

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|---|---|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00082026 | 2 Total pages filed: 66 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Jessica A. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2025 |
| | NICKNAME | LAST Gonzalez | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 501 E 8th Street Dallas , TX 75203 | | ZIP CODE | Date Hand-delivered or Date Postmarked |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Vonda | MI | |
| | NICKNAME | LAST Bailey | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 610 Uptown Blvd. Ste. 200 Cedar Hill, TX 75104 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (214) | PHONE NUMBER 212-0874 | EXTENSION | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month Day Year 07/01/2024 | THROUGH | | Month Day Year 12/31/2024 |
| 10 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) State Representative District 104 Dallas | | 12 OFFICE SOUGHT (if known) State Representative District 104 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Gonzalez, Jessica A. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00082026

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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

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

| | | | |
|-------------------------------|---|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 68,761.17 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 33,801.23 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 93,500.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

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

The Honorable Jessica A. Gonzalez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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| | | |
|--|---|---|
| 18 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00082026 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 68,761.17 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 33,801.23 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/24 Rpt: 4/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott Laboratories Employee PAC <hr/> 6 Contributor address; City; State; Zip Code Abbott Park, IL 60064 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Actblue <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$9.60 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Actblue <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$4.80 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Actblue <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$9.60 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Actblue <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$9.60 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/24 Rpt: 5/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 09/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmad, Janice | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code COLFAX, WI 54730-2448 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 12/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmad, Janice | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code COLFAX, WI 54730-2448 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas PAC | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Irving, TX 75038 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Steve | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75252-5104 | |
| Principal occupation / Job title (See Instructions) realtor | | Employer (See Instructions) self - 1099 income from Ebby Halliday, Inc |
| Date 12/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bannister, Casey | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Lewisville, TX 75067 | |
| Principal occupation / Job title (See Instructions) IT | | Employer (See Instructions) WorldVentures |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/24 Rpt: 6/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben E. Keith Company Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102 | 7 Amount of Contribution (\$) \$1,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bing, Hague <hr/> Contributor address; City; State; Zip Code Houston, TX 77056 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brosius, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) VP - Finance | | Employer (See Instructions) Methodist Health System |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Lorena <hr/> Contributor address; City; State; Zip Code Austin, TX 78702 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Principal | | Employer (See Instructions) Campos Consulting Group |
| Date 11/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Lambda Legal |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/24 Rpt: 7/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 09/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevron Employees PAC <hr/> 6 Contributor address; City; State; Zip Code San Ramon, CA 94583 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Morales Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77003 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78741 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) sr. network engineer | | Employer (See Instructions) Aspirus Inc |
| Date 11/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier Campaign, Nicole <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76124 | Amount of Contribution (\$) \$1,481.29 |
| Principal occupation / Job title (See Instructions) State Representative, House District 95 | | Employer (See Instructions) State of Texas |
| Date 11/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colon, Brian <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87113 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Managing Partner | | Employer (See Instructions) Singleton Schreiber |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/24 Rpt: 8/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comcast Corporation & NBC Universal PAC <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19103 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Communications Workers of America PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cecelia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Resource Center |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CraftPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78766 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cranshaw, Dorie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/24 Rpt: 9/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross Oak Group <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyr, Jennifer <hr/> Contributor address; City; State; Zip Code Bowie, MD 20715 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Angerholzer Broz Consulting |
