Food for	Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experientare to benefit orei		
	Date	Payee name	
	08/21/2024	Mamacitas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$124.16	1580 Clint	
		Clint, TX 79836	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Descriptio	I I travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if	Austin, TX, officeholder living expense
		Food for	Constituents during Meeting
	Operation Children	Condition (Office Includes	Office I I I
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held
\vdash	· 		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 60/106 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 08/19/2024	5 Payee name Mamacitas
6	Amount (\$) \$123.67	7 Payee address; City; State; Zip Code 1580 Clint
8	PURPOSE OF EXPENDITURE	Clint, TX 79836 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/07/2024	Payee name Mamacitas
	Amount (\$) \$96.38	Payee address; City; State; Zip Code 1580 Clint Clint, TX 79836
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/01/2024	Payee name Mamacitas
	Amount (\$) \$185.98	Payee address; City; State; Zip Code 1580 Clint
		Clint, TX 79836
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 61/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/29/2024	Mamacitas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.41	1580 Clint
		Clint, TX 79836
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
L	07/12/2024	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.80	1580 Clint
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
L	Operation ONLY if dispose	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	- · · · · · · · · · · · · · · · · · · ·
┡		
	Date	Payee name
	07/09/2024	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.37	1580 Clint
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 62/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/19/2024	Market@Work
6	Amount (\$) \$15.98	7 Payee address; City; State; Zip Code 1400 Congress Ave
	420.00	_ 100 CO.1g. 000 110
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Snacks for staff during working meeting
		Shacks for stair during working meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	
	Date	Payee name
	11/13/2024	Market@Work
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.79	1400 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Snacks and drinks for staff during work meeting
		Shacks and drinks for stail during work meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/03/2024	Matt's Big Breakfast
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.98	4 Sky Hbr Blvd.
	4000	Gate B5
		Phoenix, AZ 85034
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Officeholder during Travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 63/106 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 10/21/2024	5 Payee name Mustang Parking Enterprise LP
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 4011 Commerce St. Dallas, TX 75226
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 Parking Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/15/2024	Payee name NALEO Education Fund
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 1000 Corporate Center Dr. Ste. 310 Monterey Park, CA 91754
	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 Newly Institute Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/19/2024	Payee name NGP VAN, Inc.
	Amount (\$) \$703.56	Payee address; City; State; Zip Code 655 15th St. NW Suite 650 Washington, DC 20005
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/Mer Legal Services	·		Wages	s/Contract Labor			Out of Dis R (enter a	strict category not listed	above)
L	•	_			on Guide expla	ains how to co	ompl	ete this form.	_				
1	Total pages Schedule F1:	2							3			(Ethics Commi	ssion Filers)
	Sch: 64/106 Rpt:	_		Mary Edna (The Honora	.ble)				0006	8004		
4	Date	5	Payee name	_									
L	08/05/2024	L	NGP VAN,	Inc.									
6	Amount (\$)	7	Payee addre	ss; City;	S	tate; Zip C	ode						
	\$703.56		655 15th St	. NW									
			Suite 650										
			Washington	, DC 20005	5								
8	PURPOSE	(a)	Category (Se	ee Categories list	ed at the top of thi	is schedule)	(b)	Description					
	OF EXPENDITURE		Office Over			,		Check if travel				plete Schedule T.	
	LAFENDITURE							Check if Austin			older living	g expense	
								Campaign So	oftw	vare			
L							L						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nar	ne	Office sou	ught			(Office he	eld	
	,	_											
	Date		Payee name										
L	11/18/2024	L	Neadeau, E	Iliot									
	Amount (\$)		Payee addre	ss; City;	S	tate; Zip C	ode	<u> </u>					
	\$100.00		2505 Longv	iew St., Un	it 233-D								
			Austin, TX	78705									
	PURPOSE	(a)	Category (Se			is schedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wa	ages/Contra	ict Labor			Check if travel Check if Austin				plete Schedule T.	
								Campaign St			oiaei iiviN(3 exhelipe	
								Jan.,paigii Ot					
H	Complete ONLY if direct		Candidate/Offi	ceholder nar	ne	Office sou	<u>I</u> ught			(Office he	eld	
	expenditure to benefit C/OI						,						
H	Date		Payee name										
	12/10/2024		New Orlean	s Marriott									
\vdash	Amount (\$)	\vdash	Payee addre		9	tate; Zip C	nde						
	\$28.20		555 Canal S		3	idio, Zip Ci	Jue						
	Ψ20.20		JJJ Cariai C										
			New Orlean	ıς ΙΔ 7012	Ω								
	DUDDOCE	(5)					<i>(</i> L)	Descripti					
	PURPOSE OF	^(a)	Category (Se			is schedule)	(n)	Description Check if travel	outsi	ide of Te	exas. Com	plete Schedule T.	
	EXPENDITURE		Food/Bever	aye Expens	oc			Check if Austin					
								Food for Office					
	Complete ONLY if direct		Candidate/Offi	ceholder nar	ne	Office sou	ught			(Office he	eld	
	expenditure to benefit C/O	Н											
					.,								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 65/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	12/09/2024	Nothing Bundt Cake
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$41.94	1201 Barbara Jordan Blvd.
l		Ste. 680
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cake for Staff's Birthday
		Cake for Stan's Birthday
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/17/2024	Nothing Bundt Cakes
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$18.54	1201 Barbara Jordan Blvd.
		Ste. 680
		Austin, TX 78723
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Birthday cakes for staff
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	12/13/2024	Otis Hotel Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$583.08	1901 San Antonio St.
l		
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Accommodation for Officeholder
		Accommodation of Officerolder
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 66/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	08/15/2024	P.F. Chang's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.65	8889 Gateway Blvd. W
		Suite 2300
		El Paso, TX 79925
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/14/2024	PGA Tour Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.35	6713 Convair Rd.
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Officeholder during Travel
		1 ood for Officeriolder during Haver
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/01/2024	PGA Tour Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.87	6713 Convair Rd.
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food for Officeholder during Travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 67/106 Rpt:	Gonzalez, Mary Edna (The Honorable) O0068004
4	Date	5 Payee name
	09/11/2024	Pad Thai Cuisine
6	Amount (\$) \$152.04	7 Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd #1220 Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for a Staff Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/09/2024	Palace Cafe
	Amount (\$) \$80.67	Payee address; City; State; Zip Code 605 Canal St.
		New Orleans, LA 70130
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Officeholder during Travel
		Podd for Officeriolder during Traver
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/26/2024	Panera
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.06	2805 Bee Caves Rd.
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Office Staff during Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 68/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	09/25/2024	Papa John's Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.88	2030 E. Oltorf St.
		#114
		Austin, TX 78741
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Pizza for Americas High School Interns
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/18/2024	Paso del Norte Community Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.56	221 N. Kansas St.
		Suite 1900
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Perla's Seafood and Oyster Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$277.33	1400 S. Congress Ave.
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Food for Office Staff during Meeting
_	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	OTIGICAL CONTROL OF OT	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense
ounting/Banking

Event Expense
Event Expense
Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

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

Fees Office Overhead/R
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Ci

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)
	Sch: 69/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	09/30/2024	Pluckers Wing Bar	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$48.65	2222 Rio Grande St.	
l		Ste. D116	
		Austin, TX 78705	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	1 coa/Beverage Expense	itside of Texas. Complete Schedule T.
l			rx, officeholder living expense e Staff during Meeting
		Food for Office	s Stail during Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	07/24/2024	Pluckers Wing Bar	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$52.54	2222 Rio Grande St.	
l		Ste. D116	
		Austin, TX 78705	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Food/Beverage Expense	itside of Texas. Complete Schedule T.
l			TX, officeholder living expense
		Food for Office	e Staff during Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
	11/04/2024	Primo Water	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$12.98	200 Eagles Landing Blvd.	
		Lakeland, FL 33810	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	,	utside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, T	rX, officeholder living expense
		Water Delivery	for Capitol Office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	•	Office field
\vdash			
ĺ			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 70/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004						
4	Date	5 Payee name						
	10/07/2024	Primo Water						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$12.98	200 Eagles Landing Blvd.						
	!							
		Lakeland, FL 33810						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	!	Water Delivery for Capitol Office						
	!							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
`	expenditure to benefit C/Oh							
H	Date	Payee name						
	09/09/2024	Primo Water						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$12.98	200 Eagles Landing Blvd.						
	Ψ±2.00	200 Eagles Earlaing Diva.						
		Lakeland, FL 33810						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
	!	Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office						
	!	Trace Solitory for Capitor Cinio						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·						
_	Date	Payee name						
	08/12/2024	Primo Water						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$12.98	200 Eagles Landing Blvd.						
	Ψ12.50	200 Eagles Landing Divu.						
	!	Lakeland, FL 33810						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
	LAI LIIDITOIL	Check if Austin, TX, officeholder living expense						
	!	Water Delivery for Capitol Office						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	s expense	Salaries/W		e /Contract Labor		OTHER (enter a	category not listed	above)
·				The Instruction G	uide explains h	ow to co	mple	ete this form.				
1 Total pages Schedule F1: 2 FILER NAM			FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 71/106 Rpt:	Sch: 71/106 Rpt: Gonzalez,			Honorable)					00068004		
4	Date	5	Payee name									
	08/12/2024		Primo Wate	r								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$51.46		200 Eagles	Landing Blvd.								
			Lakeland, F	L 33810								
8	PURPOSE	(a)					(h)	Description				
Ŭ	OF	(")		ee Categories listed at head/Rental Ex		aule)	()		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Over	icaa/itemai Ex	perioe			Check if Austin,	, TX,	officeholder living	expense	
								Water Deliver	ry f	or Capitol O	ffice	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	07/15/2024		Primo Wate	r								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$12.98		200 Eagles	Landing Blvd.								
			Lakeland, F	L 33810								
	PURPOSE	(a)		ee Categories listed at		ali da V	(b)	Description				
	OF	(",				aule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense L					Check if Austin, TX, officeholder living expense				
								Water Deliver	ry f	or Capitol O	ffice	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	10/31/2024		Print It El Pa	aso								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$199.18		12285 Pellio	cano Dr.								
			Bldg. D6									
			El Paso, TX	79936								
	PURPOSE	(a)		ee Categories listed at	N- 4	-1-1-1	(h)	Description				
	OF	(",	Printing Exp		the top of this sche	uuie)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			701.00				Check if Austin,	, TX,	officeholder living	expense	
								Banner & Shi	irt F	Printing		
	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	н										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 72/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4 Date	5 Payee name
12/03/2024	Quinterros Meat Market
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$329.88	4413 Duranzo Ave
	El Paso, TX 79905
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Ham Bonation
O Commission ONII V if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	
·	
Date	Payee name
11/25/2024	ReNue Hampton Pharmacy
Amount (\$)	Payee address; City; State; Zip Code
\$4.99	2701 S. Hampton Rd.
	Dallas, TX 75224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies for Officeholder while traveling
	Office Supplies for Officeriolder write travelling
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	
Date	Payee name
Date 10/28/2024	Payee name Residence Inn Denton
10/28/2024	Residence Inn Denton Payee address; City; State; Zip Code
10/28/2024 Amount (\$)	Residence Inn Denton Payee address; City; State; Zip Code
10/28/2024 Amount (\$)	Residence Inn Denton Payee address; City; State; Zip Code
10/28/2024 Amount (\$) \$2.49	Residence Inn Denton Payee address; City; State; Zip Code 3761 I-35E
10/28/2024 Amount (\$) \$2.49 PURPOSE OF	Residence Inn Denton Payee address; City; State; Zip Code 3761 I-35E Denton, TX 76210 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
10/28/2024 Amount (\$) \$2.49	Residence Inn Denton Payee address; City; State; Zip Code 3761 I-35E Denton, TX 76210 (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
10/28/2024 Amount (\$) \$2.49 PURPOSE OF	Residence Inn Denton Payee address; City; State; Zip Code 3761 I-35E Denton, TX 76210 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
10/28/2024 Amount (\$) \$2.49 PURPOSE OF EXPENDITURE	Residence Inn Denton Payee address; City; State; Zip Code 3761 I-35E Denton, TX 76210 (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 Hotel Fee
10/28/2024 Amount (\$) \$2.49 PURPOSE OF EXPENDITURE Complete ONLY if direct	Residence Inn Denton Payee address; City; State; Zip Code 3761 I-35E Denton, TX 76210 (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 Hotel Fee Candidate/Officeholder name Office sought Office held
10/28/2024 Amount (\$) \$2.49 PURPOSE OF EXPENDITURE	Residence Inn Denton Payee address; City; State; Zip Code 3761 I-35E Denton, TX 76210 (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 Hotel Fee Candidate/Officeholder name Office sought Office held
10/28/2024 Amount (\$) \$2.49 PURPOSE OF EXPENDITURE Complete ONLY if direct	Residence Inn Denton Payee address; City; State; Zip Code 3761 I-35E Denton, TX 76210 (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 Hotel Fee Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 73/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/28/2024	Residence Inn Denton
6	Amount (\$) \$127.41	7 Payee address; City; State; Zip Code 3761 I-35E Denton, TX 76210
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accommodation for Officeholder
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/18/2024	Residence Inn
	Amount (\$) \$664.76	Payee address; City; State; Zip Code 4537 S IH-35 Frontage Rd. Austin, TX 78744
	DUDDOCE	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accommodation for Officeholder
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/24/2024	Residence Inn
	Amount (\$) \$216.41	Payee address; City; State; Zip Code 4537 S. IH-35 Frontage Rd.
		Austin, TX 78744
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accommodation for Officeholder
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	als Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
	Credit Card Payment			The Instruction	Guide explai	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 74/106 Rpt: Gonzalez, N			1ary Edna (Th	ne Honorab	le)				00068004		
4	Date	5	Payee name									
	10/15/2024		Ruth's Chris	Steak House	9							
6	Amount (\$)	7	Payee addres	ss; City;	Sta	ite; Zip Co	de					
	\$101.52		8889 Gatew	ay Blvd. W								
			El Paso, TX	79925								
8	PURPOSE	(a)	Category (Se	e Categories listed	at the ton of this	schadula)	(b)	Description				
	OF			age Expense	at the top of this	scriculic)	` ´	:	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			•				_		officeholder livin		
								Food for Office	ce S	Staff during	Meeting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	Date		Payee name									
	09/03/2024		Saltgrass St	eak House								
	Amount (\$)		Payee addres	ss; City;	Sta	ite; Zip Co	de					
	\$348.14		502 River W	/alk								
			San Antonio	, TX 78205								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			age Expense		,		=			nplete Schedule T.	
	EXI ENDITORE							—		officeholder living		
								Food for Office	en	olaer auring	Travei	
	Complete ONLY if direct	<u> </u>	Sanadialata/Offic			Office				Office h	ماط	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		anuluale/Onic	ceholder name		Office sou	gnı			Office h	eiu	
_		_										
	Date	ı	Payee name	0								
	12/02/2024		San Elizario	Genealogy F								
	Amount (\$)	l	Payee addres	•	Sta	ite; Zip Co	de					
	\$500.00		P.O. Box 10	90								
			San Elizario	, TX 79849								
	PURPOSE		,	e Categories listed	•	schedule)	(b)	Description				
	OF EXPENDITURE			s/Donations I							plete Schedule T.	
			Candidate/C	Officeholder/P	olitical Con	ımıttee		San Elizario I		officeholder living		
								Jan. Enzano I		5011100	,	
-	Complete ONLY if direct		andidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI					J.1100 300	9,11			J00 11		
\vdash												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment			vices			se s/Contract Labor		OTHER (enter a	strict a category not listed a	above)
<u> </u>			The Inst	ruction Guide ex	xplains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2 FILE	ER NAME					3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 75/106 Rpt:	Gor	nzalez, Mary Ed	na (The Hond	orable)				00068004		
4	Date	5 Pay	ee name								
	07/15/2024	Sch	ıolz Garten								
6	Amount (\$)	7 Pay	ee address; C	City;	State; Zip Co	ode					
	\$69.26	160	7 San Jacinto E	Blvd							
		Aus	stin, TX 78701								
8	PURPOSE	(a) Cate	egory (See Categori	es listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		d/Beverage Exp							nplete Schedule T.	
							ш		officeholder living		
							Food for staff	uu	inng meetin	gs	
Ļ	Computate ONLY if dispost	Cand	idata/Officabalda		Office				Office le	- l-l	
9	Complete ONLY if direct expenditure to benefit C/OH		idate/Officeholder	name	Office sou	igrit			Office h	eiu	
_	Date	Π_									
	Date	1 1	ee name								
	10/16/2024		jhs, Helen								
	Amount (\$)	1 1		City;	State; Zip Co	ode					
	\$142.00	P.O	. Box 1090								
		Sar	n Elizario, TX 79	849							
	PURPOSE	(a) Cate	egory (See Categori	es listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		ntributions/Dona		,					nplete Schedule T.	
		Car	ndidate/Officeho	older/Political	Committee		Silent Auction		officeholder living	g expense	
							Siletit Auction	יטו	onation		
	Complete ONLY if direct	Cand	idate/Officeholder	name	Office sou	l Iaht			Office h	eld	
	expenditure to benefit C/O		idate/Officeriolaei	name	Office 30t	giit			Omee n	Ciu	
_	Date	Dov	00 0000								
	07/09/2024	1 1	ee name ooters Smoking	BB○							
					Ctata: 7ia Ca						
	Amount (\$) \$69.47	1	ee address;	City;	State; Zip Co	oue					
	Ф09.47	159	ı ıvıalıı Sı								
		0	- Elii- TV 70	0.40							
			n Elizario, TX 79								
	PURPOSE OF		egory (See Categori		of this schedule)	(b)	Description Chapter if traval	outoi	do of Toyon Com	nplete Schedule T.	
	EXPENDITURE	-00	d/Beverage Exp	pense			ш		officeholder living		
							Food for Con				
									`	_	
	Complete ONLY if direct	Cand	idate/Officeholder	name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/O					-					
I											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 76/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4 Date	5 Payee name	•
12/19/2024	Silvas, Ashlee	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$200.00	851 Manuel Ortega	
	El Paso, TX 79927	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	J G	Check if Austin, TX, officeholder living expense
		Staff Christmas Bonus
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
12/06/2024	Silvas, Ashlee	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$200.00	851 Manuel Ortega	
	El Paso, TX 79927	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for In-District Travel
		Normalisation in Bloader Have
Complete ONLY if direct	Candidate/Officeholder name Office sou	l ght Office held
expenditure to benefit C/O		
Date	Payee name	
11/22/2024	Silvas, Ashlee	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$200.00	851 Manuel Ortega	
,		
	El Paso, TX 79927	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Staff Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experiulture to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 77/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004					
4	Date	5 Payee name						
	11/08/2024	Silvas, Ashlee						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$250.00	851 Manuel Ortega						
		El Paso, TX 79927						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n					
	OF EXPENDITURE	Galaries/ Wages/ Corni act Eabor	travel outside of Texas. Complete Schedule T.					
	!	Staff Sala	Austin, TX, officeholder living expense					
		Sian care	y					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
ľ	expenditure to benefit C/O		oco no.u					
_	Date	Payee name						
	10/18/2024	Silvas, Ashlee						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$200.00	851 Manuel Ortega						
	Ψ200.00	031 Manuel Ortega						
	!	El Paso, TX 79927						
	2::22005							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salarias Magazi Contract Labor Check if t	n travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Jaianes/Wages/Contract Eabor	Austin, TX, officeholder living expense					
	!	Staff Sala	ary					
	!							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	1						
	Date	Payee name						
	10/04/2024	Silvas, Ashlee						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$200.00	851 Manuel Ortega						
	!							
	!	El Paso, TX 79927						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n					
	OF EXPENDITURE	Salaries/Wages/Contract Labor	travel outside of Texas. Complete Schedule T.					
	EXPLINITIONS	,	Austin, TX, officeholder living expense					
	!	Staff Sala	ary					
_	Or analysis ONL V if direct	Office couple	Office held					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held					
	<u> </u>							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	l.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 78/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	•
	09/20/2024	Silvas, Ashlee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	851 Manuel Oretga	
		El Paso, TX 79927	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE	Galaries/ Wages/Contract Eabor	travel outside of Texas. Complete Schedule T.
		Staff Sala	Austin, TX, officeholder living expense
		Stan Said	,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	09/06/2024	Silvas, Ashlee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	851 Manuel Oretga	
		El Paso, TX 79927	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE	, , ,	travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if A	Austin, TX, officeholder living expense
		Staff Sala	ary
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Date	Davies wares	
	08/16/2024	Payee name Silvas, Ashlee	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 851 Manuel Oretga	
	Ψ200.00	001 Manuel Oreiga	
		El Paso, TX 79927	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Descriptio	N travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	Austin, TX, officeholder living expense
		Staff Sala	ary
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 79/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	08/02/2024	Silvas, Ashlee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	851 Manuel Oretga
		El Paso, TX 79927
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Staff Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/19/2024	Silvas, Ashlee
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	851 Manuel Oretga
		El Paso, TX 79927
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Staff Salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	07/10/2024	Silvas, Ashlee
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	851 Manuel Oretga
		El Paso, TX 79927
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff Salary
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		xpense Vages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1: Sch: 80/106 Rpt:		lary Edna (The Honor	able)				Filer ID 00068004	(Ethics Commission Filers)
4	Date		Tany Lana (The Hollon						
4	12/11/2024	5 Payee name Southwest A	Airlines						
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	de				
	\$281.00	2702 Love F							
		Dallas, TX 7	5235						
8	PURPOSE	(a) Category (Se	e Categories listed at the top of the	his schedule)		Description			
	OF EXPENDITURE	Travel Out o	f District			X Check if travel of		de of Texas. Comp officeholder living	
						Airfare for Off			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name	Office sou	ght			Office he	eld
	Date	Payee name	irlinos						
	12/02/2024	Southwest A		2t-t-: 2'- 2	مام				
	Amount (\$) \$216.97	Payee addres	•	State; Zip Co	ue				
	\$≥10.97	Z10Z LOVE F	TEIU DI						
		Dallas, TX 7	5235						
	PURPOSE	(a) Category (Se	e Categories listed at the top of the	his schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out o	f District					de of Texas. Comp officeholder living	
						Airfare for Off			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	ceholder name	Office sou	ght			Office he	eld
	Date	Payee name							
	11/18/2024	Southwest A	Airlines						
	Amount (\$)	Payee addres	ss; City; S	State; Zip Co	de				
	\$292.98	2702 Love F	Field Dr						
		Dallas, TX 7	5235						
	PURPOSE	·	e Categories listed at the top of the	his schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out of		o sorioddioj		X Check if travel of			
	LVL FIADI I OKĘ							officeholder living	expense
						Airfare for Off	ice	noluei	
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/O		-		J				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Cor		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Wages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a c	ict ategory not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 81/106 Rpt:		Gonzalez, N	Mary Edna (The Ho	norable)					00068004	
4	Date	5	Payee name								
	11/18/2024		Southwest A	Airlines							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$168.98		2702 Love I	Field Dr							
L			Dallas, TX 7	75235							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out	of District				Check if travel of			
								Airfare for Off		officeholder living e	expense
								, to 101 OII		1101401	
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Ω	office sou	l Jaht			Office hel	d
Ĺ	expenditure to benefit C/O						9.10			2.1100 1101	
	Date		Payee name								
	10/18/2024		Southwest A	Airlines							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$293.98		2702 Love I	Field Dr							
			Dallas, TX 7	75235							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out o					—		de of Texas. Compl	
	-							Airfare for Off		officeholder living e	expense
								, and on On		Tioluci	
\vdash	Complete ONLY if direct		andidate/Offi	ceholder name	0	office sou	<u>l</u> ught			Office hel	d
	expenditure to benefit C/O				J		J				
H	Date	Π	Payee name								
	09/30/2024		Southwest A	Airlines							
	Amount (\$)		Payee addres		State:	Zip Co	ode				
	\$5.60		2702 Love I	•	oldio,	p 00	-40				
	\$5.50										
			Dallas, TX 7	75235							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees					ш		de of Texas. Compl	
								Airline Fee	, 1X,	officeholder living e	expense
								,			
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Ω	office sou	l Jaht			Office hel	d
	expenditure to benefit C/O				Ü		9.10			2.1100 1101	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 82/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	09/30/2024	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.60	2702 Love Field Dr	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trav	rel outside of Texas. Complete Schedule T.
		│ │ │ │ │ Check if Aus │ │ Airline Fee	stin, TX, officeholder living expense
		Allille ree	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O	dandidate/onicenolaer name onice sought	Office field
_	Date	Davida nama	
	08/26/2024	Payee name Southwest Airlines	
	Amount (\$)		
	\$567.97	Payee address; City; State; Zip Code 2702 Love Field Dr	
	φ307.97	2702 Love Field Di	
		Dallag TV 75005	
		Dallas, TX 75235	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	rel outside of Texas. Complete Schedule T.
	EXPENDITURE	Thaver out or district	stin, TX, officeholder living expense
		Airfare for C	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	08/14/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$322.98	2702 Love Field Dr	
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District	rel outside of Texas. Complete Schedule T.
	EXPENDITORE		stin, TX, officeholder living expense
		Airtare for C	Officeholder
_	Complete ONLY if alias -t	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 83/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/01/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$530.46	2702 Love Field Dr
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airfare for Officeholder
		Amare for officeriolaet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	07/01/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.60	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airline Fee
		Allille Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 08/02/2024	Payee name
		Speedway
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.54	1790 N. Fabens Rd.
		Fabens, TX 79838
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas for Out-of-District Travel
		Out for Out-or-district Haver
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 84/106 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004
4	Date	5 Payee name		-
	09/09/2024	Sprouts Farmers Market		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$122.15	2036 N Zaragoza Rd.		
		El Paso, TX 79938		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Food for Dinner with other Elected Officials
_	Compulate ONLY if diseast	Condidate/Officeholder regree	a. la.4	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	gnt	Office held
	Date	Payee name		
	07/30/2024	Sprouts Farmers Market		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$42.85	2036 N Zaragoza Rd.		
		El Paso, TX 79938		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Food for Dinner with other Elected Officials
				1 ood for Billier with other Elected Officials
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	•	9	omos nota
	Date	Payee name		
	10/09/2024	State Innovation Exchange		
			do	
	Amount (\$) \$575.00	Payee address; City; State; Zip Co	ue	
	φ575.00	1360 Regent St.		
		PMB 257		
		Madison, WI 53715		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Registration Fee
				-
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 85/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date 12/09/2024	5 Payee name State Preservation Board
	Amount (\$) \$31.13	7 Payee address; City; State; Zip Code 201 W. 14th St. #950 Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift for Intern
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/25/2024	Payee name Sweetgreen
	Amount (\$) \$138.24	Payee address; City; State; Zip Code 200 W 2nd St. Austin, TX 78701
	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 Office Staff during Meeting
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 07/24/2024	Payee name Sweetgreen
	Amount (\$) \$97.54	Payee address; City; State; Zip Code 200 W 2nd St.
		Austin, TX 78701
	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 Office Staff during Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 86/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/27/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$208.81	1874 Joe Battle Blvd
		El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donations and Snacks for a community event with interns and seniors
		interns and semois
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/21/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.30	1874 Joe Battle Blvd
	Ψ+1.50	1074 JOE Battle Biva
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flowers for Constituent
		Plowers for Constituent
	Operation ONLY if allowed	One districts (Office healths are seen
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	11/19/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.11	1874 Joe Battle Blvd
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation to Americas High School
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 87/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/18/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.58	1874 Joe Battle Blvd
		El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		10 Turkeys for Tornillo, TX
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/30/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.44	1874 Joe Battle Blvd
	Ψ50.44	1074 ooc battle biva
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Candies for Blazers Bass
		Candles for blazers bass
	Operation ONLY if allowed	One distributed Office health
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	10/25/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.82	1874 Joe Battle Blvd
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation for Clint Veterans
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 88/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/25/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$148.34	1874 Joe Battle Blvd
		El Paso, TX 79936
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	-
	Date	Payee name
	09/18/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.19	1874 Joe Battle Blvd
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/29/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.63	1874 Joe Battle Blvd
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for the In-District Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/O	<u>'</u>

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 89/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/29/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$312.00	1874 Joe Battle Blvd
		El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		giftcard
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/22/2024	Tavernetta
	Amount (\$)	Payee address; City; State; Zip Code
	\$330.00	1889 16th St. Mall
		Denver, CO 80202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Officeholder during Travel
		Toda for Officeriolaer during Traver
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1 · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	10/23/2024	Texadelphia
	Amount (\$)	Payee address; City; State; Zip Code
	\$177.39	5400 Brodie Ln.
		#230
		Sunset Valley, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch for a Staff Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•	es/Contract Labor		OTHER (enter a	category not listed above)
		The Instruction Guide explains h	now to comp	iete tnis form.	_		
1	Total pages Schedule F1:				3	Filer ID	(Ethics Commission Filers)
	Sch: 90/106 Rpt:	Gonzalez, Mary Edna (The Honorable)				00068004	
4	Date	Payee name					
	09/13/2024	Texas Chili Parlor					
6	Amount (\$)	Payee address; City; State;	Zip Code				
	\$66.05	1409 Lavaca St					
		Austin, TX 78701					
8	PURPOSE) Category (See Categories listed at the top of this sche	dula) (b) Description			
	OF	Food/Beverage Expense	edule) (**		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	1 000/Deverage Expense				, officeholder living	
				Food for staff	fdι	ring meeting	gs
9	Complete ONLY if direct	Candidate/Officeholder name C	office sough	t		Office h	eld
	expenditure to benefit C/OI						
	Date	Payee name					
	07/25/2024	Texas Chili Parlor					
	Amount (\$)	Payee address; City; State;	Zip Code				
	\$41.64	1409 Lavaca St					
		Austin, TX 78701					
_	DUDDOCE			\			
	PURPOSE OF	1) Category (See Categories listed at the top of this sche	edule) (D	Description Check if travel	outei	ide of Tevas Com	plete Schedule T.
	EXPENDITURE	Food/Beverage Expense		<u> </u>		, officeholder living	
				Food for staff			
							•
	Complete ONLY if direct	Candidate/Officeholder name C	ffice sough	t		Office he	eld
	expenditure to benefit C/OI		· ·				
-	Date	Payee name					
	12/05/2024	Texas House Democratic Caucus					
			Zin Codo				
	Amount (\$)		Zip Code				
	\$1,500.00	P.O. Box 12453					
		Austin, TX 78711					
	PURPOSE OF	(See Categories listed at the top of this sche	edule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By		ш			plete Schedule T.
		Candidate/Officeholder/Political Comm	ittee	Dues for 202		, officeholder living	g expense
				Dues 101 202	Ja	.114 2020	
	Complete ONLY if direct	Candidate/Officeholder name C	office sough	<u> </u>		Office he	2ld
	expenditure to benefit C/OI	Cardidate/Officeriolider Harrie	mice sough	·		Office III	Jiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 91/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	08/19/2024	Texas LGBTQ Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1400 Congress Ave.
		E1.504
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Membership Dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/22/2024	The Brown Palace Hotel and Spa
	Amount (\$)	Payee address; City; State; Zip Code
	\$263.10	321 17th St.
	Ψ200.10	ozi irti ot.
		Denver, CO 80202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Officeholder during Travel
		Pood for Officeriolider during Traver
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/23/2024	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.42	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Office Staff during Meeting
_	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to belief 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 92/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/09/2024	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.61	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Office Staff during Meeting
		1 ood for Office Staff during Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marea
		Payee name The Capital Crill
L	10/08/2024	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.04	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Office Staff during Meeting
		Food for Office Staff during Meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name The Conited Critical Critial Critical Critical Critical Critical Critical Critical Critical
	09/25/2024	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.55	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Office Staff during Meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 93/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	08/15/2024	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.58	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Food for Office Staff during Meeting
		Food for Office Staff during Meeting
Ļ	0 1. 0	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	07/25/2024	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.02	1400 Congress Ave. Suite E1.002
	,	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food for Office Staff during Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	07/24/2024	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.13	1400 Congress Ave. Suite E1.002
	,	3 · · · · · · · · · · · · · · · · · · ·
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Office Staff during Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
$ ^1$	Total pages Schedule F1:	
	Sch: 94/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
L	07/23/2024	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.84	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Office Staff during Meeting
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/23/2024	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.17	1400 Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for staff during meetings
		. ood for other during mootings
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/26/2024	The Capitol Grill
\vdash		
	Amount (\$) \$13.70	
	Ф13.70	1400 Congress Ave
		A
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for staff during meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 95/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	·
	09/26/2024	The Capitol Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.66	1400 Congress Ave	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	avel outside of Texas. Complete Schedule T.
			ustin, TX, officeholder living expense taff during meetings
		1 000 101 3	tan danng meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		000
_	Date	Payee name	
	09/26/2024	The Capitol Grill	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.04	1400 Congress Ave	
	Ψ24.04	1400 Congress Ave	
		Austin, TV 70701	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	avel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Develage Expense	ustin, TX, officeholder living expense
		Food for s	taff during meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	н	
	Date	Payee name	
	08/15/2024	The Capitol Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.65	1400 Congress Ave	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if tra	avel outside of Texas. Complete Schedule T.
	EXI ENDITORE	,	ustin, TX, officeholder living expense
		F000 101 S	taff during meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/O	•	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 96/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	11/18/2024	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.34	1400 Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for staff during meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	-
	Date	Payee name
	11/15/2024	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.40	1400 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Breakfast tacos for staff during work meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/14/2024	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.52	1400 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast tacos for staff during work meeting
		Dieaklast tacos for staff during work meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 97/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4 Date 11/14/2024	5 Payee name The Capitol Grill	
6 Amount (\$) \$27.58	7 Payee address; City; State; Zip Coo 1400 Congress Ave	le
8 PURPOSE OF EXPENDITURE	Austin, TX 78701 (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 Lunch for staff during work meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ht Office held
Date 11/06/2024	Payee name The El Paso Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Coo 1401 Montana Suite E El Paso, TX 79902	le
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 Donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
Date 12/20/2024	Payee name The Outlaw Saloon & Grill	
Amount (\$) \$47.25	Payee address; City; State; Zip Coo 11951 Glorietta Rd. Suite C San Elizario, TX 79849	le
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 98/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/11/2024	The Outlaw Saloon & Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.06	11951 Glorietta Rd.
		Suite C
		San Elizario, TX 79849
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
		1 ood for constituents during weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	08/26/2024	The Outlaw Saloon & Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.25	11951 Glorietta Rd.
		Suite C
		San Elizario, TX 79849
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/05/2024	The Plaza Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.23	106 W Mills Ave.
	7201.20	
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accommodation for Officeholder
		Accommodation on Onicendide
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 99/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	07/29/2024	The Plaza Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.24	106 W Mills Ave.
		El Paso, TX 79901
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/29/2024	The Plaza Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.45	106 W Mills Ave.
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accommodation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/03/2024	The Westin Riverwalk
	Amount (\$)	Payee address; City; State; Zip Code
	\$387.58	420 W. Market St.
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Accommodation for Officeholder
		Accommodation on Onicendide
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 100/106 Rpt:	Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable)
4	Date	5 Payee name
	08/19/2024	The Westin Riverwalk
6	Amount (\$) \$79.96	7 Payee address; City; State; Zip Code 420 W. Market St.
		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Accommodation for Officeholder
		, tees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/21/2024	Tornillo High School
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	430 Oil Mill Dr.
		El Paso, TX 79853
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Brick Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/30/2024	Tso Chinese Takeout
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.76	2407 S. Congress Ave.
		Ste. F
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Office Staff during Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete th	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 101/106 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	•
	10/15/2024	Tumble 22	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$28.34	2304 Lake Austin Blvd.	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Foo	od for Office Staff during Meeting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/09/2024	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.65	13001 Alameda Ave.	
		Clint, TX 79836	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
		P0\$	stage for Mailing to Austin Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
		_	
	Date	Payee name	
	11/25/2024	Valero	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.55	13210 Alameda Ave.	
		Clint, TX 79836	
	PURPOSE	, ,	scription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense us for Out-of-District Travel
		Gas	S ISI Out of District Huyer
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office rielu
-			

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 102/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
L	09/23/2024	Valero
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.00	13210 Alameda Ave.
		Clint, TX 79836
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas for Out-of-District Travel
		Sub 18. Sub 3. Biodist 11476.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/OI	
	Date	Payee name
	10/24/2024	Vespaio
	Amount (\$)	Payee address; City; State; Zip Code
	\$345.10	1610 S. Congress Ave.
L		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Office Staff during Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/11/2024	Vince Perez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 71309
		El Paso, TX 79917
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Campaign Contribution
		Campaign Continuation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 103/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	10/08/2024	Vino Volo
6	Amount (\$) \$119.59	7 Payee address; City; State; Zip Code 3600 Presidential Blvd.
L		Austin, TX 78719
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Officeholder during Travel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/10/2024	Walgreens
	Amount (\$) \$103.68	Payee address; City; State; Zip Code 2501 S. Lamar Blvd.
		Austin, TX 78704
	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 Austin Office Materials
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/29/2024	Payee name Walgreens
	Amount (\$) \$98.78	Payee address; City; State; Zip Code 2501 S. Lamar Blvd.
		Austin, TX 78704
	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 Austin Office Materials
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e)						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)						
	Sch: 104/106 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	-· - /						
4	Date	5 Payee name							
	07/29/2024	Walmart							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$3,597.08	5631 Dyer Street							
		El Paso, TX 79904							
8	PURPOSE								
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense							
		Shoe Donation for Tomillo High School							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
L	expenditure to benefit C/O	DH							
	Date	Payee name							
	08/08/2024	West Texas Chophouse							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$176.12	1317 George Dieter Dr, El Paso, TX							
		Suite 7B							
		El Paso, TX 79936							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
	Food for Constituents during Meeting								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	07/22/2024	West Texas Chophouse							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$198.85	1317 George Dieter Dr, El Paso, TX							
		Suite 7B							
		El Paso, TX 79936							
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Food for Constituents during Meeting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH							
	- parameter solient of of								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/Vition Guide explains how to co	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission I	Filers)
	Sch: 105/106 Rpt:	Gonzalez, Mary Edna	(The Honorable)				00068004		
4	Date	Payee name							
	07/05/2024	West Texas Chophous	se						
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$165.31	1317 George Dieter Dr, El Paso, TX							
		Suite 7B							
		El Paso, TX 79936							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Exper	ise		므		de of Texas. Comp		
					Food for Con		officeholder living		
					1 000 101 0011	Jui	acms aamig	Wiccurig	
9	Complete ONLY if direct	Candidate/Officeholder na	me Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI								
	Date	Payee name							
	07/05/2024	West Texas Chophous	se						
	Amount (\$)	Payee address; City	State; Zip Co	ode					
	\$157.81	1317 George Dieter D	r, El Paso, TX						
		Suite 7B							
		El Paso, TX 79936							
	PURPOSE	(a) Category (See Categories list	sted at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage Exper		=		de of Texas. Comp			
			Check if Austin, TX, officeholder living expense						
Food for Constituents during Meeting						Weeting			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder na	me Office sou	ight			Office he	eld	
H	Data								
	Date	Payee name							
	11/21/2024	Westin							
	Amount (\$)	Payee address; City	State; Zip Co	ode					
	\$406.94	310 E. 5th St.							
		A							
Austin, TX 78701									
	PURPOSE OF	(See Categories list	sted at the top of this schedule)	(b)	Description	to:	de of Texas. Com	alata Cabadula T	
	EXPENDITURE	Travel Out of District					officeholder living		
					Accommodat		-	•	
	Complete ONLY if direct	Candidate/Officeholder na	me Office sou	ıght			Office he	eld	
	expenditure to benefit C/O			-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
	Sch: 106/106 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004				
4	Date	5 Payee name						
	09/12/2024	Westin						
6	Amount (\$)	7 Payee address; City; State; Zip Co	de					
	\$404.46	310 E. 5th St.						
		Austin, TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description				
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
			İ	Accommodation for Officeholder				
				Accommodation of officerolact				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held				
9	expenditure to benefit C/OI		gni	Office field				
	Date	Payee name						
	11/25/2024	Whataburger						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$11.57	8008 Cedar Springs Rd.						
	ı	, ÿ						
		Dallas, TX 75235						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
OF EXPENDITURE Food/Beverage Expense				Check if travel outside of Texas. Complete Schedule T.				
			İ	Check if Austin, TX, officeholder living expense				
Food for Officeholder during Travel								
Consider ONLY if there are considerable in the constitution of the								
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou H	gni	Office held				
_								

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 137/140 2 FILER NAME Filer ID (Ethics Commission Filers) Gonzalez, Mary Edna (The Honorable) 00068004 8 Amount (\$) Date 5 Name of person from whom amount is received 10/28/2024 Southwest Airlines \$293.98 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75235 Purpose for which amount is received Check if political contribution returned to filer Flight Refund Amount (\$) Date Name of person from whom amount is received 07/01/2024 Southwest Airlines \$530.46 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75235 Purpose for which amount is received Check if political contribution returned to filer Flight Refund Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2

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

SCHEDULE T

The Insti	ruction C	Suide explai	1 Total pages Schedule T: Sch: 1/3 Rpt: 138/140						
2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
Gonzalez, Mary	Gonzalez, Mary Edna (The Honorable)					3004			
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee									
Southwest Airlin	Southwest Airlines								
5 Contribution / Expenditure reported on:									
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	So	chedule D	X Schedule F1		
Schedule F2		Schedule F4	Schedule G	Schedule H	☐ so	chedule COH-UC			
6 Dates of Travel	7 Name	of person(s) trav	veling						
bales of Haver		alez, Mary	Cirrig						
			of donarture location						
11/16/2024	8 Depart		of departure location						
11/10/2024									
11/16/2024		-	e of destination location						
	Las V								
10 Means of transpor	tation		travel (including name of o		r other even	nt)			
		Nevada Lo	GBTQ Legislative Confe	erence Retreat					
Name of Contribut	or / Corpora	ation or Labor O	rganization / Pledgor /Pay	ee					
Southwest Airlin	es								
Contribution / Expe	enditure rep	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	So	chedule D	X Schedule F1		
Schedule F2		Schedule F4	Schedule G	Schedule H	So	chedule COH-UC			
Dates of Travel	Name	of person(s) trav	reling						
		alez, Mary	J						
			of departure location						
11/17/2024	Las V								
			e of destination location						
11/17/2024	El Pas								
Means of transpor			travel (including name of o	conference seminar o	r other even	nt)			
wearis or transpor	tation		GBTQ Legislative Confe		other even				
		ation or Labor O	rganization / Pledgor /Pay	ee					
Southwest Airlin									
Contribution / Expe			_	_	_		_		
Schedule A2	느	Schedule B	Schedule B(J)	Schedule C2		chedule D	X Schedule F1		
Schedule F2		Schedule F4	Schedule G	Schedule H	So	chedule COH-UC			
Dates of Travel Name of person(s) traveling									
Gonzalez, Mary									
Departure city or name of departure location									
12/05/2024 El Paso									
	Destina	ation city or nam	e of destination location						
12/05/2024		Orleans							
Means of transpor	<u>ı </u>	Purpose of	travel (including name of o	conference, seminar. o	r other even	nt)			
			atino Legislative Leade			,			
		<u> </u>							

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Gonzalez, Mary Departure city or name of departure location 12/08/2024 **New Orleans** Destination city or name of destination location 12/08/2024 El Paso 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Board of Latino Legislative Leaders Meeting Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 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 Dates of Travel Name of person(s) traveling Gonzalez, Mary Departure city or name of departure location 12/11/2024 El Paso Destination city or name of destination location 12/11/2024 Atlanta Purpose of travel (including name of conference, seminar, or other event) Means of transportation Attend the SiX Conference Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H Dates of Travel Name of person(s) traveling

12/12/2024

12/12/2024

Means of transportation

Gonzalez, Mary

Atlanta

El Paso

Departure city or name of departure location

Destination city or name of destination location

Attend the SiX Conference

Purpose of travel (including name of conference, seminar, or other event)

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of Travel Name of person(s) traveling Gonzalez, Mary Departure city or name of departure location 12/19/2024 Destination city or name of destination location 12/19/2024 Denver 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Board of Latino Legislative Leaders Meeting Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 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 Dates of Travel Name of person(s) traveling Gonzalez, Mary Departure city or name of departure location 12/20/2024 Denver Destination city or name of destination location 12/20/2024 El Paso Purpose of travel (including name of conference, seminar, or other event) Means of transportation Board of Latino Legislative Leaders Meeting