CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
00082026		70			Date Received	
CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
OFFICEHOLDER NAME	The Honorable	Jessica A.			01/27/2025	
	NICKNAME	LAST		SUFFIX	1	
		Gonzalez			Date Hand-delivere	d or Date Postmarked
ORIGINAL	χ January 15	Runoff	Other (s	pecify)	Date Fland delivered	a or bate i ostinarica
REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
	30th day before election	15th day after cam				
	8th day before election	appointment (office	• • •		Date Processed	
ODICINAL DEDIOD			·	Voor		
ORIGINAL PERIOD COVERED	Month Day Yea	THROUGH	Month Day 12/31/2024	Year	Date Imaged	
EXPLANATION OF C			12/31/2024		<u></u>	
	to all banking information	while in session and a	ding hanking conter	ne down the ser	iro day I carro	tod as soon as
AFFIDAVIT						
AFFIDAVIT			ear, or affirm, under po	enalty of perjury	r, that this correct	ted report is true
AFFIDAVIT		and				ted report is true
AFFIDAVIT		and	correct.	and all applica I swear, or ith and without	ole statements: affirm that the or an intent to misle	riginal report ead or to
AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa	and all applica I swear, or ith and without ormation contain wear, or affirm, the 14th busine ginally filed is in any error or on	affirm that the or an intent to misle ned in the report. that I am filing thess day after the caccurate or income	riginal report ead or to his corrected date I learned mplete. I
AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica I swear, or ith and without ormation contain wear, or affirm, the 14th busine ginally filed is in any error or on od faith.	affirm that the or an intent to misle ned in the report. that I am filing thess day after the caccurate or income	riginal report ead or to nis corrected date I learned mplete. I ort as originally
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 Commis 00082026		2 Total pages fil	led: '0		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	JSE ONLY		
OFFICEHOLDER NAME	The Honorable	Jessica A.			Date Received ELECTRONICA	ALLY FILED		
	NICKNAME	LAST		SUFFIX	01/27/2025			
	THE THE THE	Gonzalez		001111/				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked		
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	ROX DI EASE).	ΔΡΊ	/ SUITE#; CITY	/· ST/	ATE; ZIP CODE		
TREASURER ADDRESS	610 Uptown Blvd. Ste. 20		711	7 3 3 11 1	, 317	VIE, 211 00DE		
(Residence or Business)	Cedar Hill, TX 75104							
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION					
PHONE	(214) 212-0874							
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			
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	07/01/2024	TH	IROUGH	12/31/20				
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year		rimary	Runoff	Other			
	11/05/2024	ΧG	eneral	Special				
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	T (if known)			
	State Representative Dist	rict 104 Dallas		State Represen	tative District 104			
	1			1				
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 70

13 C / OH NAME	Gonzalez, Jessica A.	(The Honorable)	14 Filer ID (E 00082026	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 officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 87,127.57
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 34,819.62
CONTRIBUTION BALANCE	REPORTING PE			\$ 95,886.04
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.		
		The Honore	bla Jassica A. Canza	Jo-
			ble Jessica A. Gonza Candidate or Officehold	
		Signature of	Canada of Officerold	
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of				
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

