CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet	e this form.	1 Filer ID (Ethics Commi 00068004		2 Total pages 1	filed: 131
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Mary Edna			Date Received ELECTRONIC	CALLY FILED
		_AST Gonzalez		SUFFIX	07/15/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 450				Receipt #	Amount
Change of Address	Clint, TX 79836				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER NAME	Mr. A	Alfred P.				
	NICKNAME L	 .AST		SUFFIX		
		Gonzalez				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE);	AP'	T / SUITE #; CITY	γ; ST	ATE; ZIP CODE
TREASURER ADDRESS	13490 Virrey Dr.					
(Residence or Business)	Clint, TX 79836					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (915) 494-1807	NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after cappointment (of	ampaign treasurer ficeholder only)
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	y Year	
COVERED	01/01/2025	TH	ROUGH	06/30/20)25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/03/2026	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	IT (if known)	
	State Representative Distric	t 75		State Represer	ntative District 75	
				•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 131

13 C / OH NAME	Gonzalez, Mary Edna	(The Honorable)	1	14 Filer ID 00068004	(Ethics Com	ımission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted o These expenditures may have b I officeholders are required to re	een made without th	ne candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	5		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBU			\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITUR	\$	0.00		
	4. TOTAL POLITIC	AL EXPENDITURES			\$	74,932.11
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAII RIOD	NED AS OF THE LA	ST DAY OF THE	\$	66,260.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANTING PERIOD	NDING LOANS AS C	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true and cor	offirm, under penalty rect and includes all 15, Election Code.	of perjury, that the a information required	ccompanying I to be reporte	report is ed by me
			The Henevah	la Many Edna Can		
				le Mary Edna Gon Candidate or Officeh		
			Oignatare of t		0.00.	
AFFIX NOT	TARY STAMP / SEAL ABO	OVE				
		aid		, this the		day
of	, 20, to ca	ertify which, witness my hand and	d seal of office.			
Signature of office	cer administering	Printed name of officer adr	ministering	Title of offic	er administer	ing oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	3 of 131		
18 FILER NAM Gonzalez	(Ethics Commission Filers)		
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 74,932.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$

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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
L	Sch: 1/127 Rpt: 4/131	L	Gonzalez, N	lary Edna (The H	onorable)					00068004	
4	Date	5	Payee name								
	06/18/2025		ALC Steaks								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$233.66		1205 N. Lar	nar Blvd.							
			Austin, TX 7	78703							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	ton of this sche	edule)	(b)	Description			
	OF EXPENDITURE			age Expense	top of this some	oddic)			outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITORE							ш		officeholder living	
								Food for cons	stitu	ients and Ca	apitol Staff
Ļ		<u> </u>				•	<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name	0	office sou	ught			Office he	eld
	Date		Payee name								
	06/02/2025		ALC Steaks								
	Amount (\$)	\vdash	Payee addres	ss; City;	State;	Zip Co	ode				
	\$676.31	l	1205 N. Lar	-	·	-					
			Austin, TX 7	78703			_				
	PURPOSE OF			ee Categories listed at the	top of this sche	edule)	(b)	Description			
	EXPENDITURE		Food/Bever	age Expense				ш		de of Texas. Comp officeholder living	
								Food for cons			
											•
	Complete ONLY if direct	<u></u>	andidate/Offi	ceholder name	0	office sou	ught			Office he	eld
	expenditure to benefit C/O	Н									
	Date		Payee name								
	05/22/2025	ı	ALC Steaks								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$223.92		1205 N. Lar	•	,	•					
			Austin, TX 7	78703					_		
	PURPOSE OF		,	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense						de of Texas. Comp	
								Food for cons		officeholder living	
								. 554 101 00110			
	Complete ONLY if direct		andidate/Offi	ceholder name	n	office sou	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O				J		J			00.110	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 2/127 Rpt: 5/131	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/16/2025	ALC Steaks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$179.44	1205 N. Lamar Blvd.
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for constituents and Capitol staff
		1 SSE IS SOCIOLES AND CAPACITATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies marrie
	04/07/2025	Payee name ALC Steaks
	Amount (\$)	Payee address; City; State; Zip Code
	\$190.94	1205 N. Lamar Blvd.
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for constituents and Capitol staff
		1 ood for constituents and capitor stain
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 04/07/2025	Payee name ALC Steaks
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.90	1205 N. Lamar Blvd.
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for constituents and Capitol staff
		Food for Constituents and Capitor stan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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: 3/127 Rpt: 6/131	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/04/2025	ALC Steaks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$275.27	1205 N. Lamar Blvd.
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for constituents and Capitol staff
		1 dou for deficition and duplier dual
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/02/2025	ALC Steaks
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.38	1205 N. Lamar Blvd.
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for constituents and Capitol staff
		1 ood for constituents and capitor stair
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/31/2025	ALC Steaks
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.20	1205 N. Lamar Blvd.
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for constituents and Capitol staff
		i ood foi constituents and Capitoi stan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	category not listed above	:)
	·			de explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	Ī				3	Filer ID	(Ethics Commission	Filers)
	Sch: 4/127 Rpt: 7/131	Gonzalez, M	Mary Edna (The H	Ionorable)				00068004		
4	Date	5 Payee name								
	02/28/2025	ALC Steaks	5							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$180.00	1205 N. Lai	mar Blvd.							
		Austin, TX	78703							
8	PURPOSE	(a) Category (s	ee Categories listed at the	ton of this schedule)	(b)	Description				
	OF		age Expense	top of this scriedule)	\ <i>`</i>	_ ·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		age =Apelies			Check if Austin	, TX,	officeholder living	g expense	
						Food for cons	stitu	ents and C	apitol staff	
9	Complete ONLY if direct		ceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/O	1								
	Date	Payee name								
	02/26/2025	ALC Steaks	5							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$268.51	1205 N. Lai	mar Blvd.							
		Austin, TX	78703							
	PURPOSE				(h)	Description				
	OF	l	ee Categories listed at the age Expense	top of this schedule)	(5)	_ ·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	F000/Bever	age Expense					officeholder living		
						Food for Cap	itol	Staff		
	Complete ONLY if direct		ceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	02/14/2025	ALC Steaks	3							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$107.00	1205 N. Lai	mar Blvd.							
		Austin, TX	78703							
	PURPOSE		ee Categories listed at the	ton of this schodule)	(b)	Description				
	OF		age Expense	top of this schedule)	` '		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living	g expense	
						Food for cons	stitu	ients and C	apitol staff	
	Complete ONLY if direct		ceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/O	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:								
	Sch: 5/127 Rpt: 8/131	Gonzalez, Mary Edna (The Honorable) 00068004							
4	Date	5 Payee name							
	02/14/2025	ALC Steaks							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$195.45	1205 N. Lamar Blvd.							
		Austin, TX 78703							
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.							
	LAFENDITORE	Check if Austin, TX, officeholder living expense							
		Food for constituents and Capitol staff							
_									
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	01/29/2025	ALC Steaks							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$288.03	1205 N. Lamar Blvd.							
		Austin, TX 78703							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Food for constituents and Capitol staff							
		Pood for constituents and Capitor stair							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Davies same							
	01/24/2025	Payee name ALC Steaks							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$325.10	1205 N. Lamar Blvd.							
		A 15 TV T0T00							
		Austin, TX 78703							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Food for constituents and Capitol staff							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 6/127 Rpt: 9/131		Filer ID (Ethics Commission Filers)
4	Date 06/03/2025	5 Payee name Aloft Element Austin Downtown	
6	Amount (\$) \$219.70	7 Payee address; City; State; Zip Code 621 Congress Ave Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	Traver out of District	of Texas. Complete Schedule T. ificeholder living expense e members
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date 05/21/2025	Payee name Aloft Element Austin Downtown	
	Amount (\$) \$351.20	Payee address; City; State; Zip Code 621 Congress Ave Austin, TX 78701	
	PURPOSE OF EXPENDITURE		of Texas. Complete Schedule T. Ifficeholder living expense e members
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date 04/15/2025	Payee name Aloft Element Austin Downtown	
	Amount (\$) \$131.09	Payee address; City; State; Zip Code 621 Congress Ave	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	Tood/Deverage Expense	of Texas. Complete Schedule T. Ifficeholder living expense e members
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 7/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	03/08/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.99	410 Terry Ave
		Seatle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies for Capitol Office
		Office supplies for capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davis same
	02/19/2025	Payee name
L		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.56	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davis same
	01/13/2025	Payee name Aurellia's Bottle Shop & Brewhouse
L		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.61	1620 Resler Dr.
		El Paso, TX 79912
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
		Food for Constituents during Meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to	compl	plete this form.
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/127 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004
4	Date	Payee name		<u>.</u>
	01/06/2025	Aurellia's Bottle Shop & Brewhouse		
6	Amount (\$)	Payee address; City; State; Zip	Code	:
	\$163.88	1620 Resler Dr.		
		El Paso, TX 79912		
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)	D) Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	_,, _,,_,			Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
				Food for Constituents during Meeting
9	Complete ONLY if direct	andidate/Officeholder name Office s	ought	office held
	expenditure to benefit C/O	and date. Office four frame	Jugin	Confect field
_	Data	Pausa mara		
	Date 04/04/2025	Payee name Austin Flower Delivery		
		<u> </u>	01 -	
	Amount (\$)	Payee address; City; State; Zip	Jode	,
	\$108.23	105 W 8th St.		
		#1c		
		Austin, TX 78701		
	PURPOSE OF	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
				Memorial arrangement for funeral
				•
	Complete ONLY if direct	andidate/Officeholder name Office s	 ought	ot Office held
	expenditure to benefit C/O			
	Date	Payee name		
	01/16/2025	Best Buy		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$22.01	1201 Barbara Jordan Blvd.		
		Austin, TX 78723		
	PURPOSE		(h)) Description
	OF	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(6)	 Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Since Overricad/Nerital Expense		Check if Austin, TX, officeholder living expense
				Extension cords for Capitol Office
			\perp	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office s	ought	ot Office held
	experiulture to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/127 Rpt:	Gonzalez,	Mary Edna (The Ho	onorable)				00068004	
4	Date	5 Payee name							
	05/19/2025	Bookshop							
6	Amount (\$)	7 Payee addre	•	State; Zip C	ode				
	\$385.84	463 Lincolr	n Place						
		#200							
		Brooklyn, N	IY 11238						
8	PURPOSE OF	(a) Category (S	see Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Gift/Awards	s/Memorials Expens	se		므		de of Texas. Com , officeholder living	plete Schedule T.
						Gifts for Capi			у ехрепас
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld
	•								
	Date	Payee name							
	04/14/2025	Caffe Medi	CÍ						
	Amount (\$)	Payee addre		State; Zip C	ode				
	\$11.23	3600 Presi	dential Blvd						
		Austin, TX	78719						
	PURPOSE	(a) Category (S	see Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense			=		de of Texas. Com officeholder living	plete Schedule T.
						Food for cons			g expense
								20110	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u> </u>			Office he	eld
	expenditure to benefit C/OI	Н							
	Date	Payee name							
	06/24/2025	Cattleman':	s Steakhouse						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$196.79	3450 S Fal	ens Carlsbad Rd						
		Fabens, T≻	(79838						
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.
						ш		officeholder living	g expense fficerholder and during
						Meeting		. J. 1. W W I W O	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O	Н			-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/07/2025	Chili's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.90	685 E. Interstate 30
		Rockwall, TX 75087
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Officeholder during Travel
		1 ood for Officeriolider during Traver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	03/26/2025	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$429.00	235 Point Lick Dr.
		Charleston, WV 25306
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Picture and framing for Capitol Office
	Complete ONLY 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
	02/18/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$673.65	4301 W William Cannon Dr Bldg. A100
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission File
Sch: 11/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
1 Date	5 Payee name	-
02/12/2025	Costco	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$65.00	4301 W William Cannon Dr Bldg. A100	
	Austin, TX 78749	
B PURPOSE	(a) a	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Annual Membership Fees for Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
experialitate to beliefit C/O		
Date	Payee name	
03/21/2025	Desert Valley 4-H	
Amount (\$)	Payee address; City; State; Zip C	Code
\$250.00	22301 Alameda Ave	
	Fort Hancock, TX 79839	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Desert Valley 4-H Trap Shoot fundraising event
Complete ONII V if divest	Constitute (Office helder reces	Office hold
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ought Office held
·		
Date	Payee name	
05/06/2025	Dollar Tree	
Amount (\$)	Payee address; City; State; Zip C	Code
\$53.15	13272 Socorro Rd.	
	San Elizario, TX 79849	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office Supplies
Complete ONLY if direct	Condidate/Officeholder name	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ought Office held
· 		

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	
1 Total pages Schedule F1: Sch: 12/127 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4 Date 05/19/2025	5 Payee name Door Dash
6 Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 303 2nd St. Suite 800 San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Fee for ordering food for constituents and staff during meetings.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 04/18/2025	Payee name Door Dash
Amount (\$) \$9.99	Payee address; City; State; Zip Code 303 2nd St. Suite 800 San Francisco, CA 94107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Fee for ordering food for constituents and staff during meetings.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/18/2025	Payee name Door Dash
Amount (\$) \$9.99	Payee address; City; State; Zip Code 303 2nd St. Suite 800 San Francisco, CA 94107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Fee for ordering food for constituents and staff during meetings.
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

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 Coi	mmittee	Gift/Awards/Memorial Legal Services The Instruction G	•		/ages	/Contract Labor		Travel Out of DOTHER (enter	istrict a category not listed abov	e)
Ļ	=	-			uiue expidiiis	HOW IO COL	iiibie	ac una ioiill.			/= c	`
1	Total pages Schedule F1: Sch: 13/127 Rpt:	2		E Mary Edna (The	e Honorable))			3	Filer ID 00068004	(Ethics Commission	n Filers)
4	Date	5	Payee name									
•	06/18/2025		Doordash									
6	Amount (\$) \$9.99	7	Payee address 303 2nd St. Suite 800 San Francis	ss; City;	State;	; Zip Co	de					
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees	-	•			=			mplete Schedule T.	
	LAFENDITURE							ш		officeholder livi		
								Membership and staff duri			ng food for constit	uents
								anu Stan UUM	ııy	meetings.		
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	neld	
	Date		Payee name									
	06/04/2025		Doubletree	Suites								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$67.32		600 N El Pa	ıso St.								
			El Paso, TX									
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				=		de of Texas. Co officeholder livi	mplete Schedule T.	
								—			officeholder at me	etina
								MICUIS IUI CUI	النادة	acino and	omocholaet at IIIt	Jeurig
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	ceholder name	(Office sou	ght			Office I	neld	
	Date		Payee name									
	06/03/2025		Eddie V's P	rime Seafood								
	Amount (\$)	\vdash	Payee addre	ss; City;	State	; Zip Co	de					
	\$188.28		301 E. 5th S		3.5.0	,						
	Ψ100.20		301 L. 001 C									
			Austin, TX	78701								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense							mplete Schedule T.	
										officeholder livi		· tt
								roou for legis	siat	ive membe	rs and Capitol Sta	111
	Complete ONLY if direct	Ц,	Candidata/O#	ceholder name		Office sou	ah+			Office I	neld	
	expenditure to benefit C/OI		Janunate/Ull	cenoidei name	(onice sou	yııl			Onice i	ıcıu	
	•											
_		_										

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	05/30/2025	Eddie V's Prime Seafood
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$323.05	301 E. 5th St.
		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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for legislative member and Capitol staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	Eddie V's Prime Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$319.81	301 E. 5th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for legislative members and Capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	D-4-	
	Date	Payee name
	04/07/2025	Eddie V's Prime Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$536.37	301 E. 5th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for legislative members and Capitol staff
		1 ood for regisiative members and eapitor staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 15/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004			
4	Date	5 Payee name				
	03/18/2025	Eddie V's Prime Seafood				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$518.93	301 E. 5th St.				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	1 dod/Beverage Expense	outside of Texas. Complete Schedule T.			
			, TX, officeholder living expense Slative members and Capitol staff			
		1 ood for logic	stative members and capitor stati			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
ľ	expenditure to benefit C/O		G.1166 1.1616			
_	Date	Payee name				
	02/18/2025	Eddie V's Prime Seafood				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$471.56	301 E. 5th St.				
	ψ11 2. 00	552 2. 561 56				
		Austin, TX 78701				
	PURPOSE					
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel of the control of this schedule)	outside of Texas. Complete Schedule T.			
	EXPENDITURE	1 Odd/Beverage Expense	, TX, officeholder living expense			
		Food for legis	slative members and Capitol staff			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/30/2025	Eddie V's Prime Seafood				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$105.55	301 E. 5th St.				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	1 Odd/Develage Expense	outside of Texas. Complete Schedule T.			
		 	, TX, officeholder living expense Slative members and Capitol staff			
		Food for legis	siative members and Capitol stail			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	•	Office field			

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 Salaries (Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/27/2025	Eddie V's Prime Seafood
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$154.49	301 E. 5th St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food for legislative members and Capitol staff
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2025	Edishine
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.98	70 Carter Dr.
		Edison, NJ 08817
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Floor Lamps for the Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	02/10/2025	Etsy, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.26	117 Adams St.
		Brooklyn, NY 11201
	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 Gift
		Jane 1
	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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	06/30/2025	Family Dollar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$99.82	12201B Socorro rd
		San Elizario, TX 79849
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies for District Office
		Since Supplies for Biotries Since
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/07/2025	Family Dollar
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.57	13224 Socorro Rd.
		San Elizario, TX 79849
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	03/08/2025	Fastframe
	Amount (\$)	Payee address; City; State; Zip Code
	\$549.54	701 S. Capitol of Texas Hwy, #D
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Framing for certificate for Capitol Office
	Operation ONLY if allowed	Our stide to 10 ff as health are nown.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
		<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 18/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004			
4	Date	5 Payee name				
	02/26/2025	Fresa's				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$302.67	915 N Lamar Blvd.				
		Austin, TX 78703				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	1 dod/beverage Expense	outside of Texas. Complete Schedule T.			
		Food for Cap	n, TX, officeholder living expense			
		1 ood for Oak	noi Gtail			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
ľ	expenditure to benefit C/OI		eee iida			
_	Date	Payee name				
	04/07/2025	From You Flowers, LLC				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$69.34	143 Mill Rock Road E				
	400.01	TIO MIII NOOK NOOG E				
		Old Saybrook, CT 06475				
_	PURPOSE					
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense			
		Gift				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	experiantare to benefit Great					
	Date	Payee name				
	06/03/2025	Frost Bank				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$19.95	111 W. Houston St.				
		San Antonio, TX 78205				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Accounting/Banking	outside of Texas. Complete Schedule T.			
		Bank Fee	n, TX, officeholder living expense			
		Bulkitee				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI		C555.5			

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	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: 19/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	06/03/2025	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Bankree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	Programme
		Payee name
L	05/05/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Bankitee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝	Data	Programme
	Date 05/05/2025	Payee name Frost Bank
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Dalik Fee
\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 Committee

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

	Credit Card Payment		The Instruction Guide explains how to c	omple	lete this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 20/127 Rpt:		Gonzalez, Mary Edna (The Honorable)		00068004	
4	Date	5	Payee name			
	04/03/2025		Frost Bank			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		
	\$19.95		111 W. Houston St.			
			San Antonio, TX 78205			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE				Check if Austin, TX, officeholder living expense Bank Fee	
					Dalik Fee	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	uaht	Office held	
3	expenditure to benefit C/O		Sandidate/Onicerolder harne Onice 30	ugni	Office field	
_	Date	Г	Davida nama			
	04/03/2025		Payee name Frost Bank			
		┞		odo.		
	Amount (\$) \$19.95		Payee address; City; State; Zip C 111 W. Houston St.	oue		
	\$19.95		III W. Houston St.			
			0 4 4 5 74 7000			
			San Antonio, TX 78205			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
					Bank Fee	
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held	
	expenditure to benefit C/OI	Н				
	Date		Payee name			
	03/03/2025		Frost Bank			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$19.95		111 W. Houston St.			
			San Antonio, TX 78205			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF	<u> </u> `	Accounting/Banking	`´	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin, TX, officeholder living expense	
					Bank Fee	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	ught	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	03/03/2025	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Banki ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/03/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.07	111 W. Houston St.
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
		Banki
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/03/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	111 W. Houston St.
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bank Fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to bettern over	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 22/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/03/2025	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.34	111 W. Houston St.
		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
		Bunktee
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.45	111 W. Houston St.
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Dankie
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	01/03/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.19	111 W. Houston St.
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bank Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit C/Of	'

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/21/2025	GNI Consulting LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	P.O. Box 685008
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Finance Compliance Consultant
		Tillance Compilance Consultant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	05/13/2025	Gina's On Congress
	Amount (\$)	Payee address; City; State; Zip Code
	\$291.82	314 Congress Ave.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Capitol Staff
		1 ood for Supilor Starr
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	06/18/2025	Payee name Gina's on Congress
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$264.18	314 Congress Ave.
		A (1) TV T0T04
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Pooling Expense Offit/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 24/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004				
4	Date	Payee name					
	05/01/2025	Gina's on Congress					
6	Amount (\$) \$235.52	Payee address; City; State; Zip Code 314 Congress Ave.					
Ļ		Austin, TX 78701					
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 Capitol Staff					
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/28/2025	Gina's on Congress					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$179.39	314 Congress Ave. Austin, TX 78701					
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense itol Staff				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/23/2025	Gina's on Congress					
	Amount (\$) \$314.66	Payee address; City; State; Zip Code 314 Congress Ave.					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE	1 000/Deverage Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense itol Staff				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/22/2025	Gina's on Congress
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$333.11	314 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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Capitol Staff
		1 ood for Capitor Stair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	Para a same
	Date	Payee name
	06/02/2025	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.10	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Campaign Email Subscription
		Campaigh Email Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/02/2025	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.10	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Email Accounts
		Campaigh Email Accounts
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 26/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/02/2025	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.10	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign Email Accounts
		Campaigh Email / locounts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	03/03/2025	Google LLC
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$92.10	1600 Amphitheatre Parkway
	Ψ32.10	1000 Amphilineane i arway
		Mountain View, CA 94043
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Email Accounts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2025	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.10	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Email Accounts
\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 -

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 27/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4 Date	5 Payee name
01/02/2025	Google LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$92.10	1600 Amphitheatre Parkway
	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense Campaign Email Accounts
	Campaigh Email / locounts
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davida maria
06/20/2025	Payee name HEB
Amount (\$)	Payee address; City; State; Zip Code
\$70.42	1000 E. 41st Street
	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
	Food and snacks for Capitol Office visitors,
	constituents and staff
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н
Date	Payee name
05/28/2025	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$207.32	1000 E. 41st St.
	Austin, TX 78751
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LA LINDITORE	Check if Austin, TX, officeholder living expense Food and snacks for Capitol Office visitors,
	constituents and staff
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E 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		nmittee	Legal Services The Instruction (/ages	/Contract Labor		OTHER (enter a	category not listed above)
Ļ		-			Juiue expiairis	now to co	ilibic	te this form.	_			\
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	Filers)
	Sch: 28/127 Rpt:		Gonzalez, M	lary Edna (Th	e Honorable))				00068004		
4	Date	5	Payee name									
	05/15/2025		HEB									
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$131.14		1000 E. 41s	t Street								
			Austin, TX 7	'8705								
8	PURPOSE	⊢		e Categories listed a	the ten of this esh	adula)	(b)	Description				
	OF	(,		age Expense	. trie top of triis scri	edule)	(-,	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		1 OOU/Deven	age Expense				-		officeholder living		
								Food and sna	ack	s for Capitol	Office visitors,	
								constituents a	and	staff		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/06/2025		HEB									
	Amount (\$)		Payee addres	ss; City;	State:	; Zip Co	de					
	\$160.86		1000 E. 41s	t Street								
			Austin, TX 7	'8751								
	PURPOSE	(a)	Category (Sc	e Categories listed a	the top of this sch	edule)	(b)	Description				
	OF	<u> </u> `´		age Expense	the top of this son	cudic)	,	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder living	j expense	
											Office visitors,	
								constituents a	ana	Staff		
	Complete ONLY if direct		Candidate/Office	ceholder name	(Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/23/2025		HEB									
	Amount (\$)		Payee addres	ss; City;	State:	; Zip Co	de					
	\$258.63		1000 E. 41s	t Street								
			Austin, TX 7	8751								
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			age Expense		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_		officeholder living		
											Office visitors,	
								constituents a	arid	วเสม		
	Complete ONLY if direct		candidate/Office	ceholder name	(Office sou	ght			Office he	eld	
L	expenditure to benefit C/OI	Н										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Cit/Awards/Memoria Legal Services The Instruction (•		/ages	/Contract Labor		OTHER (enter a	strict category not listed abo	ove)
Ļ		1-			Julue explains i	10W to col	пріс	te tilis lollii.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 29/127 Rpt:		Gonzalez, M	lary Edna (The	e Honorable)					00068004		
4	Date	5	Payee name									
	04/15/2025		HEB									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$194.81		1000 E. 41st	t Street								
		l ,	Austin, TX 7	8751								
8	PURPOSE	⊢		e Categories listed at	the ten of this cohe	adula)	(b)	Description				
	OF			e Calegories listed at age Expense	. trie top or triis scrie	edule)	()	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		i ood/bever	age Expense				=		officeholder living		
								Food and sna	ack	s for Capito	Office visitors,	
								constituents a	and	staff		
9	Complete ONLY if direct		andidate/Offic	ceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/01/2025		HEB									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$252.82		1000 E. 41st	t Street								
			Austin, TX 7	8751								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF			age Expense		,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							ш		officeholder living		
											Office visitors,	
								constituents a	anu	Stan		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	experiorare to berieff C/Or											
	Date		Payee name									
	03/26/2025		HEB									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$255.85		1000 E. 41st	t Street								
			Austin, TX 7	8751								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			age Expense		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							ш		officeholder living		
											Office visitors,	
		L						constituents a	and _	stan		
	Complete ONLY if direct		andidate/Offic	eholder name	С	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	H										
I												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	03/05/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$254.92	1000 E. 41st Street
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food and snacks for Capitol Office visitors,
		constituents and staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
\vdash	D :	
	Date	Payee name
	02/06/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.14	1000 E. 41st Street
		Austin, TX 78751
	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 and snacks for Capitol Office visitors,
		constituents and staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	01/30/2025	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$193.91	1000 E. 41st Street
		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
		Food and snacks for Capitol Office visitors,
		constituents and staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Servic	es Salaries Auction Guide explains how to co	Wages	Contract Labor		OTHER (enter a	category not listed above)
Ļ				Jilipie	ete tilis ioilii.	_		
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)
	Sch: 31/127 Rpt:	Gonzalez, Mary Edn	a (The Honorable)				00068004	
4	Date	Payee name						
	01/15/2025	HEB						
6	Amount (\$)	Payee address; Ci	ty; State; Zip Co	ode				
	\$288.42	1000 E. 41st Street						
		Austin, TX 78751						
8	PURPOSE		F. I. a	(b)	Description			
ľ	OF	Food/Beverage Expe	s listed at the top of this schedule)	(5)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	1 000/Develage Expe	SHSC		=		officeholder living	
					Food and sna	ack	s for Capitol	Office visitors,
					constituents a	and	staff	
9	Complete ONLY if direct	Candidate/Officeholder r	name Office sou	ught			Office he	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	01/13/2025	HEB						
	Amount (\$)	Payee address; Ci	ty; State; Zip Co	ode				
	\$164.71	1000 E. 41st Street						
		Austin, TX 78751						
	PURPOSE			(h)	Description			
	OF		s listed at the top of this schedule)	(6)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Food/Beverage Expe	ense				officeholder living	
					Food and sna	ack	s for Capitol	Office visitors,
					constituents a	and	staff	
	Complete ONLY if direct	Candidate/Officeholder r	name Office sou	ught			Office he	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	01/17/2025	Hampton Inn & Suite	es .					
	Amount (\$)	Payee address; Ci	ty; State; Zip Co	ode				
	\$435.24	200 San Jacinto Blvo	•					
		Austin, TX 78701						
	PURPOSE			(h)	Description			
	OF	Travel Out of District	s listed at the top of this schedule)	(0)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Travel Out of District	·				officeholder living	•
					Accommodati	ion	for constitue	ents attending
					Legislative Se	ess	ion opening	day ceremonies
	Complete ONLY if direct	Candidate/Officeholder r	name Office sou	ught			Office he	eld
	expenditure to benefit C/OI							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/17/2025	Hampton Inn & Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$435.24	200 San Jacinto Blvd.
	!	
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Accommodation for constituents attending
	!	Legislative Session opening day ceremonies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/03/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.64	10019 S Interstate 35 Frontage Rd.
	!	
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Water Delivery for Capitol Office
	!	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	05/02/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.65	10019 S Interstate 35 Frontage Rd.
	!	Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LIIDITOIL	Check if Austin, TX, officeholder living expense
	!	Water Delivery for Capitol Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)		
_	T-t-1 O-bb-1- E4:		Chica Commission Files		
1	Total pages Schedule F1: Sch: 33/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00068004		
_	•		0000004		
4	Date	5 Payee name			
	04/02/2025	Hill Country Springs			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$84.64	10019 S Interstate 35 Frontage Rd.			
		Austin, TX 78747			
8	PURPOSE	<u> </u>			
0	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel.	el outside of Texas. Complete Schedule T.		
	EXPENDITURE	Onice Overnedd/Nerital Expense	tin, TX, officeholder living expense		
			ery for Capitol Office		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O				
	Date	Davies marris			
	03/04/2025	Payee name			
		Hill Country Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$49.65	10019 S Interstate 35 Frontage Rd.			
		Austin, TX 78747			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Aus	tin, TX, officeholder living expense		
		Water Deliv	ery for Capitol Office		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	1			
	Date	Payee name			
	02/04/2025	Hill Country Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$45.64	10019 S Interstate 35 Frontage Rd.			
	Ψ 10.0 1	10010 C molotate of Follage Na.			
		Aughin TV 70747			
		Austin, TX 78747			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Onice Overnedd/Nerital Expense	el outside of Texas. Complete Schedule T.		
			tin, TX, officeholder living expense ery for Capitol Office		
		water Deliv	ery for Capitor Office		
	Operation ONE VIII II	On didn't Office held on a rec	Office health		
	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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 34/127 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004
4	Date	5 Payee name		<u>'</u>
	02/18/2025	Home Depot		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$64.93	1200 Barbara Jordan Blvd, 78723		
		Austin, TX 78723		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Supplies for Capitol Office
				-
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	·			
	Date	Payee name		
	02/04/2025	Home Depot		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$51.87	1200 Barbara Jordan Blvd.		
		Austin, TX 78723		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Light bulbs for lamps in Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/30/2025	Home Depot		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$147.20	2455 Paces Ferry Rd. NW		
		·		
		Atlanta, GA 30339		
	PURPOSE		(b)	Description
	OF	Office Overhead/Rental Expense	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	μ		Check if Austin, TX, officeholder living expense
				Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	experience to benefit 6/01	•		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

se Trave s/Contract Labor OTHI

	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: 35/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/13/2025	Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$402.47	2455 Paces Ferry Rd. NW
		Atlanta, GA 30339
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Cinic Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
\vdash	Date	Payee name
	06/25/2025	Hotel El Paso Del Norte
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.32	10 Henry Trost Ct.
		El Paso, TX 79901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
		1 Cod for Constituting mooting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/06/2025	House Criminal Justice Reform Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 2910
	Ψ300.00	FO BOX 2310
		Augtin TV 70760
	BUDE 2 2 -	Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Membership Dues
	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 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: 36/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/27/2025	Innovation & Technology Caucus of the Texas Legislature
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1108 Lavaca St., Ste. 110-701
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Caucus Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Dougo nama
	06/05/2025	Payee name Instacart
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	50 Beale St.
		#600
		San Francisco, TX 94015
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription Fee for ordering supplies for offices
		Cabbanphan Fee for Gracing Supplies for Smess
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	05/05/2025	Instacart
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	50 Beale St.
	Ψ3.33	#600
		San Francisco, TX 94015
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter it travel outside of Taylor Camplete Cabadule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription