# 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	ed: 6
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Jessica A.			Date Received  ELECTRONICA	NIVELED
						ALLI FILLD
	NICKNAME	LAST Gonzalez		SUFFIX	07/16/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	501 E 8th Street				Receipt #	Amount
Change of Address	Dallas , TX 75203					
	Dallas , 17, 75205				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	•	
TREASURER NAME	Ms.	Vonda				
	NICKNAME	LAST		SUFFIX		
	INCRIVAINE	Bailey		301117		
		Daney				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	/ SUITE #; CITY	; STA	ATE; ZIP CODE
TREASURER ADDRESS	610 Uptown Blvd. Ste. 200					
(Residence or Business)	O USU TV 75104					
	Cedar Hill, TX 75104					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER	(214) 212-0874					
PHONE	( ') '					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
			ы отобают. <u>П</u>	L	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/03/2026	│ ∏G	eneral	Special		
				<b>—</b>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
	State Representative Dist	rict 104 Dallas		State Represen	tative District 104	
	I			1		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 56

13 C / OH NAME	Gonzalez, Jessica A.	(The Honorable)	<b>14</b> Filer ID (E 00082026	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of p candidate / officeholder. consent. Candidates and	the candidate's or officel						
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME						
Ш	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 20,000.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 32,449.92				
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 71,720.93				
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 subs	cribed before me, by the s	aid	, this the	day				
of	, 20, to ce	ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

			C	OVER SHEET	<b>PG 3</b> 3 of 56
	LER N onzale	(Ethics Commission	Filers)		
<b>20</b> S	CHEDU	LE SUBTOTALS			
N	AME O	SCHEDULE		SUBTOTAL AN	MOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	32,449.92
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	). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1:	L.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	37.28

MONE	TARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
The Instru	action Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/56	
2 FILER NAME Gonzalez, J	essica A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00082026
4 Date 06/24/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_         Texans for Truth &amp; Liberty PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$10,000.00
	Austin, TX 78701		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10,000.00
Principal occ	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	5)

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/51 Rpt: 5/56	Gonzalez, Jessica A. (The Honorable)	00082026
4	Date	5 Payee name	
	01/15/2025	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$53.25	302 N Marsalis Ave	
		Dallas, TX 75203	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Travel Out of District	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense travel to Austin
		T del loi l	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	03/19/2025	823 Congress Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.06	823 Congress	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Transportation Equipment And Related	travel outside of Texas. Complete Schedule T.
		Expense	Austin, TX, officeholder living expense
		Taking	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	
H	Date	Payee name	
	01/09/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.38	440 Terry Avenue North	
		-	
		Seattle, WA 98019	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	<u></u> n
	OF EXPENDITURE	SUPPLIES Check if	travel outside of Texas. Complete Schedule T.
	LAI LINDITURE		Austin, TX, officeholder living expense
		Office su	hhlies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		555 11010

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Cor	Gifr mmittee Leç <b>Th</b>	t/Awards/Memorials Expanse t/Awards/Memorials Expal Services			kpens /ages	e /Contract Labor		Travel Out of Dis OTHER (enter a	strict category not liste	ed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 2/51 Rpt: 6/56		Gonzalez, Jes	sica A. (The H	onorable)					00082026		
4	Date	5	Payee name									
	01/13/2025		Amazon									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$41.90		440 Terry Ave	nue North								
			Seattle, WA 98	3019								
8	PURPOSE	(a)	Category (See C	Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		SUPPLIES			,		Check if travel	outsic	le of Texas. Com	plete Schedule T	
	EXPENDITORE							_		officeholder living	gexpense	
								Office supplie	es			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officel	nolder name	0	office sou	ght			Office he	eld	
_												
	Date		Payee name									
	01/29/2025		Amazon									
	Amount (\$)		Payee address;	•	State;	Zip Co	de					
	\$147.09		440 Terry Ave	nue North								
			Seattle, WA 98	8019								
	PURPOSE	(a)	Category (See C	Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		SUPPLIES					<b>=</b>			plete Schedule T	
								<b>—</b>		officeholder living	j expense	
								Office supplie	53			
	Complete ONLY if direct	<u> </u>	Candidate/Office	nolder name		office sou	aht			Office he	ald	
	expenditure to benefit C/O		Sandidate/Onicei	loidei fiame	O	ince sou	giii			Office file	-iu	
-	Date	_	Dayos name									
	Date 02/18/2025		Payee name Amazon									
				City	C+-+:	7:n 0	ala					
	Amount (\$)		Payee address;	City;	State;	Zip Co	ae					
	\$98.10		440 Terry Ave	nue North								
			6 W	2010								
			Seattle, WA 98	8019								
	PURPOSE OF	(a)		categories listed at the	top of this sche	edule)	(b)	Description		1 <del>1</del> T C	-1-4- 0-/ 11 =	
	EXPENDITURE		SUPPLIES					ш		officeholder living	plete Schedule T	•
								Office supplie		omeenolder hving	у схропос	
									-			
	Complete ONLY if direct		Candidate/Officel	nolder name	0	office sou	ght			Office he	eld	
	expenditure to benefit C/O						-					
Eor	rms provided by Tevas F	thic	oc Commission	10000	w othics st	tata ty u	-				Vorcion V	/ 1 0 f10d0fd0

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/51 Rpt: 7/56	Gonzalez, Jessica A. (The Honorable)	00082026
4	Date	5 Payee name	<u> </u>
	02/18/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.46	440 Terry Avenue North	
		Seattle, WA 98019	
8	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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Office supplies
Ļ	0 1: 0 1: 0		05.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	02/21/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$69.24	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
			Office supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
-	Date	Payee name	
	03/25/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.98	440 Terry Avenue North	
		,	
		Seattle, WA 98019	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) SUPPLIES	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	33.1 2.23	Check if Austin, TX, officeholder living expense
			Office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/OI	•	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/51 Rpt: 8/56	Gonzalez, Jessica A. (The Honorable)	00082026
4	Date	5 Payee name	
	03/25/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$97.41	440 Terry Avenue North	
		Seattle, WA 98019	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	SUPPLIES Check if travel or	utside of Texas. Complete Schedule T.
		Check if Austin, 1 Office supplies	rX, officeholder living expense
		Onice supplies	,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		5555.2
⊨	Date	Payee name	
	03/31/2025	Amazon	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.19	440 Terry Avenue North	
	Ψ-0.13	The reny / Wende Worth	
l		Seattle, WA 98019	
⊢	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  SUPPLIES  (b) Description  Check if travel out	utside of Texas. Complete Schedule T.
l	EXPENDITURE		TX, officeholder living expense
l		Office supplies	S
L			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
L	03/31/2025	Amazon	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$263.51	440 Terry Avenue North	
		Seattle, WA 98019	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	3011 1123	utside of Texas. Complete Schedule T.  TX, officeholder living expense
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	DH	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 5/51 Rpt: 9/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	05/29/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.31	440 Terry Avenue North
		Seattle, WA 98019
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the relevant depth of Taylor Camplete Schedule T
	EXPENDITURE	SUPPLIES Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/29/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.36	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
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/28/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.75	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
		Office supplies
		The state of the s
	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 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	
1	Total pages Schedule F1:	
ľ	Sch: 6/51 Rpt: 10/56	Gonzalez, Jessica A. (The Honorable)  00082026
4	Date	5 Payee name
	05/06/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$11.90	440 Terry Avenue North
	Ψ11.00	THE POINT WORLD WORLD
		0
L		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 Office supplies
		Office supplies
Ļ	0 1 0 0 1 1 1 1 1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/06/2025	Amazon
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$17.82	440 Terry Avenue North
		Seattle, WA 98019
⊢	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  SUPPLIES  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office supplies
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	02/05/2025	Austin Airport Food and Beverage
H	Amount (\$)	Payee address; City; State; Zip Code
	\$8.33	3600 Presidential Blvd
	Ψ0.00	5555 Frosidorika. Biva
		Austin TV 70710
		Austin, TX 78719
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for member
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed abov	e)
	Credit Card Payment			The Instruction G	uide explains ho	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	r Filers)
	Sch: 7/51 Rpt: 11/56		Gonzalez, J	essica A. (The	Honorable)					00082026		
4	Date	5	Payee name						_			
	03/25/2025			rt Food and Be	verage							
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zip Coo	de					
	\$22.41		3600 Presid	ential Blvd								
			Austin, TX 7	'8719								
8	PURPOSE	(a)	Category (sc	e Categories listed at t	ho ton of this school	ılo)	(b)	Description				
	OF	ľ		age Expense	ne top of this schedu	ile)	` '	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin	g expense	
								Food for men	nbe	er		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offi	ice souç	ght			Office h	eld	
		_										
	Date		Payee name									
	04/15/2025		Austin Airpo	rt Food and Be	verage							
	Amount (\$)		Payee addres		State; 2	Zip Coo	de					
	\$13.97		3600 Presid	ential Blvd								
			Austin, TX 7	'8719								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				<b>=</b>		de of Texas. Con officeholder livin	nplete Schedule T.	
								Food for men			y expense	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/18/2025		•	rt Food and Be	verage							
	Amount (\$)		Payee addres		State; 2	Zip Cod	de					
	\$7.78		3600 Presid	-	<b>,</b>							
			Austin, TX 7	'8719								
	PURPOSE	(a)		e Categories listed at t	be too of this sehed.	,la)	(b)	Description				
	OF	(-,		age Expense	rie top of triis scriedt	uie)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			3   1						officeholder livin	g expense	
								Food for men	nbe	er		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offi	ice souç	ght			Office h	eld	
	onponditure to benefit 6/01											

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/51 Rpt: 12/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	04/18/2025	Austin Airport Food and Beverage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.63	3600 Presidential Blvd
		Austin, TX 78719
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food for member
Ļ	Operation ONE V if discont	Openhalte Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	04/18/2025	Austin Airport Food and Beverage
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.29	3600 Presidential Blvd
		Austin, TX 78719
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for member
		Food for member
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	D-4-	
	Date	Payee name
	06/02/2025	Austin Etching
	Amount (\$)	Payee address; City; State; Zip Code
	\$231.33	1906 Guadalupe St.
		Austin, TX 78705
	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  Award engraving
		, mad onglaring
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
I		

#### 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/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: 9/51 Rpt: 13/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	01/17/2025	Avanti Market @ Work
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.67	1217 SW 7th St,
		Renton, WA 98057
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff meal
		Stan meai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	the state of the s
┡		
	Date	Payee name
	03/13/2025	Bob's Steak and Chop House
	Amount (\$)	Payee address; City; State; Zip Code
	\$268.82	301 Lavaca St.
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff dinner
L	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/14/2025	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.30	4155 N General Bruce Dr
		Temple, TX 76501
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		Food for member
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/51 Rpt: 14/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	03/14/2025	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.49	4155 N General Bruce Dr
		Temple, TX 76501
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
		Fuel for travel to district
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	01/23/2025	Canva
_	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	3212 E Cesar Chavez St Building 1, Suite 1300
	Ψ30.00	3212 L Cesai Chavez St Ballaling 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
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
Н	Date	Payee name
	02/24/2025	Canva
-	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	3212 E Cesar Chavez St Building 1, Suite 1300
	400.00	0111 1 00000 01100 01 10000 1000 1000
		Austin, TX 78702
	DUDDOCE	Tax
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	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	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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

	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: 11/51 Rpt: 15/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	03/23/2025	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 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
		Software subscription
		Continual outsourphon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/23/2025	Canva
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	3212 E Cesar Chavez St Building 1, Suite 1300
	φ30.00	3212 E Cesai Chavez Si Bulluling 1, Suite 1300
L		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
		Software subscription
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	05/23/2025	Payee name
L		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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 12/51 Rpt: 16/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	06/23/2025	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 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
		Software subscription
		Continui o disconpueri
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/05/2025	Capitol Crowd
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.27	5929 Republic of Texas Blvd
		Austin, TX 78735
	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  Staff directory
		Stan unectory
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	David and the second se
	Date 01/21/2025	Payee name
L		Capitol Giftshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.17	1100 N Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gifts for staff
		Gills for stall
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
L		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 13/51 Rpt: 17/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	01/21/2025	Capitol Giftshop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.13	1100 N Congress Ave
		Austin, TX 78701
8	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
		Onto for constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	05/27/2025	Capitol Giftshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.60	1100 N Congress Ave
		Austin, TX 78701
	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 staff
		Gills for stall
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 04/07/2025	Payee name Capital Visitor Lunghag
		Capitol Visitor Lunches
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.19	1100 N Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Capitol Grill room rental
		Capitol Grill Tooth Terital
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 14/51 Rpt: 18/56	Gonzalez, Jessica A. (The Honorable) 00082026	
4	Date	5 Payee name	_
l	02/26/2025	Capitol Visitors Parking Lot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$12.00	1201 San Jacinto Blvd	
l			
l		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
l		Expense Check if Austin, TX, officeholder living expense  Parking	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
F	Date	Payee name	=
l	01/15/2025	Chick Fil-A	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$10.06	503 W Martin Luther King Jr Blvd,	
l	,		
		Austin, TX 78701	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Food for member	
L	One and the ONE Wife disease	On stide to 10 ff as hadden many as the state of the stat	_
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
⊨	5.		_
l	Date	Payee name Chili's Bar & Grill	
┡	02/25/2025		
l	Amount (\$)	Payee address; City; State; Zip Code  4420 N Lamar Blvd	
l	\$147.05	4420 N Lamai bivu	
l		Augtin TV 70756	
L		Austin, TX 78756	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Food for staff	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/Ol	H	

#### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/51 Rpt: 19/56	Gonzalez, Jessica A. (The Honorable)		00082026
4	Date	5 Payee name		-
	04/14/2025	Clayton Spangler Photographic Design		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$549.00	301 12th Street		
		Dunbar, WV 25064		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Photography	( - ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Panoramic photo
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
_				
	Date	Payee name		
	02/20/2025	Dairy Queen		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$10.15	15 North 7th Street		
		Temple, TX 76501		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Food for member
				rood to member
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/Ol		giit	Office field
	Date	Davies name		
	05/12/2025	Payee name Dairy Queen		
	Amount (\$) \$19.55	Payee address; City; State; Zip Co	ae	
	\$19.55	7710 North Fm 620 Bld 4		
		Austin, TX 78726		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Food for member
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			
_				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 16/51 Rpt: 20/56	Gonzalez, Jessica A. (The Honorable) 00082026		
4	Date	5 Payee name		
	03/31/2025	Dallas County Democratic Party		
6	Amount (\$)	7 Payee address; City; State; Zip Code	_	
	\$500.00	1414 N Washington Ave		
		Dallas, TX 75204		
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  Annual Fish Fry sponsorship		
		Allitual Fish Fly Sponsorship		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
•	expenditure to benefit C/OI	the state of the s		
	Date	Payee name	=	
	04/02/2025	Doordash		
	Amount (\$)	Payee address; City; State; Zip Code	_	
	\$24.76	303 2nd Street		
	Ψ2 111 0	COO LING GROOT		
		San Francisco, CA 94107		
	PURPOSE		_	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Staff meal		
			_	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	5.		_	
	Date 05/09/2025	Payee name  Doordash		
			_	
	Amount (\$)	Payee address; City; State; Zip Code 303 2nd Street		
	\$220.90	303 Zilu Stieet		
		San Francisco CA 04107		
	DUDDOGE	San Francisco, CA 94107	_	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Staff meal		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experientale to beliefft C/OI	•	_	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 17/51 Rpt: 21/56	FILER NAME     Gonzalez, Jessica A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082026
4	Date 02/26/2025	5 Payee name Exxon	•
6	Amount (\$) \$52.13	7 Payee address; City; State; Zip Code 13745 N I-35	
8	PURPOSE OF EXPENDITURE	Jarrell, TX 76537  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Fuel for travel to district  Office held
	expenditure to benefit C/OI	<del>1</del>	
	Date 01/17/2025	Payee name Finch, Edie	
	Amount (\$) \$11,600.00	Payee address; City; State; Zip Code 1122 Colorado St	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) HOUSING	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent payment for regular session
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/23/2025	Payee name Finch, Edie	
	Amount (\$) \$2,900.00	Payee address; City; State; Zip Code 1122 Colorado St	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) HOUSING	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent payment for regular session
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 18/51 Rpt: 22/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	05/05/2025	Google G Suite
6	Amount (\$) \$95.23	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  DATA  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online cloud services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2025	Google G Suite
	Amount (\$) \$99.68	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  DATA  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online cloud services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
l	01/29/2025	Google
	Amount (\$) \$21.31	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  DATA  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online cloud storage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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: 19/51 Rpt: 23/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	03/03/2025	Grand Prairie Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	900 Conover Dr
		Grand Prairie, TX 75051
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
		Chamber event tickets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/15/2025	HEB
H	Amount (\$)	Payee address; City; State; Zip Code
	\$320.02	646 S Flores St
		San Antonio, TX 78204
	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
		Groceries and supplies for capitol office
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/04/2025	Hispanic Association for Culture and Education
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4536 Friars Ln
	. ,	
		Grand Prairie, TX 75052
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Contributions/Donations Made By
	_,, _,,,,,,	Candidate/Officeholder/Political Committee
		Bronze Sponsorship for Cinco De Mayo, Grand Prairie
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

#### 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	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: 20/51 Rpt: 24/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	04/07/2025	Hobby Lobby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.06	316 N Hwy 67
		Cedar Hill, TX 75104
8	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
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	D-1-	
	Date	Payee name
	03/26/2025	Idlewild Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.00	824 W 12th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food for member
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/03/2025	Jaquval Trades
H	Amount (\$)	Payee address; City; State; Zip Code
	\$89.66	312 W Seventh St
	Ψ09.00	312 W Seventin St
		Dallac TV 75200
	DUDD005	Dallas, TX 75208
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense.  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event costs
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ı		

#### 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: 21/51 Rpt: 25/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	06/17/2025	Jaquval Trades
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.05	312 W Seventh St
		Dallas, TX 75208
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff meal
		Stan mea
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Payee name
	06/04/2025	
		Jim Lake Companies
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	400 S Zang Blvd
		Dallas, TX 75208
	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  Room reservation for event in district office building.
		1.00m reservation for event in district office building.
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Davida nama
	Date 04/01/2025	Payee name  Kolache Factory
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.85	3706 N Lamar Blvd
		Austin, TX 78705
	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
		Stail Heal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense ons Made By - 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: 22/51 Rpt: 26/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	03/05/2025	Legislative Study Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 12943
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	CAUCUS DUES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Caucus dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>"</del>
	Date	Payee name
	02/04/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.05	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 costs
		Transportation coole
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/06/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.99	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
		Expense Check if Austin, TX, officeholder living expense  Transportation costs
		Transportation costs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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: 23/51 Rpt: 27/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	02/07/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.14	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  Fxpense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	02/13/2025	Lyft
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.47	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 costs
		Transportation costs
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	02/18/2025	Payee name Lyft
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.99	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
		Transportation costs
$\vdash$	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 -Candidate/Officeholder/Political Committee

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Col	· · · · · · · · · · · · · · · · · · ·
		The Instruction Guide explains how to complete	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 24/51 Rpt: 28/56	Gonzalez, Jessica A. (The Honorable)	00082026
4	Date	5 Payee name	
	02/24/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$158.59	185 Berry Street	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Expense	Check if Austin, TX, officeholder living expense
		l Ir	ansportation costs
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	'		
	Date	Payee name	
	02/28/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.43	185 Berry Street	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
		Expense   L	Check if Austin, TX, officeholder living expense
		"	ansportation costs
	Complete ONL V if direct	Condidate/Officeholder name Office cought	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/13/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.90	185 Berry Street	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	EXPENDITURE	Transportation Equipment And Related	Check if Austin TV, officeholder living avenue.
		Expense   L	Check if Austin, TX, officeholder living expense Cansportation costs
		"	anoportation costs
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Chiec Held

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 25/51 Rpt: 29/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	03/18/2025	Lyft
6	Amount (\$) \$30.76	7 Payee address; City; State; Zip Code 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 Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation costs
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.24	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 costs
		Transportation costs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.45	185 Berry Street
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation costs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/51 Rpt: 30/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	04/09/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.99	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.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense Lack if Austin, TX, officeholder living expense Transportation costs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/16/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.99	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.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense Lack if Austin, TX, officeholder living expense Transportation costs
		The soperation of the sound of
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/18/2025	Lyft
H	Amount (\$)	Payee address; City; State; Zip Code
	\$26.77	185 Berry Street
	<b>+_0</b>	
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	LAFLINDITORL	Expense Check if Austin, TX, officeholder living expense
		Transportation costs
$\vdash$	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)** 

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Over Polling Exp Printing Exp			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 h	how to con	plete this form.		
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 27/51 Rpt: 31/56	Gonzalez, Jessica A. (The Honorable)	)			00082026
4	Date	5 Payee name				
	04/23/2025	Lyft				
 6	Amount (\$)	7 Payee address; City; State;	Zip Cod	le		
	\$24.99	185 Berry Street				
		San Francisco, CA 94107				
3	PURPOSE	(a) Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE	Transportation Equipment And Related	k			ide of Texas. Complete Schedule T.
	ZXI ZXIDITOXZ	Expense		ш		, officeholder living expense
				Transportation	on (	COSIS
						250
9	Complete ONLY if direct expenditure to benefit C/O		Office soug	nt		Office held
	Date	Payee name				
	05/20/2025	Lyft				
	Amount (\$)	Payee address; City; State;	Zip Cod	le		
	\$26.54	185 Berry Street				
		San Francisco, CA 94107				
	PURPOSE	(a) Category (See Categories listed at the top of this sche	odulo)	(b) Description		
	OF	Transportation Equipment And Related			outs	ide of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austi	n, TX	, officeholder living expense
				Transportation	on (	costs
	Complete ONLY if direct expenditure to benefit C/Ol		Office soug	ht		Office held
	Date	Payes name				
	06/30/2025	Payee name Lyft				
		,	7:- 0	1-		
	Amount (\$)	· ·	Zip Coo	le		
	\$23.68	185 Berry Street				
		San Francisco, CA 94107				
	PURPOSE	(a) Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE	Transportation Equipment And Related	t l	<u> </u>		ide of Texas. Complete Schedule T.
		Expense				, officeholder living expense
				Transportation	JII (	JUSIS
	Complete ONLY if direct	Candidate/Officeholder name O	Office cour	ht		Office held
	expenditure to benefit C/O	H	Office soug	111		Office field
_						
or	ms provided by Texas E	thics Commission www.ethics.s	state.tx.us	3		Version V4.1.0.f10d0f

#### 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:	· · · · · · · · · · · · · · · · · · ·
	Sch: 28/51 Rpt: 32/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	06/16/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.36	185 Berry Street
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Transportation costs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	06/03/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.95	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.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation costs
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.29	405 N Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense   Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Email service
	Occupate ONE V. C.	Overskidete (Office helden manne
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/51 Rpt: 33/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	02/28/2025	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	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email service
		Email Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	Para and a second secon
	Date	Payee name
L	03/31/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.29	405 N Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email service
		Eman service
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name Mailahimp
	04/30/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.29	405 N Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email service
		Email Service
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

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

Event Expense
Gitt/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salarise/Manse/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/51 Rpt: 34/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	05/31/2025	Mailchimp
6	Amount (\$) \$77.29	7 Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Email Service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Mailchimp
	Amount (\$) \$77.29	Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Email Service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2025	Matt's El Rancho
	Amount (\$) \$72.34	Payee address; City; State; Zip Code 2613 S Lamar Blvd
		Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Committee Legal Services Salaries/Wages/Contract Labor			OTHER (enter a category not listed above)	
Credit Card Fayinent			The Instruction Guide explains how to	complete this form.			
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 31/51 Rpt: 35/56		Gonzalez, Jessica A. (The Honorable)			00082026	
4	Date	5	Payee name				
	01/24/2025		McDonald's				
6	Amount (\$)	7	Payee address; City; State; Zip	Code			

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

+ Date	3 Payee name
01/24/2025	McDonald's
6 Amount (\$) \$9.73	7 Payee address; City; State; Zip Code 22119 I-35 #35 West, TX 76691
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for member
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date 03/24/2025	Payee name McDonald's
Amount (\$) \$18.12	Payee address; City; State; Zip Code 2401 N Ih 35  Round Rock, TX 78664
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food for member
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 05/13/2025	Payee name McDonald's
Amount (\$) \$8.11	Payee address; City; State; Zip Code 4503 I 35 N Frontage Rd  Lacy Lakeview, TX 76705
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food for member
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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		ravel Out of District THER (enter a category not listed above)	
	Credit Card Payment  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 F	iler ID (Ethics Commission Filers)	
	Sch: 32/51 Rpt: 36/56	Gonzalez, Jessica A. (The Honorable)	0082026	
4	Date	5 Payee name		
	01/31/2025	Mexican American Legislative Caucus		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$750.00	1108 Lavaca Street		
		Suite 110-351		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	CAUCUS DUES Check if travel outside	of Texas. Complete Schedule T.	
	2/11/2/10/12		ficeholder living expense	
		Caucus dues		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
Ð	expenditure to benefit C/OH			
_	Date	Davis vers		
	01/14/2025	Payee name  Next Level Valet		
	Amount (\$) Payee address; City; State; Zip Code			
	\$40.98	701 Brazos St Ste 500		
		A		
		Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside	of Toyas, Camplata Schadula T	
	EXPENDITURE	I Transnortation Editionment and Related I I Check it travel outside of Texas. Complete Schedule 1.		
		Parking charges		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				
	Date	Payee name		
	05/02/2025	P. Terry's Burger Stand		
	Amount (\$) Payee address; City; State; Zip Code			
	\$60.61	404 South Lamar Boulevard		
		Austin, TX 78704		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	1 Tood/Beverage Expense	of Texas. Complete Schedule T.	
		Staff meal	ficeholder living expense	
		Juli medi		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OH			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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/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: 33/51 Rpt: 37/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	01/24/2025	Petro Carl's Corner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.50	101 CORNELIUS
		Hillsboro, TX 76645
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel for travel to district
		Tacific traverto district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	04/14/2025	Phoebe's Diner
H	Amount (\$)	Payee address; City; State; Zip Code
	\$118.12	408 W 11th St
	,	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date 01/13/2025	Payee name Priceline
	Amount (\$)	Payee address; City; State; Zip Code
	\$178.53	800 Connecticut Ave
		Norwalk, CT 06854
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lodging for staff travel to district
		Loughing for stair traver to district
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
$\vdash$		
1		
l		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/51 Rpt: 38/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	05/14/2025	Quik Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.94	1700 S Interstate 35
		Round Rock, TX 78681
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	'
	Date	Payee name
	03/14/2025	Rent a Horn Valet
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	1201 S Lamar Blvd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	LAI LINDITORE	Expense Check if Austin, TX, officeholder living expense
l		Parking Parking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/14/2025	Rudy's Country Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.98	3914 N Lamar Blvd
		Austin, TX 78756
	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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

Fees Office C
Food/Beverage Expense Polling I
Gift/Awards/Memorials Expense Printing
Legal Services Salaries

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 35/51 Rpt: 39/56	2 FILER NAME Gonzalez, Jessica A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082026
4	Date 06/04/2025	5 Payee name Scott, Darius
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 323 W Jefferson Blvd Ste 205 Dallas, TX 75208
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  SECURITY  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Security fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/21/2025	Payee name Shell Oil
	Amount (\$) \$55.71	Payee address; City; State; Zip Code 4610 N IH 35  Georgetown, TX 78626
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel for travel to district
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/30/2025	Payee name Shell Oil
	Amount (\$) \$56.21	Payee address; City; State; Zip Code 11710 N IH35
		Jarrell, TX 76537
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel for travel to district
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/51 Rpt: 40/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	02/24/2025	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.46	105 N College Ave
		West, TX 76691
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fuel for travel to Capitol
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.36	200 S Interstate 35 Service Road
		Red Oak, TX 75154
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONL V if direct	Condidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	01/07/2025	Spectrum Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.52	400 Washington Blvd
		Stamford, CT 06902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	PHONE Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign phone
		Campaign phone
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/51 Rpt: 41/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	02/27/2025	Spectrum Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.05	400 Washington Blvd
		Stamford, CT 06902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	PHONE  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign phone
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	03/31/2025	Spectrum Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.05	400 Washington Blvd
l		Stamford, CT 06902
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	PHONE Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Phone payment
l		Frione payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Data	Para and a second
	Date 04/28/2025	Payee name Spectrum Mobile
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.05	400 Washington Blvd
		0, 7, 1, 07, 0000
		Stamford, CT 06902
	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
		Phone costs
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 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/Officeholder/Political Co Credit Card Payment	Ommittee Legal Services Salaries/Wat The Instruction Guide explains how to com	pes/Contract Labor OTHER (enter a category not listed above) plete this form.
1 Total pages Schedule F1: 2	FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 38/51 Rpt: 42/56	Gonzalez, Jessica A. (The Honorable)	00082026
4 Date 5	Payee name	
05/27/2025	Spectrum Mobile	
6 Amount (\$) 7	Payee address; City; State; Zip Code	
\$23.05	400 Washington Blvd	
	Stamford, CT 06902	
8 PURPOSE (a	A) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	PHONE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Phone costs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	office held
experience to belieff 6/6/1		
Date	Payee name	
06/30/2025	Spectrum Mobile	
Amount (\$)	Payee address; City; State; Zip Code	
\$23.05	400 Washington Blvd	
	Stamford, CT 06902	
PURPOSE (a	A) Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	PHONE	Check if Austin TV, officeholder living evenes
		Check if Austin, TX, officeholder living expense Phone costs
		1 Hone costs
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OH	Candidate/Officerolder frame Office sough	diffice field
Date	Payee name	
03/24/2025	Starbucks	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.60	11521 FM 620 N	
	Austin, TX 78726	
PURPOSE (a	a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
234 211211 3142		Check if Austin, TX, officeholder living expense
		Food for staff
Operate O. W. Y. W. F.	Outstitute 10ff as halden name	015
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	office held
p = 1 = 1 = 1 = 2 = 1 = 1 = 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/Political Committee Credit Card Payment		l Committee L	Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 39/51 Rpt: 43/56	Gonzalez, Je	essica A. (The Hor	norable)				00082026	
4	Date	<b>5</b> Payee name							
	04/14/2025	Starbucks							
6	Amount (\$) \$15.96	7 Payee addres 7710 N FM 6 Austin, TX 7	520, Unit 610	State; Zip C	ode				
8	PURPOSE OF EXPENDITURE	(a) Category (See Food/Bevera	e Categories listed at the top ge Expense	o of this schedule)	(b)	_	, TX,	de of Texas. Com officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office so	ught			Office he	eld
	Date	Payee name							
	06/11/2025	Starbucks							
	Amount (\$) \$45.00	Payee addres 501 W 15th		State; Zip C	ode				
		Austin, TX 7	8701						
	PURPOSE OF EXPENDITURE	(a) Category (Set Food/Bevera	e Categories listed at the top age Expense	o of this schedule)	(b)	<u></u>	, TX,	de of Texas. Com officeholder living orking meetir	expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office so	ught			Office he	eld
	Date 02/27/2025	Payee name State Preser	vation Board						
	Amount (\$) \$130.00	Payee addres 201 E 14th S	, ,,	State; Zip C	ode				
		Austin, TX 7	8701						
	PURPOSE OF EXPENDITURE		e Categories listed at the top ead/Rental Expens		(b)	므	, TX,	de of Texas. Com officeholder living S <b>t</b>	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office so	ught			Office he	eld

#### 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	
Ŀ		
1	Total pages Schedule F1: Sch: 40/51 Rpt: 44/56	2 FILER NAME  Gonzalez, Jessica A. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00082026
ᆫ	3cm. 40/31 Kpt. 44/30	l l
4	Date	5 Payee name
	04/16/2025	Sweetwaters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.11	316 W 12th St
	Ψ20.11	310 W 12til 3t
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Staff meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٦	expenditure to benefit C/O	
L	·	
	Date	Payee name
	04/25/2025	Sweetwaters
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.64	316 W 12th St
	Ψ-10.0-1	010 W 1241 Ot
		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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Staff meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	┨
H	Date	Davies same
		Payee name
	05/05/2025	Sweetwaters
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.87	316 W 12th St
		Austin, TX 78701
$\vdash$	PURPOSE	Tu.
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff meal
		Stan mea
$\vdash$		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
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/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: 41/51 Rpt: 45/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	01/02/2025	T-Mobile
6	Amount (\$) \$56.05	7 Payee address; City; State; Zip Code 12920 SE 38th Street  Bellevue, WA 98006
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  PHONE  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign phone bill
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	T-Mobile
	Amount (\$) \$56.05	Payee address; City; State; Zip Code  12920 SE 38th Street  Bellevue, WA 98006
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  PHONE  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign phone bill
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	Taco Cabana
	Amount (\$) \$24.97	Payee address; City; State; Zip Code 3550 S General Bruce Dr Building H
		Temple, TX 76504
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food for member
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	Priler Name	3	Filer ID	(Ethics Commission Filers)
	Sch: 42/51 Rpt: 46/56	Gonzalez, Jessica A. (The Honorable)		00082026	
4	Date	Payee name			
	01/27/2025	Texas Chili Parlor			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$108.12	1409 Lavaca Street			
		Austin, TX 78701			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense		side of Texas. Com	
	LAFLINDITORL		tin, TX	K, officeholder living	expense
		Staff meal			
_	Commiste ONII V if direct	Condidate (Office holder name		Office he	.lal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	ela
	Date	Payee name			
	02/28/2025	Texas Chili Parlor			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$66.95	1409 Lavaca Street			
		Austin, TX 78701			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 000/Beverage Expense		side of Texas. Com	
		Staff meal	un, ix	K, officeholder living	expense
		Stall Heal			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	04/07/2025	Texas Chili Parlor			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$96.40	1409 Lavaca Street			
	Ψ30.40	1403 Lavada Sirect			
		Auctin TV 70701			
		Austin, TX 78701			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if trav	el nuts	side of Texas. Com	nlete Schedule T
	EXPENDITURE	1 00d/Beverage Expense		K, officeholder living	
		Staff meal			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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: 43/51 Rpt: 47/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	04/25/2025	Texas Chili Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.47	1409 Lavaca Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff meal
		Gian mou
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/02/2025	Texas Chili Parlor
H	Amount (\$)	Payee address; City; State; Zip Code
	\$60.61	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
		Stati meta
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/17/2025	Texas House of Representatives
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1100 N Congress Ave
		Austin, TX 78701
	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
		Photography order
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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/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: 44/51 Rpt: 48/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	01/02/2025	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>"</del>
	Date	Payee name
	02/03/2025	Texas State Employees Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	UNION DUES Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Union dues
		Official dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	03/03/2025	Texas State Employees Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	UNION DUES  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Union dues
	Complete ONLY if alice of	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/51 Rpt: 49/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	04/01/2025	Texas State Employees Union
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	UNION DUES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Union dues
		Official dues
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ð	expenditure to benefit C/O	
	Date	
		Payee name
	05/01/2025	Texas State Employees Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	627 Radam Ln
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	UNION DUES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Union dues
		Cilion dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/02/2025	Texas State Employees Union
		' '
	Amount (\$) \$17.00	Payee address; City; State; Zip Code
	Φ17.00	627 Radam Ln
		A . (C. TV 70745
		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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/51 Rpt: 50/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	04/22/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.35	1100 N Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff meal
		Stati modi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	05/29/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.68	1100 N Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Staff meal
L	Commiste 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
	05/29/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.66	1100 N Congress Ave
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff meal
<u> </u>		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/O	·

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/51 Rpt: 51/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	05/27/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.89	1100 N Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Staff meal
		Star mea
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	05/06/2025	The Capitol Grill
_	Amount (\$)	Payee address; City; State; Zip Code
	\$98.34	1100 N Congress Ave
	400.01	1100 N Congress / WC
		Austin, TX 78701
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit eroi	
	Date	Payee name
	03/27/2025	Twin Liquors
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.39	5639 Airport Blvd A
		Austin, TX 78751
	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
		Beverages for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Se			Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed ab	oove)
<u>_</u>	Tatal name C	١,		aoiion oulue e			1	_	E1 ID	(F4bina 0	: Fil \
1	Total pages Schedule F1:	ı						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 48/51 Rpt: 52/56	╙	Gonzalez, Jessica	A. (The Hon	orable)				00082026		
4	Date	5	Payee name								
L	04/01/2025		Uber Eats								
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$88.37		1725 Third Street								
			San Francisco, C	A 94158							
8	PURPOSE	⊢	Category (See Category		of this schedule)	(b)	Description				
	OF		Food/Beverage E		or tries scrieduic)	\ <i>`</i>	_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin,	, TX,	officeholder living	j expense	
							Staff meal				
L		L				L					
9	Complete ONLY if direct		andidate/Officehold	er name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	04/17/2025		Uber Eats								
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$106.59		1725 Third Street								
			San Francisco, C	A 94158							
	PURPOSE OF	(a)	Category (See Category	ories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE		Food/Beverage E	xpense						plete Schedule T.	
							Staff meal	, 1X,	officeholder living	j expense	
							Stan mear				
$\vdash$	Complete ONLY if direct		andidate/Officehold	er name	Office sou	laht			Office he	ald.	
	expenditure to benefit C/O		a laidate/Officefiold	or manife	Onice 300	.grit			Onice ne	a.u	
┝	Date		Dayoo nama								
	Date 05/19/2025		Payee name Uber Eats								
		<u> </u>									
	Amount (\$)	ı	Payee address;	City;	State; Zip Co	ode					
	\$83.14		1725 Third Street								
L		L	San Francisco, C	A 94158		_					
	PURPOSE	(a)	Category (See Category	ories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage E	xpense						plete Schedule T.	
	-						Staff meal	, TX,	officeholder living	j expense	
							Jun meal				
	Complete ONLY if direct		Candidate/Officehold	er name	Office sou	l Iaht			Office he	əld	
	expenditure to benefit C/O		midato/ Omlochold	o. name	Office 300	.g. 11			Omice ne		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 49/51 Rpt: 53/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	06/02/2025	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.37	1725 Third Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/02/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.70	1725 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Staff meal
		Stall Medi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Davisa nama
	06/02/2025	Payee name Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.83	1725 Third Street
	402.00	1725 7 ma 6.1660
		San Francisco, CA 94158
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/51 Rpt: 54/56	Gonzalez, Jessica A. (The Honorable) 00082026
4	Date	5 Payee name
	06/20/2025	Wal-Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.44	7075 W Wheatland Rd
		Dallas, TX 75249
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
_	Date	Payee name
	02/27/2025	Wilkison, Birk
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2401 Aldrich St
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign salary
		- Sampangu Samu,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/27/2025	Wilkison, Birk
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2401 Aldrich St
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TV official descriptions over a complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign salary
		Janipaigh Jalai,
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	olete this for	` , ,
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 51/51 Rpt: 55/56	Gonzalez, Jessica A. (The Honorable)		00082026
4	Date	5 Payee name		
	02/27/2025	Wilkison, Birk		
6	Amount (\$)	7 Payee address; City; State; Zip Code	)	
	\$2,000.00	2401 Aldrich St		
		Austin, TX 78723		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Descripti	
	OF EXPENDITURE	Salaries/Wages/Contract Labor		f travel outside of Texas. Complete Schedule T.
				f Austin, TX, officeholder living expense gn salary
			Campai	gricaaly
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt	Office held
ľ	expenditure to benefit C/OI	H	ıt	Office field
_	Data			
	Date 06/24/2025	Payee name		
		Wilkison, Birk		
	Amount (\$)	Payee address; City; State; Zip Code	)	
	\$158.33	2401 Aldrich St		
		160		
		Austin, TX 78723		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Descripti	
	OF EXPENDITURE	Loan Repayment/Reimbursement	$\Box$	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
				rsement
			rtonnia	osmon.
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	-	
H				

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 56/56 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gonzalez, Jessica A. (The Honorable) 00082026 5 Name of person from whom amount is received 8 Amount (\$) 06/02/2025 \$37.28 **Uber Eats** 6 Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94158 Purpose for which amount is received Check if political contribution returned to filer Point of sale refund