CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commit 00082026		2 Total pages fi	led: 66		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	USE ONLY		
OFFICEHOLDER NAME	The Honorable	Jessica A.			Date Received			
					ELECTRONIC	ALLY FILED		
	NICKNAME	LAST Gonzalez		SUFFIX	01/15/2025			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #: CIT	Y:	ZIP CODE	Date Hand-delivered o	r Date Postmarked		
OFFICEHOLDER MAILING ADDRESS	501 E 8th Street	, .	•		Receipt #	Amount		
Change of Address	Dallas , TX 75203				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_			
TREASURER NAME	Ms.	Vonda						
	NICKNAME	LAST		SUFFIX				
		Bailey						
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE).	AP ⁻	/ SUITE#; CITY	,. STA	ATE; ZIP CODE		
TREASURER ADDRESS	610 Uptown Blvd. Ste. 200		7.11	,, , , , , , , , , , , , , , , , , , , ,	,	WE, 211 000E		
(Residence or Business)	Cedar Hill, TX 75104							
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (214) 212-0874	IE NUMBER E	EXTENSION					
8 REPORT TYPE	X January 15	30th day before	election	Runoff [15th day after ca appointment (offi			
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)		
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	07/01/2024	TH	IROUGH	12/31/20	24			
10 ELECTION	ELECTION DATE			ELECTION TYPE	□ out			
	Month Day Year 11/05/2024		rimary	Runoff	Other			
	11/03/2024	ΧG	eneral	Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)			
	State Representative Distr	rict 104 Dallas		State Represer	ntative District 104			
				I				
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 66

13 C / OH NAME	Gonzalez, Jessica A.	(The Honorable)	14 Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 68,761.17
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 33,801.23
CONTRIBUTION BALANCE	REPORTING PE			\$ 93,500.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
			ble Jessica A. Gonza f Candidate or Officeholo	
		Signature	Candidate of Officerion	uei
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 66
	Jessica A. (The Honorable)	19 Filer ID 00082026	(Ethics Comm	ission Filers)
20 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBTOT	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	68,761.17
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	33,801.23
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/24 Rpt: 4/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	n Filers)
4	Date 10/21/2024	5 Full name of contributor out-of-state PAC (ID#:_ Abbott Laboratories Employee PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_		Abbott Park, IL 60064				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_Actblue Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$9.60
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions)		
	· 	,				
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#:_ Actblue Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.80
		Somerville, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_Actblue Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$9.60
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_Actblue Contributor address; City; State; Zip Code Somerville, MA 02144			Amount of Contribution (\$)	\$9.60
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/24 Rpt: 5/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	n Filers)
4		 Full name of contributor	t:)	7	Amount of Contribution (\$)	\$100.00
_	Deinsinal assu	COLFAX, WI 54730-2448		Frankrija (Cara kashrija tara	_		
8	Not Employe	pation / Job title (See Instructions) rd	9	Employer (See Instructions Not Employed	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID# Ahmad, Janice Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$50.00
	Principal occur	COLFAX, WI 54730-2448 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	Not Employed			Not Employed	"		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID# Apartment Association of Greater Dallas PAC Contributor address; City; State; Zip Code	t:)	•	Amount of Contribution (\$)	\$500.00
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/04/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$500.00
	Principal occur	Dallas, TX 75252-5104 pation / Job title (See Instructions)		Employer (See Instructions self - 1099 income from	•	by Halliday, Inc	
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID# Bannister, Casey Contributor address; City; State; Zip Code Lewisville, TX 75067	<u>t:</u>)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions WorldVentures	5)		
			-1				

	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/24 Rpt: 6/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 10/03/2024	5 Full name of contributorBen E. Keith Company Te6 Contributor address; City; St			7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Fort Worth, TX 76102 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>s)</u>		
	i illoipai ooda	panon / cob and (coc mondono)	,	2 Employer (eee meadeding	-,		
	Date 10/07/2024	Full name of contributor Bing, Hague Contributor address; City; St)		Amount of Contribution (\$)	\$500.00
	Deinsinal assu	Houston, TX 77056	、 I	Franks var (Caa kastrustiana	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/04/2024	Full name of contributor Brosius, William Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75204					
	Principal occu VP - Finance	pation / Job title (See Instructions)	Employer (See Instructions Methodist Health System	-		
	Date 10/11/2024	Full name of contributor Campos, Lorena Contributor address; City; St Austin, TX 78702)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Campos Consulting Gro			
	Date 11/25/2024	Full name of contributor Castillo, Paul Contributor address; City; St Dallas, TX 75206	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Lambda Legal	5)		
			-				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/24 Rpt: 7/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 09/19/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_	Deinainal agai	San Ramon, CA 94583	O Frankriger (Cook hoster attende			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Christina Morales Campaign Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Houston, TX 77003 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Cohen, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78741				
	Principal occu sr. network 6	pation / Job title (See Instructions) engineer	Employer (See Instructions Aspirus Inc)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ Collier Campaign, Nicole Contributor address; City; State; Zip Code Fort Worth, TX 76124)		Amount of Contribution (\$)	\$1,481.29
	•	pation / Job title (See Instructions) sentative, House District 95	Employer (See Instructions State of Texas)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Colon, Brian Contributor address; City; State; Zip Code Albuquerque, NM 87113			Amount of Contribution (\$)	\$100.00
	Principal occu Managing Pa	pation / Job title (See Instructions) artner	Employer (See Instructions Singleton Schreiber)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/24 Rpt: 8/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 10/08/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		Philadelphia, PA 19103				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Communications Workers of America PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)	Employer (See Instructions)		
		· · · · · · · · · · · · · · · · · · ·	, , ,			
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#:_ Cox, Cecelia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Dallas, TX 75214				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Resource Center)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ CraftPAC Contributor address; City; State; Zip Code Austin, TX 78766			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#:_ Cranshaw, Dorie Contributor address; City; State; Zip Code Dallas, TX 75209			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/24 Rpt: 9/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		ı	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 12/09/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Austin, TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Cyr, Jennifer Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Bowie, MD 20715	Frankrija (Cas Instructiona			
	Consultant	pation / Job title (See Instructions)	Employer (See Instructions Angerholzer Broz Consu		g	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Danielle Delgadillo Consulting Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Dein sin al a ser	Austin, TX 78701	Faralassa (Caralassa trastica)			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Focused Advocacy Political Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_Foley & Lardner LLP Texas Campaign Fund Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$1,000.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL C	CONTRIBUTIO)N	S		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 7/24 Rpt: 10/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)				3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 10/11/2024	5 Full name of contributorFriends of UT-Dallas PAC6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75240						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 08/29/2024	Full name of contributor Gonzalez-Rojas, Jessica Contributor address; City; St)		Amount of Contribution (\$)	\$300.00
	Principal occu	Jackson Heights, NY 113 pation / Job title (See Instructions			Employer (See Instructions	<u> </u> 5)		
	Assembly Member Ne			New York State Assemb				
	Date 12/11/2024	Full name of contributor Henley, Hudson Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75229						
	Principal occu RE Develope	pation / Job title (See Instructions er)		Employer (See Instructions Self	5)		
	Date 12/04/2024	Full name of contributor Hess, Suzanne Contributor address; City; St Mesquite, TX 75181	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Marsh USA LLC	5)		
	Date 12/12/2024	Full name of contributor Hewitt, Kathy Contributor address; City; St Dallas, TX 75208	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
			•	•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/24 Rpt: 11/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 07/09/2024	5 Full name of contributor out-of-state PAC (ID#:_ Hill, Susan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	Dringing Logg	Dallas, TX 75205	Continue (Continue to protection of the Continue to protection of			
8	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_HillCo PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	· ····o.pa 000a	parent for the (coe monature)		,		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Holland and Knight Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Home Depot PAC Contributor address; City; State; Zip Code Washington, DC 20004			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ HomePAC of Texas Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 9/24 Rpt: 12/66	
2	FILER NAME	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
_					L		
4	Date 12/03/2024	5 Full name of contributor Humbert, Jill6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Dallas, TX 75234 pation / Job title (See Instructions) [9	Employer (See Instructions			
	Not Employe		,	Not Employed	,		
	Date 12/04/2024	Full name of contributor Humbert, Jill Contributor address; City; St.	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Delegalent	Dallas, TX 75234		Frankrick (October 1994)	Ĺ		
	Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
			Not Employed	_			
	Date 11/27/2024	Full name of contributor Johannessen, David Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Arlington, TX 76006					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	CEO			HELP Center for LGBT	Не	alth	
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$50.00
		Dallas, TX 75233					
	Principal occu Program Ma	pation / Job title (See Instructions nager		Employer (See Instructions Kalkomey	5)		
	Date 12/13/2024	Full name of contributor Johnson, Julie Contributor address; City; St. Dallas, TX 75238	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Campaign	pation / Job title (See Instructions		Employer (See Instructions Account	<u> </u>		

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 10/24 Rpt: 13/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	n Filers)
4	Date 10/11/2024	5 Full name of contributor Johnson, Willis E6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75215					
8	Principal occu CEO	pation / Job title (See Instructions	9	Employer (See Instructions JBJ Management	5)		
	Date 12/04/2024	Full name of contributor Jones, Kiyundra Contributor address; City; St)		Amount of Contribution (\$)	\$500.00
	Dringing aggr	Dallas, TX 75208	\	Employer (Coo Instructions	<u></u>		
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Oak Cliff Chamber of Co		merce	
	Date 09/25/2024	Full name of contributor Kastl, Kristina N. Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75204					
	Principal occu Attorney	pation / Job title (See Instructions		Employer (See Instructions KASTL LAW, P.C.	5)		
	Date 10/11/2024	Full name of contributor Kemp, Andrew Contributor address; City; St Dallas, TX 75211	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Date 10/10/2024	Full name of contributor L Swanson, Lisa Contributor address; City; St Dallas, TX 75218	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Medical Dire	pation / Job title (See Instructions ctor		Employer (See Instructions BCBS	. (s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/24 Rpt: 14/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	n Filers)
4	Date 10/08/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78760				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_Locke Lord LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 75201 upation / Job title (See Instructions)	Employer (See Instructions)		
		, , , , , , , , , , , , , , , , , , , ,		,		
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#: Maguire-Powell, Alison Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Denton, TX 76210				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_Maguire-Powell, Alison Contributor address; City; State; Zip Code Denton, TX 76210)		Amount of Contribution (\$)	\$10.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Maguire-Powell, Alison Contributor address; City; State; Zip Code Denton, TX 76210			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	upation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 12/24 Rpt: 15/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 10/30/2024	5 Full name of contributor Maguire-Powell, Alison6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
8	Principal occu Not Employe	pation / Job title (See Instructions ed	9	Employer (See Instructions Not Employed	5)		
	Date 11/30/2024	Full name of contributor Maguire-Powell, Alison Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Denton, TX 76210 pation / Job title (See Instructions	(2)	Employer (See Instructions	<u>s)</u>		
	Not Employe		,,	Not Employed	٠,		
	Date 12/12/2024	Full name of contributor McGovern, Katherine Contributor address; City; St	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75229					
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)	Employer (See Instructions Not Employed	5)		
	Date 10/03/2024	Full name of contributor McGuire Woods Contributor address; City; St Richmond, VA 23219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/07/2024	Full name of contributor McGuire, Michael Contributor address; City; St Dallas, TX 75205	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu President	pation / Job title (See Instructions	s)	Employer (See Instructions Andrews Distributing	s)		
			I				

	MONET	ARY POLITICAL C		SCHEDUI	E A1		
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 13/24 Rpt: 16/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 12/07/2024	5 Full name of contributor Medrano, Adam 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_	5	Dallas, TX 75219	- In	5 1 (0 1 : 1			
8	Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Adam Medrano	i) 		
	Date 12/13/2024	Full name of contributor Moore, Erin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Dallas, TX 75218		Franks on (Cap Instructions	_		
	Executive Ac	pation / Job title (See Instructions) dmin		Employer (See Instructions Dallas County	5)		
	Date 12/12/2024	Full name of contributor Mulder, Nancy Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75207					
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions Dallas County	5)		
	Date 12/12/2024	Full name of contributor NRG Energy Inc Political A Contributor address; City; Sta Princeton, NJ 08540				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 12/04/2024	Full name of contributor Narey, Jay Contributor address; City; Sta Dallas, TX 75220	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Flight Attend	pation / Job title (See Instructions) lant		Employer (See Instructions American Airlines)		
			,				

	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instru	ction Guide explains how to comp	olete this forr	m.	1	Total pages Schedule A1: Sch: 14/24 Rpt: 17/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 10/07/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,000.00
Ω	Principal occu	Irving, TX 75062 pation / Job title (See Instructions)	l _a	Employer (See Instructions	.)		
0	Fillicipal occu	pation / Job title (See instructions)	J ⁹	Employer (See instructions	')		
	Date 12/12/2024	Full name of contributor out-of-s Oneal, Kelly Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Dallas, TX 75207		Franksian (Caa Instructions	_		
	Small Busine	pation / Job title (See Instructions) ess owner		Employer (See Instructions Self	5)		
	Date 09/25/2024	Full name of contributor out-of-s Owen, Jennifer Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75214					
	Principal occu attorney	pation / Job title (See Instructions)		Employer (See Instructions Higier Allen & Lautin, PO			
	Date 11/24/2024	Phariss, Mark)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Tenet Healthcare)		
	Date 11/30/2024	Full name of contributor out-of-s Phariss, Mark Contributor address; City; State; Zip Co PLANO, TX 75093-7991	tate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Tenet Healthcare	i)		
			1				

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	ı to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 15/24 Rpt: 18/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)				3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 08/30/2024	5 Full name of contributor Pomykal, Keith6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$25.00
_	Dringing aggr	Dallas, TX 75219		_	Employer (See Instructions	<u></u>		
8	Commercial	pation / Job title (See Instructions Real Estate	5)	9	Employer (See Instructions Pomykal LLC	5)		
	Date 10/01/2024	Full name of contributor Pomykal, Keith Contributor address; City; S)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219						
	Principal occu Commercial	pation / Job title (See Instructions Real Estate	3)		Employer (See Instructions Pomykal LLC	5)		
	Date 12/04/2024	Full name of contributor Pomykal, Keith Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75219						
	Principal occu Commercial	pation / Job title (See Instructions Real Estate	(5)		Employer (See Instructions Pomykal LLC	s)		
	Date 11/25/2024	Full name of contributor Ramos, Ana-María Contributor address; City; S Richardson, TX 75081)		Amount of Contribution (\$)	\$1,481.28
	Principal occu Attorney	pation / Job title (See Instructions	s)		Employer (See Instructions AMR Law	5)		
	Date 12/12/2024	Full name of contributor Randel, Brennan Contributor address; City; S Portland, OR 97216	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Titlematching	pation / Job title (See Instructions	5)		Employer (See Instructions Rentrak Corp	5)		
		·			300 P			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/24 Rpt: 19/66		
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)	
4	Date 10/21/2024	 Full name of contributor out-of-state PAC (ID#:_ Real Estate Council PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00	
_		Dallas, TX 75201					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Resendez, Jaime Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75217					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Jaime Resendez Law)			
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_ Riddle & Williams, P.C. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Marc A. Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self-employed)			
	Date 09/14/2024	Full name of contributor out-of-state PAC (ID#:_ Rucker-Schmidt, Rachel Contributor address; City; State; Zip Code Dallas, TX 75225			Amount of Contribution (\$)	\$250.00	
	Principal occu Pathologist	pation / Job title (See Instructions)	Employer (See Instructions MD Pathology)			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/24 Rpt: 20/66	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Gonzalez, Je	essica A. (The Honorable)				00082026	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/26/2024	Rudner, Steven					\$2,500.00
		6 Contributor address; City; St Dallas, TX 75230	ate; Zip Code				
•	Dringing con	pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	·/ 		
ō	Attorney	pation / Job title (See instructions	9	Rudner Law Offices	5)		
		l en e en		Traditor Edw Offices	_	A (O 'I' . (A)	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ΦΕΩΩ ΩΩ
	11/30/2024	Sadlek, Mark					\$500.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75208-3033					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Executive Co	oach		Harvest Your Potential,	Inc		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	12/10/2024	Saldana, Amanda	_				\$500.00
		Contributor address; City; St	ate; Zip Code		l		
		Pharr, TX 78577					
	•	pation / Job title (See Instructions	(3)	Employer (See Instructions	5)		
	Attorney			Self employed			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/07/2024	Sampson Public Affairs, L	LC				\$500.00
		Contributor address; City; St	ate; Zip Code				
		Auctin TV 70701					
	Drincinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	·,		
	i ilicipai occu	pation / oob title (oce motivations		Employer (oce mondenone	,,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	12/04/2024	Sanchez, Gerardo	Uni-or-state i AC (ID#			ranount of Contribution (¢)	\$250.00
	,	Contributor address; City; St	ate: Zin Code				,
		Contributor dual cos, Oity, Oi	ato, 21p 0000				
		Dallas, TX 75232					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Director of P	ublic Affairs		Visit Dallas			
			•				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS			SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 18/24 Rpt: 21/66	
2	FILER NAME	oneina A (The Hamerahla)				3	Filer ID (Ethics Commission	on Filers)
	Gonzalez, Je	essica A. (The Honorable)					00082026	
4	Date 12/04/2024	5 Full name of contributor Scudder, Kendall6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75214						
8	Principal occu	pation / Job title (See Instructions) 9	9 E	mployer (See Instructions	()		
	Business Ov	vner		S	Self			
	Date 12/14/2024	Full name of contributor Sheaks, Robert Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$5.00
		Irving, TX 75060						
	Principal occu	pation / Job title (See Instructions)	Е	imployer (See Instructions	()		
	Lab tech			Е	Electro Plate Circuitry			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/29/2024	Skeen, Shelly Contributor address; City; St	_				`,	\$250.00
		Dallas, TX 75214						
	Principal occu	pation / Job title (See Instructions)	Е	mployer (See Instructions	()		
	Lawyer			S	Self			
	Date 09/25/2024	Full name of contributor Smith, Robert Contributor address; City; St Dallas, TX 75230	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Е	imployer (See Instructions	<u> </u>		
	PRESIDENT	C/CEO		Д	CCIDENT& INJURY P	ΊΑ	N CENTERS, INC.	
F	Date 10/03/2024	Full name of contributor Smith, Robert	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
	10/03/2024		ate; Zip Code					Ψ2,000.00
		DALLAS, TX 75230						
		pation / Job title (See Instructions)		imployer (See Instructions			
	PRESIDENT	CEO			CCIDENT & INJURY (CHI	ROPRACTIC	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/24 Rpt: 22/66	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 11/14/2024	5 Full name of contributor out-of-state PAC (ID#: Texas AFL-CIO State COPE Fund 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Crane Owners PAC Contributor address; City; State; Zip Code Austin, TX 78716)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78704)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas House Democratic Campaign Committee Contributor address; City; State; Zip Code Austin, TX 78752)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/24 Rpt: 23/66		
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)	
4	Date 10/03/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,500.00	
		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Dringing occu	Austin, TX 78701	Employer (See Instructions				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Mortgage Bankers PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optomeric PAC Contributor address; City; State; Zip Code Austin, TX 78705)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/24 Rpt: 24/66		
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)	
4	Date 09/19/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00	
_	<u> </u>	Austin, TX 78768					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#:_ The Chickasaw Nation Contributor address; City; State; Zip Code Ada, OK 74820)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Toyota Motor North America, Inc PAC Contributor address; City; State; Zip Code Washington, DC 20004			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 22/24 Rpt: 25/66		
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Gonzalez, J	essica A. (The Honorable)			00082026	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) United Food and Commercial Workers International Union 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
		Washington, DC 20006				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/18/2024	Uttley, Meredith				\$5.00
		Contributor address; City; State; Zip Code				
		Greenville, SC 29615				
	Principal occupation / Job title (See Instructions) Not Employed Not Employed					
	Date 08/18/2024	Full name of contributor out-of-state PAC (ID#:_ Uttley, Meredith Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Greenville, SC 29615				
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Uttley, Meredith Contributor address; City; State; Zip Code Greenville, SC 29615			Amount of Contribution (\$)	\$5.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> ;)		
	Not Employe	ed	Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00
		Contributor address; City; State; Zip Code Greenville, SC 29615				
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	1	Total pages Schedule A1: Sch: 23/24 Rpt: 26/66			
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 11/18/2024	Uttley, Meredith	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
8	Principal occur	Greenville, SC 29615 pation / Job title (See Instructions)	او	Employer (See Instructions			
Ü	Not Employe			Not Employed	,		
	Date 10/02/2024	Full name of contributor Vasquez, Celina Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Deirechart	Arlington, TX 76016		Faralas en (O a la tractica de			
	Principal occupation / Job title (See Instructions) Higher Education UT Arlington)			
	Date 09/27/2024	Full name of contributor Verizon Communications Go Contributor address; City; State;)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/23/2024	Full name of contributor Vistra Employee PAC of Vistr Contributor address; City; State; Irving, TX 75039)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/21/2024	Full name of contributor Vital, Victor Contributor address; City; State; DeSoto, TX 75115	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Barnes and Thornburg)		
			l .				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 24/24 Rpt: 27/66		
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)	3		on Filers)	
4			7	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78757	10.5.1.40.1.11			
8	Principal occu President:Cl	upation / Job title (See Instructions)	9 Employer (See Instruction North Texas Commission			
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Wilkerson, D. Karen Contributor address; City; State; Zip Code Tyler, TX 75711			Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	upation / Job title (See Instructions)	Employer (See Instruction Not Employed	<u> </u> s)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Wilkerson, D. Karen Contributor address; City; State; Zip Code Tyler, TX 75711			Amount of Contribution (\$)	\$100.00
	Principal occu	upation / Job title (See Instructions) ed	Employer (See Instruction Not Employed	s)		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/39 Rpt: 28/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	08/26/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.13	3200 Hackberry Road
		Irving, TX 75063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal expense
		Weth expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/09/2024	Allegro Royal Sonesta Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,498.04	171 W Randolph St
	Ψ1,430.04	111 W Kalladipii di
		Chicago, IL 60601
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging for DNC Convention Travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/23/2024	Allegro Royal Sonesta Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.52	171 W Randolph St
		Chicago, IL 60601
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal expense
		ινισαι σχρετίσε
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/39 Rpt: 29/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	08/12/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.24	440 Terry Avenue North
		Seattle, WA 98019
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	SUPPLIES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Filming equipment
		i iiiiiiig equipment
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/23/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.93	440 Terry Avenue North
		Seattle, WA 98019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	SUPPLIES Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	09/23/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.38	440 Terry Avenue North
		Seattle, WA 98019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	SUPPLIES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for events
	Operation ONE V. C. F.	Ora didata (Office hadden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this for	rm.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 3/39 Rpt: 30/66	Gonzalez, Jessica A. (The Honorable)		00082026	
4	Date	5 Payee name			
	10/30/2024	Amazon			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$31.82	440 Terry Avenue North			
		Seattle, WA 98019			
8	PURPOSE OF	,) Descripti		ploto Cobodulo T
	EXPENDITURE	Office Overhead/Rental Expense		if travel outside of Texas. Com if Austin, TX, officeholder living	
				ign supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office he	eld
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	11/22/2024	Amazon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.73	440 Terry Avenue North			
		Seattle, WA 98019			
	PURPOSE OF	,) Descripti		whete Oak adula T
	EXPENDITURE	Office Overhead/Rental Expense		if travel outside of Texas. Com if Austin, TX, officeholder living	
			Office s	supply purchase	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office he	eld
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	11/15/2024	American Airlines			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$29.00	1 Skyview Drive			
		Fort Worth, TX 76155			
	PURPOSE OF	,	Descripti	ion if travel outside of Texas. Com	nlete Schedule T
	EXPENDITURE	Transportation Equipment And Related Expense		if Austin, TX, officeholder living	
			In-flight	internet	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office he	eld
	expenditure to benefit C/Ol	1			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/39 Rpt: 31/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	11/10/2024	Andablo, Yanet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	808 Kelso Drive
		Dallas, TX 75211
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	10/25/2024	Andablo, Yanet
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	808 Kelso Drive
		Dallas, TX 75211
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense Campaign labor
		Campaign aboi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Data	David and the second se
	Date 11/10/2024	Payee name Andablo, Yanet
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.92	808 Kelso Drive
		Dallas, TX 75211
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for constituent gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/39 Rpt: 32/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/16/2024	Avanti Markets
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.29	1217 SW 7th St.
		Suite 100
		Renton, WA 98057
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	<u>'</u>
	Date	Payee name
	07/31/2024	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	201 W. 12th St
		Dallas, TX 75208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fees
		Dank 1865
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/30/2024	Bank of Texas
L		
	Amount (\$) \$2.00	Payee address; City; State; Zip Code 201 W. 12th St
	\$2.00	201 W. 12(II St
		D. II TV 75000
		Dallas, TX 75208
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/39 Rpt: 33/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	09/30/2024	Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	201 W. 12th St
		Dallas, TX 75208
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fees
		Bunk 1663
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Power name
	10/31/2024	Payee name Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	201 W. 12th St
		Dallas, TX 75208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fees
		Dalik lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name Bank of Texas
	11/29/2024	24.77.5
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	201 W. 12th St
		Dallas, TX 75208
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fees
		Dank ices
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/39 Rpt: 34/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/31/2024	Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	201 W. 12th St
		Dallas, TX 75208
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fees
		Dailk ICCS
Ļ	Operation Children	Our didn't 10ff asked day games
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/06/2024	C Store 12
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.51	
_	PURPOSE	(b) Description
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Think this is for Yanet's gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/17/2024	Campaign Verify
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	1215 31st Street NW
		Washington, DC 20007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign texting service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense Loan rec Fees Office Or Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I Lenal Services Salaries/

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		Vages	/Contract Labor		OTHER (enter	a category not listed	above)
L		_			on Guide explai	ns now to co	mpie	ete tnis form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 8/39 Rpt: 35/66		Gonzalez,	Jessica A. (The Honorab	ole)				00082026		
4	Date	5	Payee name									
	10/23/2024		Canva									
6	Amount (\$)	7	Payee addre	ss; City;	Sta	ate; Zip Co	ode					
	\$30.00				St Building 1,	•						
l	Ψ00.00		0212 2 000	onavoz c	z Dananig 1,	Cuito 100						
l			A T\(70700								
L			Austin, TX	78702								
8	PURPOSE	(a)	Category (S	ee Categories liste	ed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				=			mplete Schedule T.	
								ш		, officeholder livir	ng expense	
								Software sub	13CI	ιριιστί		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder nam	e	Office sou	ght			Office h	neld	
L	experientare to benefit 6/61											
	Date		Payee name									
	11/25/2024		Canva									
Г	Amount (\$)		Payee addre	ss; City;	Sta	ate; Zip Co	de					
	\$30.00		3212 E Ces	ar Chavez S	St Building 1,	Suite 130	0					
			Austin, TX	79702								
L		_										
	PURPOSE OF	(a)			ed at the top of this	schedule)	(b)	Description	o. ito	ide of Toyloo Co	malata Cabadula T	
	EXPENDITURE		Advertising	Expense				=		, officeholder livir	mplete Schedule T. na expense	
								Software exp			3 - 1	
								·				
⊢	Complete ONLY if direct		Candidate/Off	iceholder nam		Office sou	aht			Office h	neld	
l	expenditure to benefit C/OI		odiraraato/ Ori	ocholder han	•	011100 000	giit			Gilloo i	ioid	
⊨												
	Date		Payee name									
	12/23/2024		Canva									
	Amount (\$)		Payee addre	ss; City;	Sta	ate; Zip Co	de					
	\$30.00		3212 E Ces	sar Chavez S	St Building 1,	Suite 130	0					
			Austin, TX	78702								
H	PURPOSE	(a)	Category	0-4	ed at the top of this		(b)	Description				
	OF	(~)	Advertising		u at the top of this	scriedule)	(~)		outsi	ide of Texas. Co	mplete Schedule T.	
l	EXPENDITURE		Advertising	Ехрепас				Check if Austin	, TX	, officeholder livir	ng expense	
								Software sub	scr	ription		
1												
Г	Complete ONLY if direct		Candidate/Off	ceholder nam	ie	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
\vdash												
ı												

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Poli Credit Card Payment	tical Committee Legal Services Salaries/Wages	(Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to comple	
1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/39 Rpt: 36/66	Gonzalez, Jessica A. (The Honorable)	00082026
4 Date	5 Payee name	•
11/05/2024	Cecilia Castellano Campaign	
	· ·	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	20956 Somerset Rd	
	Somerset, TX 78069	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/		Cinice field
Date	Payee name	
08/21/2024	Civitech	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,854.16	1023 Springdale Road	
	Austin, TX 78721	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mailing
		Walling
		200
Complete ONLY if direct expenditure to benefit C/		Office held
experience to borione or		
Date	Payee name	
10/28/2024	DJI Service LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$762.07		
Ψ102.01	17001 Edwards Road	
	1	
	Cerritos, CA 90703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	CAMERA	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Camera purchase
Complete ONLY if direct		Office held
expenditure to benefit C/	UH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 10/39 Rpt: 37/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	10/15/2024	Dallas AFL-CIO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	1408 N Washington Ave # 240
		Dallas, TX 75204
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	08/26/2024	Dallas County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1414 N Washington Ave
		Dallas, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/04/2024	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.41	500 Volvo Pkwy
		Chesapeake, VA 23320
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office decorations
		Onice decorations
_	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	U

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committe Credit Card Payment		Salaries/Wages/Contract Labor w to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 FILE	ER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 11/39 Rpt: 38/66 Gor	nzalez, Jessica A. (The Honorable)		00082026
4 Date 5 Pay	ee name		
10/18/2024 Ed	Campbell Concessions		
6 Amount (\$) 7 Pay \$60.00	ee address; City; State;	Zip Code	
l OE I	egory (See Categories listed at the top of this sched od/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Food expens	se .
Complete ONLY if direct Cand expenditure to benefit C/OH	idate/Officeholder name Off	ice sought	Office held
Date Pay	ee name		
08/05/2024 EI F	Ranchito		
Amount (\$) Pay	ee address; City; State;	Zip Code	
\$127.41 610) Jefferson Blvd		
	las, TX 75208		
l OE I	egory (See Categories listed at the top of this sched		outside of Toyon Complete Calendule T
EXPENDITURE Foo	od/Beverage Expense	· · · ·	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Staff meal	
Complete <u>ONLY</u> if direct Cand expenditure to benefit C/OH	idate/Officeholder name Off	ice sought	Office held
Date Pay	ee name		
12/23/2024 Exx	con		
Amount (\$) Pay	ee address; City; State;	Zip Code	
	9 Las Colinas Blvd	•	
Irvir	ng, TX 75039		
l OE I	egory (See Categories listed at the top of this sched		
EXPENDITURE I ra	nsportation Equipment And Related		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Exp	pense	Transportation	
		. ranoportatio	5
· —	lidate/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OH			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
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	F. Davisa name
4	09/16/2024	5 Payee name Geometry Photo
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$22.72	Trayee address, City, State, Zip Code
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Gifts for constituents
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/19/2024	Giordano's on Jackson
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.05	223 W Jackson
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Chicago, IL 60606
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff meal
		Stan meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/12/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.15	646 S Flores St
	Ψ20.10	
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Transportation expense/travel to district
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/39 Rpt: 40/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/03/2024	Hobby Lobby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.62	7707 SW 44th St
		Oklahoma City, OK 73179
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office decorations
		Office decorations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	10/03/2024	Hyatt Regency Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.71	208 Barton Springs
	Ψ101.71	200 Barton opinigo
		Austin, TX 78704
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal with staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	11/06/2024	InFocus Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,105.14	4 NE 10th St, #260
		Oklahoma City, OK 73103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
-		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)
	Credit Card Payment		The Instruction Guide	e explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	Ē				3	Filer ID	(Ethics Commission	Filers)
	Sch: 14/39 Rpt: 41/66	Gonzalez, 3	Jessica A. (The Ho	onorable)				00082026		
4	Date	5 Payee name								
	11/08/2024	InFocus Ca	mpaigns							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de					
	\$441.04	4 NE 10th S		эннэ, цр						
			,							
		Oklahoma	City, OK 73103							
Ļ			-							
8	PURPOSE OF		ee Categories listed at the t	op of this schedule)	(b)	Description	outo:	de of Toyon Com	wlata Cabadula T	
	EXPENDITURE	Advertising	Expense					officeholder living	plete Schedule T. a expense	
						Phone service			, . ,	
9	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/OI	H			•					
\vdash	Date	Payee name								
	10/03/2024	JW Marriot								
	Amount (\$)	Payee addre	cc: City:	State; Zip Co	,do					
	\$489.35	110 E 2nd		State, Zip Co	ue					
	φ409.33	110 E 2110 .	οι							
		Accession TXV	70704							
		Austin, TX								
	PURPOSE OF		ee Categories listed at the t	op of this schedule)	(b)	Description		d4.T O	mlata Cabadula T	
	EXPENDITURE	Travel Out	of District			=		officeholder living	plete Schedule T.	
						Travel expens			, . ,	
						·				
	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H								
-	Date	Payee name								
	10/15/2024	Jaquval Bre	ewina							
	Amount (\$)	Payee addre		State; Zip Co	,do					
	\$97.86	312 W Sev	•	State, Zip Co	ue					
	Ψ97.00	312 W 36W	anui St							
		D-II TV	75000							
		Dallas, TX								
	PURPOSE OF		ee Categories listed at the t	op of this schedule)	(b)	Description	outo:	do of Toyon Com	plete Schedule T.	
	EXPENDITURE	Food/Bevei	age Expense					officeholder living	•	
						Meal with sta			,	
	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI				J					
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 15/39 Rpt: 42/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	09/03/2024	Legislative Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	807 Brazos St #714
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Fundraising event expense
		and another state of the state
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davies warms
	12/18/2024	Payee name Legislative Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	807 Brazos St #714
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising consulting
		T unuraising consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/28/2024	Little Black Tux
	Amount (\$)	Payee address; City; State; Zip Code
	\$420.85	6476 Warren Drive
		Norcross, GA 30093
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Expense for event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 16/39 Rpt: 43/66	Gonzalez, Jessica A. (The Honorable) 00082026	
4	Date	5 Payee name	_
	10/15/2024	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$12.91	185 Berry Street	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Transportation to event	
		Transportation to event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
H	Date	Payee name	=
	10/16/2024	Lyft	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$9.96	185 Berry Street	
	40.00	100 Bony Guodi	
		San Francisco, CA 94107	
┝	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Transportation to event	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			_
l	Date	Payee name	
L	10/28/2024	Lyft	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$11.19	185 Berry Street	
		San Francisco, CA 94107	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Transportation expense	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol	1	

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/39 Rpt: 44/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	11/05/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	185 Berry Street
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
		That operation of period
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/22/2024	Lyft
	Amount (\$) \$11.20	
	Φ11.20	185 Berry Street
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/06/2024	Payee name Lyft
		· .
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.15	185 Berry Street
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 18/39 Rpt: 45/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/11/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.63	185 Berry Street
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	_/	Expense Check if Austin, TX, officeholder living expense
		Transportation expense
_	Opening the ONLY if allowed	One district Office health are recorded.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	405 N Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Email service
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	405 N Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Email service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/39 Rpt: 46/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	09/03/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.29	405 N Angier Ave. NE
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email client
_	2 2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	11/01/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.29	405 N Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email client
		Email client
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dayon nama
	12/02/2024	Payee name Mailchimp
		·
	Amount (\$) \$77.29	Payee address; City; State; Zip Code 405 N Angier Ave. NE
	\$11.29	403 N Aligiei Ave. NE
		AH
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email client
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/39 Rpt: 47/66 Gonzalez, Jessica A. (The Honorable) 00082026 4 Date Payee name Mailchimp 12/31/2024 6 Amount (\$) Payee address; State; Zip Code \$77.29 405 N Angier Ave. NE Atlanta, GA 30308 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email client** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/15/2024 **NGPVAN** Amount (\$) Payee address; City; State; Zip Code \$175.00 655 15th St. NW, Suite 650 Washington, DC 20005 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/03/2024 **NGPVAN** Amount (\$) Payee address: City: State; Zip Code \$175.00 655 15th St. NW, Suite 650 Washington, DC 20005 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraising software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 21/39 Rpt: 48/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	10/03/2024	NGPVAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	655 15th St. NW, Suite 650
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fundraising software
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/07/2024	NGPVAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	655 15th St. NW, Suite 650
		Washington, DC 20005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising software
		Tanataoning continue
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	11/01/2024	NGPVAN
-	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	655 15th St. NW, Suite 650
	Ψ173.00	033 13th St. NW, Suite 030
		Washington, DC 20005
	BUBBASE	in a land
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	plet	e this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 22/39 Rpt: 49/66	Gonzalez, Jessica A. (The Honorable)			00082026	
4	Date	5 Payee name		•		
	12/03/2024	NGPVAN				
6	Amount (\$)	7 Payee address; City; State; Zip Code	le			
	\$275.00	655 15th St. NW, Suite 650				
		Washington, DC 20005				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
	OF EXPENDITURE	Solicitation/Fundraising Expense	<u>[</u>	Check if travel outsid		
	ZA ZADITORZ		Ļ	Check if Austin, TX, of Fundraising softv		g expense
			'	runuraising sollv	vaie	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	<u></u>
9	expenditure to benefit C/O		111		Office He	siu
	Data	D				
	Date 12/04/2024	Payee name Party City				
			1-			
	Amount (\$) \$23.24	Payee address; City; State; Zip Code	ie			
	Φ23.24	1 Celebration Square				
		Moodaliff Lake N1107C77				
		Woodcliff Lake, NJ 07677				
	PURPOSE OF	, ,	(b) [T	Description Check if travel outsid	o of Toyas Com	inloto Schodulo T
	EXPENDITURE	Office Overhead/Rental Expense	ŀ	Check if Austin, TX, of		
			(□ Office decoration		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	08/22/2024	Potbelly Sandwiches				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$16.39	205 W Randolph St				
		Chicago, IL 60601				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description		
	OF	Food/Beverage Expense	` [Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin, TX, o	officeholder living	g expense
			ľ	Meal expense		
	Operation Objects "	Open distant (Office lead)	l- /		6‴:	-1.4
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt		Office he	eia

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

O7/31/2024 Priceline 6 Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging for staff travel	Credit Card Payment		The Instruction Guide	explains how to co	mple	lete this form.
4 Date O7/31/2024 Flague name Priceline Pric	1 Total pages Sched	dule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Priceline Priceline Friceline Payee difference Payee name Printed Interest Payee address; City; State; Zip Code Payee name Printed Interest Payee name Printed Interest Payee name Payee na	Sch: 23/39 Rpt:	50/66	Gonzalez, Jessica A. (The Ho	onorable)		00082026
Samount (S)		!				
\$137,29 800 Connecticut Ave Norwalk, CT 06854 8 PURPOSE OF EXPENDITURE (a) Category (see Categores issed at the top of this schedule) Travel in District Candidate/Officeholder name Office sought Office sought Office held Payee name 12/16/2024 PrintMail Pro Amount (s) Payee address; City; State; Zip Code 901.1 Tuscany Way Suite 200 Austin, TX 78754 PURPOSE OF EXPENDITURE (a) Category (see Categores issed at the top of this schedule) Advertising Expense Office sought Office held						
Norwalk, CT 06854				State; Zip Co	de	
Purpose OF EXPENDITURE	Ψ.	107.23	ooo connecticat / we			
Creck it travel outside of Texas. Complete Schedule T.			Norwalk, CT 06854			
Check if Nation, Trace (Complete ONLY if direct expenditure to benefit C/OH		-	(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description
9 Complete ONLY if direct expenditure to benefit C/OH Date 12/16/2024 Payee name PrintMail Pro Amount (\$) Payee address; City; State; Zip Code 9011 Tuscany Way Suite 200 Austin, TX 78754 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Date 2/16/2024 PrintMail Pro Advertising Expense Office Advertising Expense Printed materials for campaign Complete ONLY if direct expenditure to benefit C/OH Date OB/30/2024 Saint Rocco'S Amount (\$) Payee name Office sought Office held Payee name OB/30/2024 Saint Rocco'S Amount (\$) Payee address; City; State; Zip Code S500.00 3011 Gulden Ln #100 Dallas, TX 75212 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office held Date OF EXPENDITURE (b) Description Office held (c) Description Office held Date Office held Date Office held Date Office held Date Office held Candidate/Officeholder name Office sought Office held Office held Office held Office held						
Date 12/16/2024 Payee name PrintMail Pro Amount (\$) \$259.80 Payee address; City; State; Zip Code 9011 Tuscany Way Suite 200 Austin, TX 78754 PURPOSE OF EXPENDITURE Candidate/Officeholder name Complete QNLY if direct expenditure to benefit C/OH Date 08/30/2024 Amount (\$) Payee name Saint Rocco's Amount (\$) Payee name Saint Rocco's Amount (\$) Payee address; City; State; Zip Code Printed materials for campaign Complete QNLY if direct expenditure to benefit C/OH Date 08/30/2024 Saint Rocco's Amount (\$) 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 Complete QNLY if direct Candidate/Officeholder name Office sought Office held Office held Office of Texas, Complete Schedule T. Check if Turavel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising event expense Complete QNLY if direct 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 Tuscany Way Suite 200 Austin, TX 78754 PURPOSE OF EXPENDITURE Candidate/Officeholder name Complete QNLY if direct expenditure to benefit C/OH Date 08/30/2024 Amount (\$) Payee name Saint Rocco's Amount (\$) Payee name Saint Rocco's Amount (\$) Payee address; City; State; Zip Code Printed materials for campaign Complete QNLY if direct expenditure to benefit C/OH Date 08/30/2024 Saint Rocco's Amount (\$) 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 Complete QNLY if direct Candidate/Officeholder name Office sought Office held Office held Office of Texas, Complete Schedule T. Check if Turavel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising event expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held						
Date 12/16/2024 PrintMail Pro Amount (\$) Payee address; City; State; Zip Code 9011 Tuscany Way Suite 200 Austin, TX 78754 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense Complete QNLY if direct expenditure to benefit C/OH Date 08/30/2024 Amount (\$) Payee name 08/30/2024 Saint Rocco's Amount (\$) 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) (b) Description Check if Tavael outside of Texas. Complete Schedule T. Check if Austin, TX, difficeholder inving expense Printed materials for campaign Office held Date 08/30/2024 Candidate/Officeholder name Office sought (b) Description Check if Austin, TX, officeholder inving expense Fundraising event expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held				Office sou	ght	Office held
12/16/2024 PrintMail Pro	expenditure to ben	ieiii C/On				
Amount (\$)						
\$259.80 9011 Tuscany Way Suite 200 Austin, TX 78754 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Date 08/30/2024 Saint Rocco's Amount (\$) Payee name Saint Rocco's Amount (\$) Payee address; City; State; Zip Code \$500.00 \$500.00 \$500.00 Category (see Categories listed at the top of this schedule) Date ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held (b) Description Check if Turvel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense Check if Austin, TX, officeholder Iving expense Fundraising event expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
Suite 200 Austin, TX 78754 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printed materials for campaign Complete ONLY if direct expenditure to benefit C/OH Date O8/30/2024 Amount (\$) Payee name Saint Rocco's Amount (\$) 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held Office held Office held Office held	` '	250.00		State; Zip Co	de	
Austin, TX 78754 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printed materials for campaign Complete ONLY if direct expenditure to benefit C/OH Date 08/30/2024 Amount (\$) Payee name Saint Rocco's Amount (\$) 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Φ2	259.80				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Date 08/30/2024 Amount (\$) Payee name Saint Rocco's Amount (\$) 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas.						
Advertising Expense Printed materials for campaign Office held Advertising Advertising expense Printed materials for campaign Office held Advertising Expense Finite and expense Check if Austin, TX, officeholder Iving expense Fundraising event expense Fundraising event expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			<u> </u>		<i>a</i> .	
Complete ONLY if direct expenditure to benefit C/OH Date				op of this schedule)	(b)	
Complete ONLY if direct expenditure to benefit C/OH Date	EXPENDITURE		Advertising Expense			—
Date 08/30/2024 Payee name Saint Rocco's Amount (\$) Payee address; City; State; Zip Code \$500.00 S500.00 Dallas, TX 75212 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held						Printed materials for campaign
Date 08/30/2024 Payee name Saint Rocco's Amount (\$) Payee address; City; State; Zip Code \$500.00 S500.00 Dallas, TX 75212 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			2 11 1 12 12 12 1			250
O8/30/2024 Saint Rocco's Amount (\$)				Office sou	ght	Office held
O8/30/2024 Saint Rocco's Amount (\$)	Data	<u> </u>	Davis same			
Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising event expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
\$500.00 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising event expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held				State: Zip Co	de	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising event expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		500.00		, ,		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising event expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
OF EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising event expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Dallas, TX 75212			
EXPENDITURE EVENT Expense Check if Austin, TX, officeholder living expense Fundraising event expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		((a) Category (See Categories listed at the to	op of this schedule)	(b)	Description
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Event Expense			□
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						—
						- F
expenditure to benefit C/OH				Office sou	ght	Office held
	expenditure to ben	nefit C/OH				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/39 Rpt: 51/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	10/17/2024	Saint Rocco's
6	Amount (\$) \$7,406.44	7 Payee address; City; State; Zip Code 3011 Gulden Ln #100 Dallas, TX 75212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
•	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising event expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/21/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website maintenance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Travel in I Travel Ou Intract Labor OTHER (6

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 26/39 Rpt: 53/66	Gonzalez, Jessica A. (The Honorable) 00082026			
4	Date	5 Payee name			
	11/18/2024	Squarespace			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$294.22	8 Clarkson St.			
		New York, NY 10014			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
	_/	Check if Austin, TX, officeholder living expense Website domain renewal			
		Website domain renewal			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Date	Davido namo			
	11/20/2024	Payee name Starbucks			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$7.44	2401 Utah Ave S			
	Ψ1.44	2401 Otali AVE 3			
		South NA 00124			
	P. P. P. P. P. P. P. P.	Seattle, WA 98134			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Beverage expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	12/23/2024	Starbucks			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$13.45	2401 Utah Ave S			
		Seattle, WA 98134			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Beverage expense			
		Bovolage expense			
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/39 Rpt: 54/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	07/01/2024	T-Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.05	12920 SE 38th Street
		Bellevue, WA 98006
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	PHONE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign phone bill
		Campaign phone sin
9	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
ľ	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
	08/02/2024	T-Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.05	12920 SE 38th Street
		Bellevue, WA 98006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	PHONE Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign phone bill
		Campaign priorie biii
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨		
	Date	Payee name
	09/03/2024	T-Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.07	12920 SE 38th Street
l		
		Bellevue, WA 98006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	CAMPAIGN PHONE Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign phone bill
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefft C/OI	1

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide exp		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission File	ers)
_	Sch: 28/39 Rpt: 55/66		- Jessica A. (The Honor	able)				00082026	(,
4	Date	5 Payee name	:							
	10/01/2024	T-Mobile								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$56.07	12920 SE	38th Street							
		Bellevue, V	VA 98006							
8	PURPOSE	(a) Category (S	see Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	PHONE				므		de of Texas. Comp		
						_		officeholder living	expense	
						Campaign ph	IOH	e bili		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name	!							
	11/01/2024	T-Mobile								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$56.05	12920 SE 3	38th Street							
		Bellevue, V	VA 98006							
	PURPOSE	(a) Category (S	see Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	PHONE				=		de of Texas. Comp		
						ш		officeholder living	expense	
						Campaign ph	ЮП	e bili		
		- "			<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ignt			Office he	ela	
	<u> </u>									
	Date	Payee name								
	12/02/2024	T-Mobile								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$56.07	12920 SE 3	38th Street							
		Bellevue, V	VA 98006							
	PURPOSE	(a) Category (S	see Categories listed at the top of	this schedule)	(b)	Description	_			
	OF EXPENDITURE	PHONE						de of Texas. Comp		
						ш		officeholder living	expense	
						Campaign ph	IUI	C		
	Complete CNU V 'C "	Operation 100	in a la al al a un re e re-	Off: -	!			Ott: 1	lal.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office sou	ignt			Office he	ela .	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/39 Rpt: 56/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	11/25/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office decorations
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/21/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/39 Rpt: 57/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/12/2024	Texas Chili Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.15	1409 Lavaca Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff meal
		Stan medi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Davies same
		Payee name
	12/18/2024	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.53	1409 Lavaca Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff meal
		Stan medi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	12/05/2024	Payee name Texas House Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 12453
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Wieffibership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/39 Rpt: 58/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/24/2024	Texas Legislative Progressive Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 2910
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Caucus dues
		Caucas aucs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/01/2024	Texas State Employees Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	UNION DUES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Union dues
		Official dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/01/2024	Texas State Employees Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	UNION DUES Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Union dues
		Official dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/39 Rpt: 59/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	09/03/2024	Texas State Employees Union
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	UNION DUES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Union dues
		Official dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	10/01/2024	Texas State Employees Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	UNION DUES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Union dues
		Official dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 11/01/2024	Payee name
		Texas State Employees Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	UNION DUES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Union dues
		Official dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/39 Rpt: 60/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/02/2024	Texas State Employees Union
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	UNION DUES Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Union dues
9	Complete ONLY if direct expenditure to benefit C/Ol	L L Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/12/2024	The Austin Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$290.00	110 E 9th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food and beverage expense in-kind for Texas
		LGBTQ Caucus fundraiser
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
F	Date	Payee name
	11/21/2024	The Capitol Grill
		<u> </u>
	Amount (\$) \$45.38	Payee address; City; State; Zip Code 1400 N Congress Ave
	Ф45.50	1400 N Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff meal
ldash	Complete ONII V if allow	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/39 Rpt: 61/66	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	11/22/2024	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.68	1400 N Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	10/08/2024	Tortas La Tortuga
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.90	235 Centre St.
		Dallas, TX 75208
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food expense
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	Date	Power name
	09/16/2024	Payee name Twisted Trick
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.46	3917 Cedar Springs Rd
		Dallas, TX 75219
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraiser event expense
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		/ - Il Coi	nmittee	Gift/Awards/Memoria Legal Services The Instruction (•		Vages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed abov	e)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 35/39 Rpt: 62/66		Gonzalez, J	essica A. (Th	e Honorable))				00082026		
4	Date	5	Payee name									
	08/22/2024		United Cent	er								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$14.18		1901 W Ma	dison St								
			Chicago, IL	60612								
8	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				<u> </u>			nplete Schedule T.	
								DNC concess		officeholder livin	g expense	
								DIVC COINCESS	SIUI	13		
9	Complete ONLY if direct	<u> </u>	Candidata/Offi	ceholder name		Office sou	abt			Office h	old	
9	expenditure to benefit C/O		zanuluale/Om	centituel name		Jilice Sou	igrit			Office II	eiu	
\vdash	Data	Г	D									
	Date 08/23/2024		Payee name United Cent	or								
		L			<u> </u>							
	Amount (\$)		Payee addres	, ,,	State	Zip Co	ode					
	\$38.56		1901 W Ma	aison St								
			Chicago, IL	60612								
	PURPOSE OF	(a)	Category (Se	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				=		de of Texas. Con officeholder livin	nplete Schedule T.	
								DNC concess			g expense	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held												
expenditure to benefit C/OH												
	Date		Payee name									
08/26/2024			United Cent	er								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$49.61		1901 W Ma	dison St								
			Chicago, IL	60612								
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				므			nplete Schedule T.	
								DNC concess		officeholder livin	g expense	
								2140 00110633	J. UI			
H	Complete ONLY if direct	L	Candidate/Offi	ceholder name	(Office sou	aht B			Office h	eld	
	expenditure to benefit C/O					55 560	9111			000 11		
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Filers)

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 37/39 Rpt: 64/66	Gonzalez, Jessica A. (The Honorable) 00082026			
4	Date	5 Payee name			
	12/02/2024	Walmart			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$31.46	702 SW 8th St			
		Bentonville, AR 72716			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Constituent event expense			
		Constituent event expense			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
F	Date	Payee name			
	10/07/2024	Warwick Melrose Hotel			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.82				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense			
		Transportation expense			
L					
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
L	<u> </u>				
	Date	Payee name			
	11/10/2024 Westgate Tower				
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,900.00	1122 Colorado St			
		Austin, TX 78701			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		\[\text{\tin}\text{\tetx{\text{\tetx{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texi{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\tet			
		Security deposit for session modeling			
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·			
\vdash					
ı					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Pollin pense Printi	g Expense ng Expens	d/Rental Expense e e /Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guid	e explains how to	comple	ete this form.			
1	Total pages Schedule F1:	2 F	FILER NAME				3 Filer ID	(Ethics Commission Filers)	
	Sch: 39/39 Rpt: 66/66		Gonzalez, Jessica A. (The H	onorable)			00082026		
4	Date	5 F	Payee name				l		
ľ	10/08/2024		Zoom						
Ļ				04-4 7:-	01 -				
ľ	Amount (\$)	ı	Payee address; City;	State; Zip	Code				
	\$170.46	5	55 N Almaden Blvd 6th Floor						
		5	San Jose, CA 95113						
8	PURPOSE	(a) (Category (See Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense			_	outside of Texas. Co		
	LAFENDITORE						ı, TX, officeholder livi	ng expense	
						Software			
9	Complete ONLY if direct expenditure to benefit C/OI	_ Ca	andidate/Officeholder name	Office	sought		Office I	neld	
	experiulture to beliefit C/Oi								