				4 of 70
18 FILER NAM Gonzalez,	Jessica A. (The Honorable)	19 Filer ID 00082026	(Ethics Commis	sion Filers)
20 SCHEDULE NAME OF S			SUBTOTA	L AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	87,127.57
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	\$	34,819.62
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		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/27 Rpt: 5/70		
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)	
4	Date 10/10/2024	5 Full name of contributor out-of-state PAC (ID#:_AT&T Texas PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
_	Duinning Langu	Austin, TX 78701	O Francis var (Cas Instructions)				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_Abbott Laboratories Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Abbott Park, IL 60064 upation / Job title (See Instructions)	Employer (See Instructions))			
	· 	,					
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Aguilera, Humberto Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$625.00	
		Hollywood Park, TX 78232					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions) Escamilla & Poneck, LLF				
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_Aguilera, Juan Contributor address; City; State; Zip Code San Antonio , TX 78216			Amount of Contribution (\$)	\$625.00	
	Principal occu Attorney	ppation / Job title (See Instructions)	Employer (See Instructions) Escamilla & Poneck, LLF				
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_Ahmad, Janice Contributor address; City; State; Zip Code COLFAX, WI 54730-2448			Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions) Not Employed)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/27 Rpt: 6/70	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Gonzalez, Je	essica A. (The Honorable)				00082026	
4	Date 12/13/2024	5 Full name of contributorAhmad, Janice6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		COLFAX, WI 54730-2448					
8	Principal occu Not Employe	pation / Job title (See Instructionsed)	9 Employer (See Instructions Not Employed	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/04/2024	Apartment Association of	Greater Dallas PAC				\$500.00
		Contributor address; City; St	ate; Zip Code				
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/04/2024	Atkinson, Steve					\$500.00
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75252-5104					
	•	pation / Job title (See Instructions	s)	Employer (See Instructions			
	realtor			self - 1099 income from	Eb	by Halliday, Inc	
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/08/2024	Bannister, Casey Contributor address; City; St	ate; Zip Code				\$10.00
		Lewisville, TX 75067					
	Principal occu IT	pation / Job title (See Instructions)	Employer (See Instructions WorldVentures	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/03/2024	Ben E. Keith Company Te	exas PAC				\$1,500.00
		Contributor address; City; St	ate; Zip Code				
		Fort Worth, TX 76102					
	Principal occu	pation / Job title (See Instructions	()	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/27 Rpt: 7/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	n Filers)
4	Date 10/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
8	Dringinal occu	Houston, TX 77056 pation / Job title (See Instructions)	9 Employer (See Instructions	·,		
Ü	r incipal occu	pation / 300 title (See Instructions)	Employer (See manucuona	·)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Brosius, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75204				
	Principal occu VP - Finance	pation / Job title (See Instructions)	Employer (See Instructions Methodist Health Syster			
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Campaign Account of Judge Martin Hoffman Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/11/2024	Contributor address; City; State; Zip Code)		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 out-of-state PAC (ID#:_ Castillo, Paul Contributor address; City; State; Zip Code Dallas, TX 75206			Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Lambda Legal	;)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	orm.	1	Total pages Schedule A1: Sch: 4/27 Rpt: 8/70	
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
_	Deignainal agai	San Ramon, CA 94583	In Employer (Con Instructions			
ð	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	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	:) 		
	i ilicipai occu	pation 7 300 title (See Instituctions)	Employer (See manucuons	,,		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#: Cigna Corp Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Philadelphia, PA 19192				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#: Cohen, Jessica Contributor address; City; State; Zip Code Austin, TX 78741			Amount of Contribution (\$)	\$250.00
	Principal occu sr. network 6	pation / Job title (See Instructions) engineer	Employer (See Instructions Aspirus Inc	5)		
	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	5)		
	State Nepre	Johnson Journal of	State of Texas			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 5/27 Rpt: 9/70		
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	n Filers)	
4	Date 11/27/2024	 5 Full name of contributor out-of-state PAC (ID#:_Colon, Brian 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Albuquerque, NM 87113 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)			
	Managing Pa			Singleton Schreiber	,			
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Comcast Corporation & NBC Universal PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Philadelphia, PA 19103						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			
	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	
		Washington, DC 20001						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#:_ Cox, Cecelia Contributor address; City; State; Zip Code Dallas, TX 75214				Amount of Contribution (\$)	\$500.00	
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Resource Center	5)			
	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	5)			
			<u> </u>					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 6/27 Rpt: 10/70		
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	n Filers)	
4	Date 08/29/2024	Cranshaw, Dorie	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions)	9	Employer (See Instructions)			
Ū	Not Employe			Not Employed	,			
	Date 12/09/2024	Full name of contributor ocross Oak Group Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 09/25/2024	Full name of contributor o cyr, Jennifer Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
		Bowie, MD 20715						
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Angerholzer Broz Consu		ng		
	Date 12/13/2024	Full name of contributor on the contributor on the contributor address; City; State; Zontributor address; City; City; State; Zontributor address; City;				Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 11/25/2024	Full name of contributor o escamilla, Pablo contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$625.00	
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Escamilla & Poneck, LLI				
	, acomey			Essamma & Follook, EEI				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/27 Rpt: 11/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 10/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
•	Dringing occu	Austin, TX 78746	• Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_Foley & Lardner LLP Texas Campaign Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Deinsinal	Dallas, TX 75201	Faralassa (Osas lastrostis as	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of UT-Dallas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Dallas, TX 75240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#:_Gonzalez-Rojas, Jessica Contributor address; City; State; Zip Code Jackson Heights, NY 11372)		Amount of Contribution (\$)	\$300.00
	Principal occu Assembly M	pation / Job title (See Instructions) ember	Employer (See Instructions New York State Assemb			
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code Houston, TX 77077			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 8/27 Rpt: 12/70	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		essica A. (The Honorable)				00082026	
4	Date 12/11/2024	Full name of contributor Henley, Hudson Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
Ω	Principal occu	Dallas, TX 75229 pation / Job title (See Instructions)	I a	Employer (See Instructions			
0	RE Develope		ľ	Self	')		
	Date 12/04/2024	Full name of contributor Hess, Suzanne Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Mesquite, TX 75181						
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Marsh USA LLC	i)		
	Date 12/12/2024	Full name of contributor Hewitt, Kathy Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75208					
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	()		
			out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 11/04/2024	Full name of contributor HillCo PAC Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL (SCHEDUI	LE A1		
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/27 Rpt: 13/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 10/08/2024	5 Full name of contributorHolland and Knight Texas6 Contributor address; City; S		,	7	Amount of Contribution (\$)	\$250.00
_	Deinsinal	Dallas, TX 75201		O Familia (O a la destruction			
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 10/10/2024	Full name of contributor Home Depot PAC Contributor address; City; S			•	Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20004					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	S)		
	Date 12/09/2024	Full name of contributor HomePAC of Texas Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 12/03/2024	Full name of contributor Humbert, Jill Contributor address; City; S Dallas, TX 75234)		Amount of Contribution (\$)	\$500.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions Not Employed	5)		
	Date 12/04/2024	Full name of contributor Humbert, Jill Contributor address; City; S Dallas, TX 75234	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions	(5)	Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	NO.	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 10/27 Rpt: 14/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)				3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 12/04/2024	5 Full name of contributor Jalomo, Augustine6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75208						
8	Principal occu Artist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	s)		
	Date 11/27/2024	Full name of contributor Johannessen, David Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Arlington, TX 76006 pation / Job title (See Instructions)		Employer (See Instructions	3)		
	CEO	panon, ees and (ees mensene	,		HELP Center for LGBT		alth	
	Date 12/14/2024	Full name of contributor Johnson, Angela Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	•••••		•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75233				L		
	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#:_ ate; Zip Code			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Campaign	pation / Job title (See Instructions)		Employer (See Instructions Account	s)		
	Date 10/11/2024	Full name of contributor Johnson, Willis E Contributor address; City; St Dallas, TX 75215	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$250.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions JBJ Management	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 11/27 Rpt: 15/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	n Filers)
4	Date 12/04/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_		Dallas, TX 75208			_		
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions Oak Cliff Chamber of Co		merce	
	Date 09/25/2024	Full name of contributor out-of-state PAC Kastl, Kristina N. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Deinsinal assu	Dallas, TX 75204		Franks on (Cook bathwetis no	<u></u>		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions KASTL LAW, P.C.	5)		
	Date 10/11/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$200.00
		Dallas, TX 75211					
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/10/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Medical Dire	Dallas, TX 75218 pation / Job title (See Instructions) ctor		Employer (See Instructions BCBS	<u> </u> s)		
	Date 10/08/2024	Full name of contributor out-of-state PAC Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code Austin, TX 78760	(ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u> 6)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/27 Rpt: 16/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	n Filers)
4	Date 10/09/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_	Driveitada	Dallas, TX 75201	10 Familian (Oan last and Inc.)			
8	Principal occu	pation / Job title (See Instructions)	9 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
	Principal occu	Denton, TX 76210 pation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Not Employed	,		
	Date 08/30/2024	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 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	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 10/30/2024	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	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL C		SCHEDUI	LE A1		
	The Instruc	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 13/27 Rpt: 17/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 11/30/2024	6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Denton, TX 76210 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	Not Employe	ed		Not Employed			
	Date 12/12/2024	Full name of contributor McGovern, Katherine Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75229					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Not Employe			Not Employed			
	Date 10/03/2024	Full name of contributor McGuire Woods Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$500.00
		Richmond, VA 23219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/07/2024	Full name of contributor McGuire, Michael Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Andrews Distributing	5)		
	Date 12/07/2024	Full name of contributor Medrano, Adam Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Adam Medrano	5)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 14/27 Rpt: 18/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 12/04/2024	5 Full name of contributor [Medrano, Pauline6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$1,500.00
_	Deinsinal assu	Dallas, TX 75219	lo.	Franks on (Cap Instructions	_		
8		pation / Job title (See Instructions) nty Treasurer	9	Employer (See Instructions Dallas County	5)		
	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
	Principal occu	Dallas, TX 75218 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Executive Ac			Dallas County	,		
	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) ant		Employer (See Instructions American Airlines	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/27 Rpt: 19/70	
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
_		Irving, TX 75062				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Oncor Texas State Political Action Committee o Contributor address; City; State; Zip Code	- 1		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Dallas, TX 75202 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Oneal, Kelly Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75207 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Small Busine		Self			
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Orozco, Michael Contributor address; City; State; Zip Code Dallas, TX 75026)		Amount of Contribution (\$)	\$100.00
	Principal occu Constable	pation / Job title (See Instructions)	Employer (See Instructions) County of Dallas)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Owen, Jennifer Contributor address; City; State; Zip Code Dallas, TX 75214			Amount of Contribution (\$)	\$50.00
	Principal occu attorney	pation / Job title (See Instructions)	Employer (See Instructions) Higier Allen & Lautin, PC			

	MONET	ARY POLITICAL C	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 16/27 Rpt: 20/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 11/24/2024	5 Full name of contributor Phariss, Mark6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
_		PLANO, TX 75093-7991	T-				
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Tenet Healthcare	5)		
	Date 11/30/2024	Full name of contributor Phariss, Mark Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	PLANO, TX 75093-7991 pation / Job title (See Instructions)	1	Employer (See Instructions	_		
	Attorney	pation / 300 title (3ee instructions)		Tenet Healthcare	')		
	Date 08/30/2024	Full name of contributor Pomykal, Keith Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219					
	Commercial	pation / Job title (See Instructions) Real Estate		Employer (See Instructions Pomykal LLC	5)		
	Date 10/01/2024	Full name of contributor Pomykal, Keith Contributor address; City; Sta Dallas, TX 75219				Amount of Contribution (\$)	\$25.00
	Principal occu Commercial	pation / Job title (See Instructions) Real Estate		Employer (See Instructions Pomykal LLC)		
	Date 12/04/2024	Full name of contributor Pomykal, Keith Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Commercial	pation / Job title (See Instructions) Real Estate		Employer (See Instructions Pomykal LLC)		
			I				

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 17/27 Rpt: 21/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 11/25/2024	Full name of contributor Poneck, Douglas Contributor address; City; St.	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$625.00
		San Antonio , TX 78212					
8	Principal occu Attorney	pation / Job title (See Instructions		Employer (See Instructions Escamilla & Poneck, LL			
	Date 11/25/2024	Full name of contributor Ramos, Ana-María Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,481.28
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Attorney			AMR Law			
	Date 12/12/2024	Full name of contributor Randel, Brennan Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Portland, OR 97216					
	Principal occu Titlematchin	pation / Job title (See Instructions g Assoc		Employer (See Instructions Rentrak Corp	s)		
	Date 10/21/2024	Full name of contributor Real Estate Council PAC Contributor address; City; St Dallas, TX 75201	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor Resendez, Jaime Contributor address; City; St. Dallas, TX 75217	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions		Employer (See Instructions Jaime Resendez Law	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: 18/27 Rpt: 22/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 11/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Riddle & Williams, P.C. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Dallas, TX 75219				
8	Principal occu	ipation / Job title (See Instructions)	9 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			Amount of Contribution (\$)	\$1,000.00
	Dringing Logg	Austin, TX 78701	Employer (Co.) Instructions			
	Lobbyist	ipation / Job title (See Instructions)	Employer (See Instructions Self-employed)		
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Marc A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu Lobbyist	ipation / 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)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_ Rudner, Steven Contributor address; City; State; Zip Code Dallas, TX 75230)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Rudner Law Offices)		

	MONET	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	olete this for	n.	1	Total pages Schedule A1: Sch: 19/27 Rpt: 23/70	
2	FILER NAME	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	n Filers)
4	Date 11/30/2024	·	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75208-3033					
8	Principal occu Executive Co	pation / Job title (See Instructions) oach	9	Employer (See Instructions Harvest Your Potential,			
	Date 12/10/2024	Saldana, Amanda	tate PAC (ID#: de			Amount of Contribution (\$)	\$500.00
	Principal occu	Pharr, TX 78577 pation / Job title (See Instructions)		Employer (See Instructions	(;		
	Attorney	,		Self employed	,		
	Date 10/07/2024	Full name of contributor	tate PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/04/2024	Sanchez, Gerardo)		Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75232		Employer (See Instructions	_		
	Director of P	. ,		Visit Dallas	')		
	Date 12/04/2024	Full name of contributor out-of-st Scudder, Kendall Contributor address; City; State; Zip Con	tate PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75214					
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Self	5)		
			1				

	MONET	ARY POLITICAL CO	S		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how to	o complete this forn	1.	1	Total pages Schedule A1: Sch: 20/27 Rpt: 24/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)			3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 12/14/2024	5 Full name of contributor Sheaks, Robert6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_	Deinainal accu	Irving, TX 75060	- Ia	Franklauser (Co.a. Instructions			
8	Lab tech	pation / Job title (See Instructions)		Employer (See Instructions Electro Plate Circuitry)		
	Date 11/29/2024	Full name of contributor Skeen, Shelly Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)		Employer (See Instructions)		
	Lawyer			Self			
	Date 09/25/2024	Full name of contributor Smith, Robert Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75230					
	Principal occu PRESIDENT	pation / Job title (See Instructions)		Employer (See Instructions ACCIDENT& INJURY P		N CENTERS, INC.	
	Date 10/03/2024	Full name of contributor Smith, Robert Contributor address; City; State DALLAS, TX 75230				Amount of Contribution (\$)	\$2,000.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)		Employer (See Instructions ACCIDENT & INJURY C		ROPRACTIC	
	Date 12/14/2024	Full name of contributor TEXAS EQUITY PAC Contributor address; City; State Austin, TX 78768				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 21/27 Rpt: 25/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)
4			7	Amount of Contribution (\$)	\$500.00	
_		Austin, TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/09/2024 Texas Association of Crane Owners PAC Contributor address; City; State; Zip Code Austin, TX 78716)		Amount of Contribution (\$)	\$500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions))		
Date 07/29/2024		Full name of contributor 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 upation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / 300 title (See instructions)	Employer (See Instructions	,		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Democratic Women Contributor address; City; State; Zip Code Austin, TX 78703)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 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)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 22/27 Rpt: 26/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 10/15/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
_		Austin, TX 78752				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2024 Texas Land Title Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instruction)		
Date 10/09/2024		Full name of contributor			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i illoipai ooda	pation / vos title (eee metadotoris)	Employer (Goo mondone)			
	Date 12/09/2024	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 (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2024 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)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 23/27 Rpt: 27/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)
4			7	Amount of Contribution (\$)	\$1,000.00	
ρ	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	9 Employer (See Instructions			
	i illicipai occu	pation / 300 title (See Instituctions)	2 Employer (See instructions	')		
	Date Full name of contributor out-of-state PAC (ID#:) 109/19/2024 Texas Realtors PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Dringinal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See instructions	')		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Architects Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin , TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/18/2024 Texas State Teachers Association Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date Full name of contributor out-of-state PAC (ID#:) 10/04/2024 Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/27 Rpt: 28/70		
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Texas Trial Lawyers Association PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,500.00		
_	7 :	Austin, TX 78701	To To the service of	Ĺ			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	.) 			
	Date Full name of contributor out-of-state PAC (ID#:) 09/17/2024 Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)				;)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,000.00	
		Ada, OK 74820					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/24/2024 Toyota Motor North America, Inc PAC Contributor address; City; State; Zip Code Washington, DC 20004				Amount of Contribution (\$)	\$500.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 United Food and Commercial Workers International Union Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Washington, DC 20006 upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 25/27 Rpt: 29/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	Filers)
4	Date 07/18/2024	5 Full name of contributor out-of-state PAC (ID#:_ Uttley, Meredith 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
_	<u> </u>	Greenville, SC 29615				
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions) Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/18/2024 Uttley, Meredith Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
	Dringinal occu	Greenville, SC 29615	Employer (See Instructions			
Principal occupation / Job title (See Instructions) Not Employed Not Employed Not Employed		<i>)</i>				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Greenville, SC 29615				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/18/2024 Uttley, Meredith Contributor address; City; State; Zip Code Greenville, SC 29615			Amount of Contribution (\$)	\$5.00	
			Employer (See Instructions Not Employed)		
	Date 11/18/2024 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 Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 26/27 Rpt: 30/70	
2	FILER NAME Gonzalez, Je	essica A. (The Honorable)		3	Filer ID (Ethics Commission 00082026	on Filers)
4	Date 10/02/2024	 Full name of contributor out-of-state PAC (ID#:_Vasquez, Celina Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Arlington, TX 76016 upation / Job title (See Instructions)	9 Employer (See Instructions)		
	Higher Educ		UT Arlington			
	Date Full name of contributor out-of-state PAC (ID#:) 09/27/2024 Verizon Communications Good Government Club Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) 09/23/2024 Vistra Employee PAC of Vistra Corp Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Irving, TX 75039				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/21/2024 Vital, Victor Contributor address; City; State; Zip Code DeSoto, TX 75115			Amount of Contribution (\$)	\$250.00	
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Barnes and Thornburg)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/21/2024 Wallace, Chris Contributor address; City; State; Zip Code Austin, TX 78757			Amount of Contribution (\$)	\$1,000.00	
	Principal occu President:CE	ipation / Job title (See Instructions) EO	Employer (See Instructions North Texas Commissio			
			,			

	MONETARY POLI	TICAL CONTRIBUT	IONS	SCHEDUL	E A1
	The Instruction Guide ex	1 Total pages Schedule A1: Sch: 27/27 Rpt: 31/70			
2	FILER NAME Gonzalez, Jessica A. (The Ho	onorable)		3 Filer ID (Ethics Commissio 00082026	n Filers)
4			7 Amount of Contribution (\$)	\$250.00	
	Tyler, TX 757				
8	Principal occupation / Job title (Se	ee Instructions)	9 Employer (See Instruction Not Employed	ons)	
	Date Full name of co 10/01/2024 Wilkerson, D.	—)#:)	Amount of Contribution (\$)	\$100.00
	Contributor add	dress; City; State; Zip Code			
	Tyler, TX 75711 Principal occupation / Job title (See Instructions) Employer (See Instructions)		ons)		
	Not Employed Not Employed			,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T. 1 0 1 1 54	<u> </u>	- \
1	Total pages Schedule F1: Sch: 1/39 Rpt: 32/70	2 FILER NAME Gonzalez, Jessica A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082026	3)
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	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meal expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п	
	Date	Payee name	
	12/14/2024	ActBlue LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,018.39	PO Box 441146	
		Somerville, MA 02144-0031	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Act blue fees paid for online donations	
		/ lot blue loos paid for offiline doritations	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Data		
	Date	Payee name Allegra Dayiel Canasta Listal	
	08/09/2024	Allegro Royal Sonesta Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,498.04	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.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Lodging for DNC Convention Travel	
_	Operation ONE V. C. P.	Our distance (Office Includes manners	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 2/39 Rpt: 33/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	08/23/2024	Allegro Royal Sonesta Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.52	171 W Randolph St
		Chicago, IL 60601
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal expense
		mod expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payeo namo
	08/12/2024	Payee name Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.24	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 Filming equipment
		Filling equipment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	09/23/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.93	440 Terry Avenue North
L		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
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 3/39 Rpt: 34/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	09/23/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.38	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 Supplies for events
		Supplies for events
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	10/30/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.82	440 Terry Avenue North
		Seattle, WA 98019
	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 Campaign supplies
		Campaign supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	D .	
	Date	Payee name
	11/22/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.73	440 Terry Avenue North
		Seattle, WA 98019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Office supply purchase
_	Operation ONE V. C. F.	On didn't 10 ff a balden name
	Complete <u>ONLY</u> 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 -

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: 4/39 Rpt: 35/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	11/15/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.00	1 Skyview Drive
		Fort Worth, TX 76155
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 In-flight internet
		in-ingrit internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
⊨	<u> </u>	
	Date	Payee name
	11/10/2024	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
L	Commists ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_		
L		

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

	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: 5/39 Rpt: 36/70	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
	\$103.92	808 Kelso Drive
		Dallas, TX 75211
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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement for constituent gifts
_	Complete ONLY if disent	Condidate/Officeholder neme
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	12/16/2024	Avanti Markets
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.29	1217 SW 7th St.
		Suite 100
		Renton, WA 98057
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	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	
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 37/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	08/30/2024	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	
\vdash	Date	Dougo nomo
	09/30/2024	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 10/31/2024	Payee name Bank of Texas
		24.77.5
	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
		Dailk ICCS
_	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 Commi

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/39 Rpt: 38/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	11/29/2024	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/31/2024	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	12/06/2024	C Store 12
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.51	4040 CEDAR SPRINGS RD
		Dallas, TX 75219
	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 Fuel for staff
		ruei ioi stali
	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 -

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: 8/39 Rpt: 39/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	10/17/2024	Campaign Verify
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.00	1215 31st Street NW
		Washington, DC 20007
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.
		Campaign texting service fee
		Campaigh texting service ice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	10/23/2024	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	3212 E Cesar Chavez St Building 1, Suite 1300
		Austin, TX 78702
	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
		Software subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date	Payee name
	11/25/2024	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	3212 E Cesar Chavez St Building 1, Suite 1300
		Austin, TX 78702
	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 Software expense
		Sullwale expense
_	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 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	al 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: 9/39 Rpt: 40/70	Gonzalez, Jessica A. (The Honorable) 00082026		
4	Date	5 Payee name		
	12/23/2024	Canva		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$30.00	3212 E Cesar Chavez St Building 1, Suite 1300		
		Austin, TX 78702		
8	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		
		Software subscription		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
	Date	Payee name		
	11/05/2024	Cecilia Castellano Campaign		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,500.00	20956 Somerset Rd		
		Somerset, TX 78069		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Contributions/Donations Made By		
		Candidate/Officeholder/Political Committee Campaign contribution		
		Campaign contribution		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
	expenditure to benefit C/O			
L		<u> </u>	_	
	Date	Payee name		
	08/21/2024	Civitech		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$5,854.16	1023 Springdale Road		
		Austin, TX 78721		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense		
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense		
		Mailing		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
	expenditure to benefit C/OH			
			_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 10/39 Rpt: 41/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	10/28/2024	DJI Service LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$762.07	17301 Edwards Road
		Cerritos, CA 90703
8	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. Check if travel outside of Texas. Complete Schedule T.
		Camera purchase
		Samera parenase
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	10/15/2024	Dallas AFL-CIO
		24
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	1408 N Washington Ave # 240
		Dallas, TX 75204
	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. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Liverit Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	08/26/2024	Payee name Dallas County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1414 N Washington Ave
		Dallas, TX 75204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Event Sponsorship
-	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 Con

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

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

	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: 11/39 Rpt: 42/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/04/2024	Dollar Tree
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.41	500 Volvo Pkwy
		Chesapeake, VA 23320
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office decorations
		Cinic decorations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	10/18/2024	Payee name Ed Campbell Concessions
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	3611 Grand Ave
		Dallas, TX 75210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food expense
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	08/05/2024	El Ranchito
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.41	610 Jefferson Blvd
		Dallas, TX 75208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Staff meal
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/39 Rpt: 43/70	Gonzalez, Jessica A. (The Honorable)	00082026
4 Date	5 Payee name	<u> </u>
12/23/2024	Exxon	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$49.91	5959 Las Colinas Blvd	
	Irving, TX 75039	
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.
EXPENDITORE	Expense	Check if Austin, TX, officeholder living expense
		Transportation expense
2		0" 111
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office soug	ht Office held
· .		
Date	Payee name	
09/16/2024	Geometry Photo	
Amount (\$)	Payee address; City; State; Zip Coc	le
\$22.72	2907 W Northwest Hwy,	
	Dallas, TX 75220	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gifts for constituents
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/C		
Date	Payee name	
08/19/2024	Giordano's on Jackson	
Amount (\$)	Payee address; City; State; Zip Coo	le .
\$51.05	223 W Jackson	
Ψ01.00	220 W Gudicon	
	Chicago, IL 60606	
DUDDOCE		
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	Poou/Develage Expense	Check if Austin, TX, officeholder living expense
		Staff meal
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/C	П	

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: 13/39 Rpt: 44/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/12/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.15	646 S Flores St
		San Antonio, TX 78204
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
		Transportation expense/travel to district
		Transportation expenses that of the district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
Г	Date	Payee name
	12/03/2024	Hobby Lobby
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$61.62	7707 SW 44th St
		Oklahoma City, OK 73179
	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
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/03/2024	Hyatt Regency Austin
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$101.71	208 Barton Springs
		Austin, TX 78704
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Meal with staff
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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 Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 14/39 Rpt: 45/70 Gonzalez, Jessica A. (The Honorable) 00082026 4 Date Payee name 11/06/2024 InFocus Campaigns 6 Amount (\$) Payee address; State; Zip Code \$1,105.14 4 NE 10th St, #260 Oklahoma City, OK 73103 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 Phone services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/08/2024 InFocus Campaigns Amount (\$) Payee address; City; State; Zip Code \$441.04 4 NE 10th St, #260 Oklahoma City, OK 73103 **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 Phone services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/03/2024 JW Marriot Amount (\$) Payee address: City; State; Zip Code \$489.35 110 E 2nd St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel 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 -

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/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: 15/39 Rpt: 46/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	10/15/2024	Jaquval Brewing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.86	312 W Seventh St
		Dallas, TX 75208
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel systems of Tayon Complete Categories I.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	09/03/2024	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 event expense
		anatalong oront oxported
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н
	Date	Payee name
	12/18/2024	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fundraising consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense 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

	Candidate/Officeholder/Politica			OTHER (enter a	strict 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 Fil	ers)
	Sch: 16/39 Rpt: 47/70	Gonzalez, Jessica A. (The Honorable)		00082026		
4	Date	5 Payee name	•			
	10/28/2024	Little Black Tux				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
Ĭ	\$420.85	6476 Warren Drive				
	Ţ. <u>=</u> 0.00	5 .				
		Norozoo CA 20002				
		Norcross, GA 30093				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE			, officeholder living	plete Schedule T. g expense	
		Expense fo			, . p	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld	
	expenditure to benefit C/O					
	Date	Payee name				
	10/15/2024	Lyft				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.91	185 Berry Street				
	412.01	100 Bony Gudot				
		San Francisco, CA 94107				
	DUDDOCE					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Transportation Favinment And Polated	vel outs	ide of Texas Com	nplete Schedule T.	
	EXPENDITURE	Transportation Equipment 7 that Related		, officeholder living		
		Transporta	tion t	o event		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld	
	expenditure to benefit C/O	1				
	Date	Payee name				
	10/16/2024	Lyft				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$9.96	185 Berry Street				
		San Francisco, CA 94107				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF		vel outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	— · · · · · · · · · · · · · · · · · · ·		, officeholder living	g expense	
		Transporta	tion t	o event		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office h	eld	
	experience to belieff 6/01	•				

SCHEDULE F1

Advertising Expense Eve
Accounting/Banking Fee
Consulting Expense Foo
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Leg.

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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of State Control of State Con

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 17/39 Rpt: 48/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	10/28/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.19	185 Berry Street
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/05/2024	Lyft
		,
	Amount (\$) \$5.00	
	Φ5.00	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
	11/22/2024	Payee name Lyft
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.20	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 Check if Austin, TX, officeholder living expense Transportation expense
		That operation or period
	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 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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/39 Rpt: 49/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/06/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.15	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.
	LAI LINDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/11/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.63	185 Berry Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Transportation expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	David name
	Date 07/01/2024	Payee name
		Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	405 N Angier Ave. NE
		Atlanta, GA 30308
	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 Email service
		Littuii Scivice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to com	plete	this form.	
1	. •	2 FILER NAME		·	ommission Filers)
	Sch: 19/39 Rpt: 50/70	Gonzalez, Jessica A. (The Honorable)		00082026	
4	Date	5 Payee name			
	07/31/2024	Mailchimp			
6	Amount (\$)	7 Payee address; City; State; Zip Code	le		
	\$63.96	405 N Angier Ave. NE			
		Atlanta, GA 30308			
8	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	(b) De	escription	d- T
	EXPENDITURE	Solicitation/Fundraising Expense	F	Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense	ile I.
			Ei	mail service	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OI	1			
	Date	Payee name			
	09/03/2024	Mailchimp			
	Amount (\$)	Payee address; City; State; Zip Code	le		
	\$77.29	405 N Angier Ave. NE			
		Atlanta, GA 30308			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription	
	OF EXPENDITURE	Solicitation/Fundraising Expense	F	Check if travel outside of Texas. Complete Schedu	ıle T.
			Fı	Check if Austin, TX, officeholder living expense Mail client	
				a oo	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OI				
	Date	Payee name			
	11/01/2024	Mailchimp			
	Amount (\$)	Payee address; City; State; Zip Code	le		
	\$77.29	405 N Angier Ave. NE			
		Atlanta, GA 30308			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) De	escription	
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedu	ıle T.
	EXPENDITURE	- ,	Ē	Check if Austin, TX, officeholder living expense	
			EI	mail client	
	Complete ONLY if direct	Candidate/Officeholder name	ht	Office held	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	IIL	Office field	

SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	eu above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Com	mission Filers)
	Sch: 20/39 Rpt: 51/70		
4	Date	5 Payee name	
	12/02/2024	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 EXPENDITURE	Advertising Expense	Γ.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Email client	
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/31/2024	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	Advertising Expense Check if travel outside of Texas. Complete Schedule 1	Γ.
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Email client	
	Operation ONLY if allowed	Our distance (Office health annuages Office a result)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held 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 EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule	Г.
		Check if Austin, TX, officeholder living expense Software	
		Software	
	Complete ONLY if direct	Candidata/Officeholder name Office sought	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	•		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 21/39 Rpt: 52/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	09/03/2024	NGPVAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	655 15th St. NW, Suite 650
		Washington, DC 20005
8	PURPOSE 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
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/03/2024	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 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 expenditure to benefit C/O	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	(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 software
		Tulidialing Solware
	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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 22/39 Rpt: 53/70	Gonzalez, Jessica A. (The Honorable) 00082026	
4	Date	5 Payee name	
	11/01/2024	NGPVAN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$175.00	655 15th St. NW, Suite 650	
		Washington, DC 20005	
8	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	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	12/03/2024	NGPVAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$275.00	655 15th St. NW, Suite 650	
		W 11 / PO 00005	
		Washington, DC 20005	
	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	·		
	Date 12/04/2024	Payee name	
		Party City State: 7in Code	
	Amount (\$) \$23.24	Payee address; City; State; Zip Code 1 Celebration Square	
	Ψ20.24	1 Ociestation Square	
		Woodcliff Lake, NJ 07677	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LAPENDITORE	Check if Austin, TX, officeholder living expense Office decorations	
		Office decorations	
	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 -

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: 23/39 Rpt: 54/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	08/22/2024	Potbelly Sandwiches
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.39	205 W Randolph St
		Chicago, IL 60601
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
		Meal expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/31/2024	Priceline
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$137.29	800 Connecticut Ave
		Norwalk, CT 06854
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging for staff travel
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/16/2024	PrintMail Pro
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$259.80	9011 Tuscany Way
		Suite 200
		Austin, TX 78754
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Printed materials for campaign
\vdash	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\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/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: 24/39 Rpt: 55/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	08/30/2024	Saint Rocco's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	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
		. analasing storic oxpones
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/17/2024	Saint Rocco's
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,406.44	3011 Gulden Ln #100
		Dallas, TX 75212
	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
		r undialoning overticoxpenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/21/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.61	150 N Dairy Ashford Rd
		Houston, TX 77079
	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
		Transportation expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

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: 25/39 Rpt: 56/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	07/01/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.79	8 Clarkson St.
		New York, NY 10014
8	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
		Website maintenance
		Website maintenance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	07/30/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.79	8 Clarkson St.
	\$1.19	8 Ciaikson St.
		New York, NY 10014
	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
		Website maintenance
		Website maintenance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/30/2024	Squarespace
		· · ·
	Amount (\$) \$10.57	Payee address; City; State; Zip Code 8 Clarkson St.
	\$10.57	o Cidiksuli St.
		No. 17. L. NIV 4004 4
		New York, NY 10014
	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
		Website maintenance
\vdash	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

	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: 57/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	10/02/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	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 maintenance
		The state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/18/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$294.22	8 Clarkson St.
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	-	Check if Austin, TX, officeholder living expense Website domain renewal
		vessile domain renewal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/20/2024	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.44	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
		Beverage expense
_	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 Com

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: 27/39 Rpt: 58/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/23/2024	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.45	2401 Utah Ave S
		Seattle, WA 98134
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
		Beverage expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/01/2024	T-Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.05	12920 SE 38th Street
		Bellevue, WA 98006
	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 priorie sin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	08/02/2024	T-Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.05	12920 SE 38th Street
	Ψ30.03	12320 SE Soul Street
		Bellevue, WA 98006
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) PHONE (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign phone bill
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	a de la companya de

SCHEDULE F1

Advertising Expense Et Accounting/Banking Fic Consulting Expense Fic Contributions/ Donations Made By - Good Consulting Expense Fic Contributions (Officeholder (Delitical Committee)

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/39 Rpt: 59/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	09/03/2024	T-Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.07	12920 SE 38th Street
		Bellevue, WA 98006
8	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.
		Check if Austin, TX, officeholder living expense Campaign phone bill
		Campaign priorie biii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	10/01/2024	T-Mobile
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$56.07	12920 SE 38th Street
	Φ50.07	12920 SE 30(II Stileet
L		Bellevue, WA 98006
	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 priorie biii
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	11/01/2024	T-Mobile
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.05	12920 SE 38th Street
		Bellevue, WA 98006
	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet 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: 29/39 Rpt: 60/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/02/2024	T-Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.07	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
		Gampaign prione
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies warms
	11/25/2024	Payee name Taco Shack
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.20	4002 N Lamar Blvd
		Austin, TX 78756
	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	Payee name
	12/03/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.74	1000 Nicollet Mall
		Minneapolis, MN 55403
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office decorations
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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: 30/39 Rpt: 61/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	11/21/2024	Texas Chili Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.88	1409 Lavaca Street
		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
		Gian mou
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	12/12/2024	Texas Chili Parlor
H	Amount (\$)	Payee address; City; State; Zip Code
	\$119.15	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 meta
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/18/2024	Texas Chili Parlor
H	Amount (\$)	Payee address; City; State; Zip Code
	\$43.53	1409 Lavaca Street
	Ψ+0.55	1403 Lavaca Sirect
		Austin, TX 78701
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		Staff meal
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/01	•

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	
┰	Total pages Schedule F1:	
Ĺ	Sch: 31/39 Rpt: 62/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	12/05/2024	Texas House Democratic Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	PO Box 12453
		Austin, TX 78711
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	12/24/2024	Texas Legislative Progressive Caucus
H	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	PO Box 2910
	4200.00	. 6 26. 2020
		Auctin TV 70760
L		Austin, TX 78768
	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
		Caucus dues
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	07/01/2024	Texas State Employees Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
	Ψ17.00	ozi Nadan En
		A
		Austin, TX 78745
	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
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 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: 63/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	08/01/2024	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
		Cilion dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/03/2024	Texas State Employees Union
H	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
		Cilion dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/01/2024	Texas State Employees Union
H	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
Г	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.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Union dues
\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 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: 33/39 Rpt: 64/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	11/01/2024	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
		Cilion dade
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/02/2024	Texas State Employees Union
H	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
		Gillott dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/12/2024	The Austin Club
H	Amount (\$)	Payee address; City; State; Zip Code
	\$290.00	110 E 9th St
	¥-2000	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Food and beverage expense in-kind for Texas LGBTQ Caucus fundraiser
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guid	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed a	above)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 34/39 Rpt: 65/70	Gonzalez,	Jessica A. (The H	onorable)				00082026		
4	Date	5 Payee name	e							
	11/21/2024	The Capito	ol Grill							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$45.38	1400 N Co	ngress Ave							
		Austin, TX	78701							
8	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			=			plete Schedule T.	
						Staff meal	, IX,	, officeholder living	j expense	
						Stall Meal				
α	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	uaht			Office he	ald	
9	expenditure to benefit C/OI		ncenoluei name	Office Sc	ugni			Office file	siu	
	Date	Payee name								
	11/22/2024	The Capito								
	Amount (\$)	Pavee addr		State; Zip C	ode					
	\$26.68	1	ngress Ave							
	420.00		g. 666 / 116							
		Austin, TX	78701							
	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			=		ide of Texas. Com		
						Staff meal	, IX,	, officeholder living	j expense	
						Stall Illeal				
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	uaht			Office he	ald	
	expenditure to benefit C/OI		neeriolaer name	Office 3c	agiit			Omice in	Jiu .	
	Date	Payee name								
	10/08/2024	Tortas La								
	Amount (\$)	Payee addr		State; Zip C	,odo					
	\$7.90	235 Centre		State, Zip C	oue					
	Ψ1.50	255 Centre	, Jt.							
		Dollag TV	75200							
		Dallas, TX			100					
	PURPOSE OF	1	See Categories listed at the	top of this schedule)	(a)	Description Check if travel of	nutsi	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE	Food/Beve	rage Expense			ш		, officeholder living		
						Food expense		•	,	
						•				
	Complete ONLY if direct		ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H			-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to com	this form.	, -, -,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer I	D (Ethics Commission Filers)
l	Sch: 35/39 Rpt: 66/70	Gonzalez, Jessica A. (The Honorable)	0008	2026
4	Date	5 Payee name	I	
	09/16/2024	Twisted Trick		
6	Amount (\$) \$58.46	7 Payee address; City; State; Zip Code 3917 Cedar Springs Rd		
Ļ		Dallas, TX 75219		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	escription Check if travel outside of Tex Check if Austin, TX, officeho undraiser event expe	lder living expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	O	ffice held
	Date	Payee name		
	08/22/2024	United Center		
	Amount (\$) \$14.18	Payee address; City; State; Zip Code 1901 W Madison St		
		Chicago, IL 60612		
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense	escription Check if travel outside of Tex Check if Austin, TX, officeho NC concessions	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	0	ffice held
Г	Date	Payee name		
	08/23/2024	United Center		
	Amount (\$) \$38.56	Payee address; City; State; Zip Code 1901 W Madison St		
		Chicago, IL 60612		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	escription Check if travel outside of Tex Check if Austin, TX, officeho NC concessions	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	0	ffice held

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: 36/39 Rpt: 67/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	08/26/2024	United Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.61	1901 W Madison St
		Chicago, IL 60612
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 DNC concessions
		DIVO CONCESSIONS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Davies same
		Payee name
	10/03/2024	Vonlane
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.00	3300 W Mockingbird Ln
		Dallas, TX 75235
	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
		Transportation expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 11/21/2024	Payee name Vonlane
	Amount (\$)	Payee address; City; State; Zip Code
	\$163.00	3300 W Mockingbird Ln
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Transportation expense
_	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G	·		Vages	/Contract Labor		OTHER (enter a	a category not listed a	above)
Ļ		-			- Caraca explains	11011 10 00			_		/=u: a :	. = \
¹	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 37/39 Rpt: 68/70		Gonzalez, .	Jessica A. (The	: Honorable))				00082026		
4	Date	5	Payee name									
	11/19/2024		Walmart									
Ļ		┞		0''								
6	Amount (\$)	'	Payee addre		State	; Zip Co	ae					
	\$32.41		702 SW 8th	ı St								
			Bentonville	. AR 72716								
8	DUDDOCE	(0)					(h)	5				
ľ	PURPOSE OF	(a)		ee Categories listed at		nedule)	(D)	Description	a. ita	do of Toyon Con	anlete Cahadula T	
	EXPENDITURE		Office Over	head/Rental Ex	pense					officeholder livin	nplete Schedule T.	
								Office supply			g expense	
								Office Supply	μu	iciiase		
9	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
F	Date		Payee name									
	12/02/2024	l	Walmart									
L		L										
	Amount (\$)	l	Payee addre	-	State	; Zip Co	de					
	\$31.46	l	702 SW 8th	ı St								
		l										
			Bentonville	AR 72716								
L	BUBBOOF	(-)					4-1					
	PURPOSE OF	(a)		ee Categories listed at		nedule)	(D)	Description		d4.T O	onlete Och edule T	
	EXPENDITURE	l	Office Over	head/Rental Ex	pense			=		officeholder livin	nplete Schedule T.	
								Constituent e			g expense	
		l						Constituent c	VC	пскрепас		
L												
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	experiulture to benefit C/Oi	П										
	Date		Payee name									
	10/07/2024	l	•	elrose Hotel								
		┝			01-1-	. 7:- 0-	-1-					
	Amount (\$)	l	Payee addre	-	State	; Zip Co	ae					
	\$10.82		3015 Oak L	.awn Ave								
		l										
		l	Dallas, TX	75219								
\vdash	PURPOSE	(2)					(h)	Description				
	OF	۱۳۷		ee Categories listed at			(5)	Description Check if travel	oute	de of Teyes Con	nplete Schedule T.	
	EXPENDITURE		Expense	tion Equipment	And Related	נ		=		officeholder livin		
			Lybelise					Transportatio			g expense	
ĺ								oportatio				
\vdash	Commists CALLY " "	Ц	Open all -1 -1 -10 "	in a la l		C#: 4 -				Ott	ماما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Off	iceholder name	(Office sou	gnt			Office h	eid	
L		_										
Γ						_						
ĺ												

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	d Committee Legal Services Salaries/War The Instruction Guide explains how to com	ges/Contract Labor plete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID (Ethics Commission Filers)
Sch: 38/39 Rpt: 69/70	Gonzalez, Jessica A. (The Honorable)		00082026
4 Date	5 Payee name		
11/10/2024	Westgate Tower		
6 Amount (\$)	7 Payee address; City; State; Zip Code	е	
\$2,900.00	1122 Colorado St		
	Austin, TX 78701		
8 PURPOSE OF	, ,	Description	
EXPENDITURE	Office Overhead/Rental Expense		rtside of Texas. Complete Schedule T. TX, officeholder living expense
		_	sit for session housing
		coounty dopos	g
Complete ONLY if direct expenditure to benefit C/Ol	L L Candidate/Officeholder name Office sough H	nt	Office held
Date	Payee name		
08/29/2024	Wilkison, Birk		
Amount (\$)	Payee address; City; State; Zip Code	2	
\$518.44	2401 Aldrich St		
Ψ010.11	2 To 2 7 Harrion Ct		
	Austin, TX 78723		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Loan Repayment/Reimbursement	—	rtside of Texas. Complete Schedule T. TX, officeholder living expense
		DNC Travel rei	
		Divo mavorio	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held
Date	Payee name		
10/28/2024	Wilkison, Birk		
Amount (\$)	Payee address; City; State; Zip Code	2	
\$183.66	2401 Aldrich Street		
Ψ100.00	24017 Harrion Guest		
	Austin, TX 78723		
PURPOSE OF	,	Description	
EXPENDITURE	Loan Repayment/Reimbursement	ш	tside of Texas. Complete Schedule T.
		ш	TX, officeholder living expense ement for travel
		Stall Tellibulse	Sment for have
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt .	Office held
expenditure to benefit C/O		ıı	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category pet listed above)

	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: 39/39 Rpt: 70/70	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	11/22/2024	Wilkison, Birk
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$116.24	2401 Aldrich Street
		Austin, TX 78723
8	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 District travel reimbursement
		District travel retributsement
Ļ	Computate ONLL V if diseast	Condidate/Office helder no year Office accords
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/08/2024	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$170.46	55 N Almaden Blvd 6th Floor
		San Jose, CA 95113
	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 Software
		Soliware
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		
l		