| Date 12/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle Delgadillo Consulting <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Focused Advocacy Political <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley & Lardner LLP Texas Campaign Fund <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/24 Rpt: 10/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of UT-Dallas PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Rojas, Jessica <hr/> Contributor address; City; State; Zip Code Jackson Heights, NY 11372 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Assembly Member | | Employer (See Instructions) New York State Assembly |
| Date 12/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Hudson <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) RE Developer | | Employer (See Instructions) Self |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Suzanne <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Insurance | | Employer (See Instructions) Marsh USA LLC |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Kathy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/24 Rpt: 11/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 07/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Susan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 11/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland and Knight Texas PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Home Depot PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HomePAC of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/24 Rpt: 12/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humbert, Jill <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75234 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humbert, Jill <hr/> Contributor address; City; State; Zip Code Dallas, TX 75234 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johannessen, David <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) HELP Center for LGBT Health |
| Date 12/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Angela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75233 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Program Manager | | Employer (See Instructions) Kalkomey |
| Date 12/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Julie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Campaign | | Employer (See Instructions) Account |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/24 Rpt: 13/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Willis E <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75215 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) JBJ Management |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kiyundra <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Oak Cliff Chamber of Commerce |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastl, Kristina N. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) KASTL LAW, P.C. |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75211 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) |
| Date 10/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L Swanson, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Medical Director | | Employer (See Instructions) BCBS |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/24 Rpt: 14/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78760 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke Lord LLP | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75201 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Denton, TX 76210 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Denton, TX 76210 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Denton, TX 76210 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/24 Rpt: 15/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76210 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 11/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> Contributor address; City; State; Zip Code Denton, TX 76210 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Katherine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire Woods <hr/> Contributor address; City; State; Zip Code Richmond, VA 23219 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Andrews Distributing |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/24 Rpt: 16/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medrano, Adam | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Dallas, TX 75219 | | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) Adam Medrano |
| Date 12/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Erin | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75218 | | |
| Principal occupation / Job title (See Instructions) Executive Admin | | Employer (See Instructions) Dallas County |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulder, Nancy | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75207 | | |
| Principal occupation / Job title (See Instructions) Judge | | Employer (See Instructions) Dallas County |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NRG Energy Inc Political Action Committee | Amount of Contribution (\$) \$2,000.00 |
| Contributor address; City; State; Zip Code Princeton, NJ 08540 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Narey, Jay | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75220 | | |
| Principal occupation / Job title (See Instructions) Flight Attendant | | Employer (See Instructions) American Airlines |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/24 Rpt: 17/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Texas Automobile Dealers <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75062 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oneal, Kelly <hr/> Contributor address; City; State; Zip Code Dallas, TX 75207 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Small Business owner | | Employer (See Instructions) Self |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Jennifer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) Higier Allen & Lautin, PC |
| Date 11/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phariss, Mark <hr/> Contributor address; City; State; Zip Code PLANO, TX 75093-7991 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Tenet Healthcare |
| Date 11/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phariss, Mark <hr/> Contributor address; City; State; Zip Code PLANO, TX 75093-7991 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Tenet Healthcare |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/24 Rpt: 18/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 08/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pomykal, Keith <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Commercial Real Estate | | 9 Employer (See Instructions) Pomykal LLC |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pomykal, Keith <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Commercial Real Estate | | Employer (See Instructions) Pomykal LLC |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pomykal, Keith <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Commercial Real Estate | | Employer (See Instructions) Pomykal LLC |
| Date 11/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Ana-María <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081 | Amount of Contribution (\$) \$1,481.28 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) AMR Law |
| Date 12/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randel, Brennan <hr/> Contributor address; City; State; Zip Code Portland, OR 97216 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Titlematching Assoc | | Employer (See Instructions) Rentrak Corp |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/24 Rpt: 19/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Real Estate Council PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resendez, Jaime <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Jaime Resendez Law |
| Date 11/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riddle & Williams, P.C. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Marc A. <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Lobbyist | | Employer (See Instructions) Self-employed |
| Date 09/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker-Schmidt, Rachel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Pathologist | | Employer (See Instructions) MD Pathology |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/24 Rpt: 20/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudner, Steven | 7 Amount of Contribution (\$) \$2,500.00 |
| 6 Contributor address; City; State; Zip Code Dallas, TX 75230 | | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Rudner Law Offices |
| Date 11/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadlek, Mark | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75208-3033 | | |
| Principal occupation / Job title (See Instructions) Executive Coach | | Employer (See Instructions) Harvest Your Potential, Inc. |
| Date 12/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saldana, Amanda | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Pharr, TX 78577 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self employed |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sampson Public Affairs, LLC | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Gerardo | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75232 | | |
| Principal occupation / Job title (See Instructions) Director of Public Affairs | | Employer (See Instructions) Visit Dallas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/24 Rpt: 21/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudder, Kendall | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Dallas, TX 75214 | | |
| 8 Principal occupation / Job title (See Instructions) Business Owner | | 9 Employer (See Instructions) Self |
| Date 12/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Irving, TX 75060 | | |
| Principal occupation / Job title (See Instructions) Lab tech | | Employer (See Instructions) Electro Plate Circuitry |
| Date 11/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeen, Shelly | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75214 | | |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Self |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Robert | Amount of Contribution (\$) \$2,000.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75230 | | |
| Principal occupation / Job title (See Instructions) PRESIDENT/CEO | | Employer (See Instructions) ACCIDENT& INJURY PAIN CENTERS, INC. |
| Date 10/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Robert | Amount of Contribution (\$) \$2,000.00 |
| Contributor address; City; State; Zip Code DALLAS, TX 75230 | | |
| Principal occupation / Job title (See Instructions) PRESIDENT CEO | | Employer (See Instructions) ACCIDENT & INJURY CHIROPRACTIC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/24 Rpt: 22/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/14/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO State COPE Fund <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Crane Owners PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78716 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas House Democratic Campaign Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78752 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/24 Rpt: 23/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC | 7 Amount of Contribution (\$) \$1,500.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78703 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Mortgage Bankers PAC | Amount of Contribution (\$) \$1,500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optomeric PAC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78705 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/24 Rpt: 24/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 09/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Realtors PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78768 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Chickasaw Nation <hr/> Contributor address; City; State; Zip Code Ada, OK 74820 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toyota Motor North America, Inc PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/24 Rpt: 25/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) United Food and Commercial Workers International Union | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Washington, DC 20006 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Greenville, SC 29615 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Greenville, SC 29615 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Greenville, SC 29615 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith | Amount of Contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code Greenville, SC 29615 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/24 Rpt: 26/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith | 7 Amount of Contribution (\$) \$5.00 |
| 6 Contributor address; City; State; Zip Code Greenville, SC 29615 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Celina | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Arlington, TX 76016 | | |
| Principal occupation / Job title (See Instructions) Higher Education | | Employer (See Instructions) UT Arlington |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verizon Communications Good Government Club | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vistra Employee PAC of Vistra Corp | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Irving, TX 75039 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vital, Victor | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code DeSoto, TX 75115 | | |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Barnes and Thornburg |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/24 Rpt: 27/66 |
| 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Chris <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) President:CEO | | 9 Employer (See Instructions) North Texas Commission |
| Date 08/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/39 Rpt: 28/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 08/26/2024 | 5 Payee name 7-Eleven | |
| 6 Amount (\$) \$21.13 | 7 Payee address; City; State; Zip Code 3200 Hackberry Road Irving, TX 75063 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/09/2024 | Payee name Allegro Royal Sonesta Hotel | |
| Amount (\$) \$1,498.04 | Payee address; City; State; Zip Code 171 W Randolph St Chicago, IL 60601 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging for DNC Convention Travel |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/23/2024 | Payee name Allegro Royal Sonesta Hotel | |
| Amount (\$) \$119.52 | Payee address; City; State; Zip Code 171 W Randolph St Chicago, IL 60601 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/39 Rpt: 29/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 08/12/2024 | 5 Payee name Amazon | |
| 6 Amount (\$) \$46.24 | 7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98019 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) SUPPLIES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filming equipment |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/23/2024 | Payee name Amazon | |
| Amount (\$) \$25.93 | Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98019 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) SUPPLIES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/23/2024 | Payee name Amazon | |
| Amount (\$) \$31.38 | Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98019 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) SUPPLIES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for events |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/39 Rpt: 30/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/30/2024 | 5 Payee name Amazon | |
| 6 Amount (\$) \$31.82 | 7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98019 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign supplies |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/22/2024 | Payee name Amazon | |
| Amount (\$) \$9.73 | Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98019 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supply purchase |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/15/2024 | Payee name American Airlines | |
| Amount (\$) \$29.00 | Payee address; City; State; Zip Code 1 Skyview Drive Fort Worth, TX 76155 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-flight internet |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 4/39 Rpt: 31/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/10/2024 | 5 Payee name Andablo, Yanet | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 808 Kelso Drive Dallas, TX 75211 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign labor |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/25/2024 | Payee name Andablo, Yanet | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 808 Kelso Drive Dallas, TX 75211 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign labor |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/10/2024 | Payee name Andablo, Yanet | |
| Amount (\$) \$103.92 | Payee address; City; State; Zip Code 808 Kelso Drive Dallas, TX 75211 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for constituent gifts |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/39 Rpt: 32/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/16/2024 | 5 Payee name Avanti Markets | |
| 6 Amount (\$) \$6.29 | 7 Payee address; City; State; Zip Code 1217 SW 7th St. Suite 100 Renton, WA 98057 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/31/2024 | Payee name Bank of Texas | |
| Amount (\$) \$2.00 | Payee address; City; State; Zip Code 201 W. 12th St Dallas, TX 75208 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/30/2024 | Payee name Bank of Texas | |
| Amount (\$) \$2.00 | Payee address; City; State; Zip Code 201 W. 12th St Dallas, TX 75208 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 6/39 Rpt: 33/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 09/30/2024 | 5 Payee name Bank of Texas | |
| 6 Amount (\$) \$2.00 | 7 Payee address; City; State; Zip Code 201 W. 12th St Dallas, TX 75208 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/31/2024 | Payee name Bank of Texas | |
| Amount (\$) \$2.00 | Payee address; City; State; Zip Code 201 W. 12th St Dallas, TX 75208 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/29/2024 | Payee name Bank of Texas | |
| Amount (\$) \$2.00 | Payee address; City; State; Zip Code 201 W. 12th St Dallas, TX 75208 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 7/39 Rpt: 34/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/31/2024 | 5 Payee name Bank of Texas | |
| 6 Amount (\$) \$2.00 | 7 Payee address; City; State; Zip Code 201 W. 12th St Dallas, TX 75208 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/06/2024 | Payee name C Store 12 | |
| Amount (\$) \$31.51 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Think this is for Yanet's gas |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/17/2024 | Payee name Campaign Verify | |
| Amount (\$) \$95.00 | Payee address; City; State; Zip Code 1215 31st Street NW Washington, DC 20007 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign texting service fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 8/39 Rpt: 35/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/23/2024 | 5 Payee name Canva | |
| 6 Amount (\$) \$30.00 | 7 Payee address; City; State; Zip Code 3212 E Cesar Chavez St Building 1, Suite 1300 Austin, TX 78702 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/25/2024 | Payee name Canva | |
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code 3212 E Cesar Chavez St Building 1, Suite 1300 Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/23/2024 | Payee name Canva | |
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code 3212 E Cesar Chavez St Building 1, Suite 1300 Austin, TX 78702 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 9/39 Rpt: 36/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/05/2024 | 5 Payee name Cecilia Castellano Campaign | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 20956 Somerset Rd Somerset, TX 78069 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/21/2024 | Payee name Civitech | |
| Amount (\$) \$5,854.16 | Payee address; City; State; Zip Code 1023 Springdale Road Austin, TX 78721 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/28/2024 | Payee name DJI Service LLC | |
| Amount (\$) \$762.07 | Payee address; City; State; Zip Code 17301 Edwards Road Cerritos, CA 90703 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CAMERA | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Camera purchase |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 10/39 Rpt: 37/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
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|-----------------------------|---------------------------------------|
| 4 Date 10/15/2024 | 5 Payee name Dallas AFL-CIO |
|-----------------------------|---------------------------------------|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$450.00 | 7 Payee address; City; State; Zip Code 1408 N Washington Ave # 240 Dallas, TX 75204 |
|----------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship |
|---------------------------------|---|---|

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

| | |
|--------------------|--|
| Date 08/26/2024 | Payee name Dallas County Democratic Party |
|--------------------|--|

| | |
|-------------------------|---|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 1414 N Washington Ave Dallas, TX 75204 |
|-------------------------|---|

| | | |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship |
|-------------------------------|---|---|

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

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|--------------------|---------------------------|
| Date 12/04/2024 | Payee name Dollar Tree |
|--------------------|---------------------------|

| | |
|-----------------------|--|
| Amount (\$) \$5.41 | Payee address; City; State; Zip Code 500 Volvo Pkwy Chesapeake, VA 23320 |
|-----------------------|--|

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

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|---|---|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 11/39 Rpt: 38/66 | 2 | FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00082026 |
| 4 | Date 10/18/2024 | 5 | Payee name Ed Campbell Concessions | | |
| 6 | Amount (\$) \$60.00 | 7 | Payee address; City; State; Zip Code | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food expense | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 08/05/2024 | | Payee name El Ranchito | | |
| | Amount (\$) \$127.41 | | Payee address; City; State; Zip Code 610 Jefferson Blvd Dallas, TX 75208 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 12/23/2024 | | Payee name Exxon | | |
| | Amount (\$) \$49.91 | | Payee address; City; State; Zip Code 5959 Las Colinas Blvd Irving, TX 75039 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation expense | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 12/39 Rpt: 39/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 09/16/2024 | 5 Payee name Geometry Photo | |
| 6 Amount (\$) \$22.72 | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for constituents |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/19/2024 | Payee name Giordano's on Jackson | |
| Amount (\$) \$51.05 | Payee address; City; State; Zip Code 223 W Jackson Chicago, IL 60606 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/12/2024 | Payee name HEB | |
| Amount (\$) \$26.15 | Payee address; City; State; Zip Code 646 S Flores St San Antonio, TX 78204 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation expense/travel to district |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 13/39 Rpt: 40/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/03/2024 | 5 Payee name Hobby Lobby | |
| 6 Amount (\$) \$61.62 | 7 Payee address; City; State; Zip Code 7707 SW 44th St Oklahoma City, OK 73179 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office decorations |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/03/2024 | Payee name Hyatt Regency Austin | |
| Amount (\$) \$101.71 | Payee address; City; State; Zip Code 208 Barton Springs Austin, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/06/2024 | Payee name InFocus Campaigns | |
| Amount (\$) \$1,105.14 | Payee address; City; State; Zip Code 4 NE 10th St, #260 Oklahoma City, OK 73103 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 14/39 Rpt: 41/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/08/2024 | 5 Payee name InFocus Campaigns | |
| 6 Amount (\$) \$441.04 | 7 Payee address; City; State; Zip Code 4 NE 10th St, #260 Oklahoma City, OK 73103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone services |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/03/2024 | Payee name JW Marriot | |
| Amount (\$) \$489.35 | Payee address; City; State; Zip Code 110 E 2nd St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/15/2024 | Payee name Jaquval Brewing | |
| Amount (\$) \$97.86 | Payee address; City; State; Zip Code 312 W Seventh St Dallas, TX 75208 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 15/39 Rpt: 42/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 09/03/2024 | 5 Payee name Legislative Solutions |
|-----------------------------|--|

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|----------------------------------|---|
| 6 Amount (\$) \$350.00 | 7 Payee address; City; State; Zip Code 807 Brazos St #714 Austin, TX 78701 |
|----------------------------------|---|

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

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

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|--------------------|-------------------------------------|
| Date 12/18/2024 | Payee name Legislative Solutions |
|--------------------|-------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$350.00 | Payee address; City; State; Zip Code 807 Brazos St #714 Austin, TX 78701 |
|-------------------------|--|

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

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

| | |
|--------------------|--------------------------------|
| Date 10/28/2024 | Payee name Little Black Tux |
|--------------------|--------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$420.85 | Payee address; City; State; Zip Code 6476 Warren Drive Norcross, GA 30093 |
|-------------------------|---|

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

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 16/39 Rpt: 43/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/15/2024 | 5 Payee name Lyft | |
| 6 Amount (\$) \$12.91 | 7 Payee address; City; State; Zip Code 185 Berry Street San Francisco, CA 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation to event |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 10/16/2024 | Payee name Lyft | |
| Amount (\$) \$9.96 | Payee address; City; State; Zip Code 185 Berry Street 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation to event |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 10/28/2024 | Payee name Lyft | |
| Amount (\$) \$11.19 | Payee address; City; State; Zip Code 185 Berry Street 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 17/39 Rpt: 44/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/05/2024 | 5 Payee name Lyft | |
| 6 Amount (\$) \$5.00 | 7 Payee address; City; State; Zip Code 185 Berry Street San Francisco, CA 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/22/2024 | Payee name Lyft | |
| Amount (\$) \$11.20 | Payee address; City; State; Zip Code 185 Berry Street 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/06/2024 | Payee name Lyft | |
| Amount (\$) \$19.15 | Payee address; City; State; Zip Code 185 Berry Street 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 18/39 Rpt: 45/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
|--|---|--|

| | |
|-----------------------------|-----------------------------|
| 4 Date 12/11/2024 | 5 Payee name Lyft |
|-----------------------------|-----------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$32.63 | 7 Payee address; City; State; Zip Code 185 Berry Street San Francisco, CA 94107 |
|---------------------------------|--|

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

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

| | |
|--------------------|-------------------------|
| Date 07/01/2024 | Payee name Mailchimp |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$63.96 | Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308 |
|------------------------|---|

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

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

| | |
|--------------------|-------------------------|
| Date 07/31/2024 | Payee name Mailchimp |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$63.96 | Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308 |
|------------------------|---|

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

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 19/39 Rpt: 46/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 09/03/2024 | 5 Payee name Mailchimp | |
| 6 Amount (\$) \$77.29 | 7 Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email client |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/01/2024 | Payee name Mailchimp | |
| Amount (\$) \$77.29 | Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email client |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/02/2024 | Payee name Mailchimp | |
| Amount (\$) \$77.29 | Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email client |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 20/39 Rpt: 47/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/31/2024 | 5 Payee name Mailchimp | |
| 6 Amount (\$) \$77.29 | 7 Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email client |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/15/2024 | Payee name NGPVAN | |
| Amount (\$) \$175.00 | 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) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/03/2024 | Payee name NGPVAN | |
| Amount (\$) \$175.00 | 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) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 21/39 Rpt: 48/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/03/2024 | 5 Payee name NGPVAN | |
| 6 Amount (\$) \$175.00 | 7 Payee address; City; State; Zip Code 655 15th St. NW, Suite 650 Washington, DC 20005 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/07/2024 | Payee name NGPVAN | |
| Amount (\$) \$175.00 | 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) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/01/2024 | Payee name NGPVAN | |
| Amount (\$) \$175.00 | 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) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 22/39 Rpt: 49/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/03/2024 | 5 Payee name NGPVAN | |
| 6 Amount (\$) \$275.00 | 7 Payee address; City; State; Zip Code 655 15th St. NW, Suite 650 Washington, DC 20005 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising software |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/04/2024 | Payee name Party City | |
| Amount (\$) \$23.24 | Payee address; City; State; Zip Code 1 Celebration Square Woodcliff Lake, NJ 07677 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office decorations |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/22/2024 | Payee name Potbelly Sandwiches | |
| Amount (\$) \$16.39 | Payee address; City; State; Zip Code 205 W Randolph St Chicago, IL 60601 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 23/39 Rpt: 50/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 07/31/2024 | 5 Payee name Priceline | |
| 6 Amount (\$) \$137.29 | 7 Payee address; City; State; Zip Code 800 Connecticut Ave Norwalk, CT 06854 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging for staff travel |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/16/2024 | Payee name PrintMail Pro | |
| Amount (\$) \$259.80 | Payee address; City; State; Zip Code 9011 Tuscan Way Suite 200 Austin, TX 78754 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed materials for campaign |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/30/2024 | Payee name Saint Rocco's | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 3011 Gulden Ln #100 Dallas, TX 75212 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising event expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 24/39 Rpt: 51/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/17/2024 | 5 Payee name Saint Rocco's | |
| 6 Amount (\$) \$7,406.44 | 7 Payee address; City; State; Zip Code 3011 Gulden Ln #100 Dallas, TX 75212 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising event expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2024 | Payee name Shell Oil | |
| Amount (\$) \$7.61 | Payee address; City; State; Zip Code 150 N Dairy Ashford Rd Houston, TX 77079 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/01/2024 | Payee name Squarespace | |
| Amount (\$) \$7.79 | Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 25/39 Rpt: 52/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 07/30/2024 | 5 Payee name Squarespace | |
| 6 Amount (\$) \$7.79 | 7 Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/30/2024 | Payee name Squarespace | |
| Amount (\$) \$10.57 | Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/02/2024 | Payee name Squarespace | |
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 26/39 Rpt: 53/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/18/2024 | 5 Payee name SquareSpace | |
| 6 Amount (\$) \$294.22 | 7 Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website domain renewal |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/20/2024 | Payee name Starbucks | |
| Amount (\$) \$7.44 | Payee address; City; State; Zip Code 2401 Utah Ave S Seattle, WA 98134 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverage expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/23/2024 | Payee name Starbucks | |
| Amount (\$) \$13.45 | Payee address; City; State; Zip Code 2401 Utah Ave S Seattle, WA 98134 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverage expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 27/39 Rpt: 54/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 07/01/2024 | 5 Payee name T-Mobile | |
| 6 Amount (\$) \$56.05 | 7 Payee address; City; State; Zip Code 12920 SE 38th Street Bellevue, WA 98006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PHONE | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone bill |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/02/2024 | Payee name T-Mobile | |
| Amount (\$) \$56.05 | Payee address; City; State; Zip Code 12920 SE 38th Street Bellevue, WA 98006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PHONE | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone bill |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/03/2024 | Payee name T-Mobile | |
| Amount (\$) \$56.07 | Payee address; City; State; Zip Code 12920 SE 38th Street Bellevue, WA 98006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CAMPAIGN PHONE | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone bill |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 28/39 Rpt: 55/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/01/2024 | 5 Payee name T-Mobile | |
| 6 Amount (\$) \$56.07 | 7 Payee address; City; State; Zip Code 12920 SE 38th Street Bellevue, WA 98006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PHONE | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone bill |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/01/2024 | Payee name T-Mobile | |
| Amount (\$) \$56.05 | Payee address; City; State; Zip Code 12920 SE 38th Street Bellevue, WA 98006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PHONE | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone bill |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/02/2024 | Payee name T-Mobile | |
| Amount (\$) \$56.07 | Payee address; City; State; Zip Code 12920 SE 38th Street Bellevue, WA 98006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PHONE | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 29/39 Rpt: 56/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/25/2024 | 5 Payee name Taco Shack | |
| 6 Amount (\$) \$27.20 | 7 Payee address; City; State; Zip Code 4002 N Lamar Blvd Austin, TX 78756 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/03/2024 | Payee name Target | |
| Amount (\$) \$9.74 | Payee address; City; State; Zip Code 1000 Nicollet Mall Minneapolis, MN 55403 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office decorations |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2024 | Payee name Texas Chili Parlor | |
| Amount (\$) \$80.88 | Payee address; City; State; Zip Code 1409 Lavaca Street Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 30/39 Rpt: 57/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/12/2024 | 5 Payee name Texas Chili Parlor | |
| 6 Amount (\$) \$119.15 | 7 Payee address; City; State; Zip Code 1409 Lavaca Street Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/18/2024 | Payee name Texas Chili Parlor | |
| Amount (\$) \$43.53 | Payee address; City; State; Zip Code 1409 Lavaca Street Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/05/2024 | Payee name Texas House Democratic Caucus | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code PO Box 12453 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 31/39 Rpt: 58/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
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|-----------------------------|---|
| 4 Date 12/24/2024 | 5 Payee name Texas Legislative Progressive Caucus |
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|----------------------------------|--|
| 6 Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code PO Box 2910 Austin, TX 78768 |
|----------------------------------|--|

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

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

| | |
|--------------------|---|
| Date 07/01/2024 | Payee name Texas State Employees Union |
|--------------------|---|

| | |
|------------------------|--|
| Amount (\$) \$17.00 | Payee address; City; State; Zip Code 627 Radam Ln Austin, TX 78745 |
|------------------------|--|

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

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

| | |
|--------------------|---|
| Date 08/01/2024 | Payee name Texas State Employees Union |
|--------------------|---|

| | |
|------------------------|--|
| Amount (\$) \$17.00 | Payee address; City; State; Zip Code 627 Radam Ln Austin, TX 78745 |
|------------------------|--|

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

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 32/39 Rpt: 59/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 09/03/2024 | 5 Payee name Texas State Employees Union | |
| 6 Amount (\$) \$17.00 | 7 Payee address; City; State; Zip Code 627 Radam Ln Austin, TX 78745 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) UNION DUES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Union dues |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/01/2024 | Payee name Texas State Employees Union | |
| Amount (\$) \$17.00 | Payee address; City; State; Zip Code 627 Radam Ln Austin, TX 78745 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) UNION DUES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Union dues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/01/2024 | Payee name Texas State Employees Union | |
| Amount (\$) \$17.00 | Payee address; City; State; Zip Code 627 Radam Ln Austin, TX 78745 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) UNION DUES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Union dues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 33/39 Rpt: 60/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/02/2024 | 5 Payee name Texas State Employees Union | |
| 6 Amount (\$) \$17.00 | 7 Payee address; City; State; Zip Code 627 Radam Ln Austin, TX 78745 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) UNION DUES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Union dues |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/12/2024 | Payee name The Austin Club | |
| Amount (\$) \$290.00 | Payee address; City; State; Zip Code 110 E 9th St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and beverage expense in-kind for Texas LGBTQ Caucus fundraiser |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2024 | Payee name The Capitol Grill | |
| Amount (\$) \$45.38 | Payee address; City; State; Zip Code 1400 N Congress Ave Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 34/39 Rpt: 61/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 11/22/2024 | 5 Payee name The Capitol Grill | |
| 6 Amount (\$) \$26.68 | 7 Payee address; City; State; Zip Code 1400 N Congress Ave Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meal |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/08/2024 | Payee name Tortas La Tortuga | |
| Amount (\$) \$7.90 | Payee address; City; State; Zip Code 235 Centre St. Dallas, TX 75208 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/16/2024 | Payee name Twisted Trick | |
| Amount (\$) \$58.46 | Payee address; City; State; Zip Code 3917 Cedar Springs Rd Dallas, TX 75219 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser event expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 35/39 Rpt: 62/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 08/22/2024 | 5 Payee name United Center | |
| 6 Amount (\$) \$14.18 | 7 Payee address; City; State; Zip Code 1901 W Madison St Chicago, IL 60612 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DNC concessions |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/23/2024 | Payee name United Center | |
| Amount (\$) \$38.56 | Payee address; City; State; Zip Code 1901 W Madison St Chicago, IL 60612 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DNC concessions |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/26/2024 | Payee name United Center | |
| Amount (\$) \$49.61 | Payee address; City; State; Zip Code 1901 W Madison St Chicago, IL 60612 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DNC concessions |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 36/39 Rpt: 63/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/03/2024 | 5 Payee name Vonlane | |
| 6 Amount (\$) \$154.00 | 7 Payee address; City; State; Zip Code 3300 W Mockingbird Ln Dallas, TX 75235 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2024 | Payee name Vonlane | |
| Amount (\$) \$163.00 | Payee address; City; State; Zip Code 3300 W Mockingbird Ln Dallas, TX 75235 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/19/2024 | Payee name Walmart | |
| Amount (\$) \$32.41 | Payee address; City; State; Zip Code 702 SW 8th St Bentonville, AR 72716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supply purchase |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 37/39 Rpt: 64/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 12/02/2024 | 5 Payee name Walmart | |
| 6 Amount (\$) \$31.46 | 7 Payee address; City; State; Zip Code 702 SW 8th St Bentonville, AR 72716 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent event expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/07/2024 | Payee name Warwick Melrose Hotel | |
| Amount (\$) \$10.82 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/10/2024 | Payee name Westgate Tower | |
| Amount (\$) \$2,900.00 | Payee address; City; State; Zip Code 1122 Colorado St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Security deposit for session housing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 38/39 Rpt: 65/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 08/29/2024 | 5 Payee name Wilkison, Birk | |
| 6 Amount (\$) \$518.44 | 7 Payee address; City; State; Zip Code 2401 Aldrich St Austin, TX 78723 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DNC Travel reimbursement |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/28/2024 | Payee name Wilkison, Birk | |
| Amount (\$) \$183.66 | Payee address; City; State; Zip Code 2401 Aldrich Street Austin, TX 78723 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff reimbursement for travel |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/22/2024 | Payee name Wilkison, Birk | |
| Amount (\$) \$116.24 | Payee address; City; State; Zip Code 2401 Aldrich Street Austin, TX 78723 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District travel reimbursement |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 39/39 Rpt: 66/66 | 2 FILER NAME Gonzalez, Jessica A. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082026 |
| 4 Date 10/08/2024 | 5 Payee name Zoom | |
| 6 Amount (\$) \$170.46 | 7 Payee address; City; State; Zip Code 55 N Almaden Blvd 6th Floor San Jose, CA 95113 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |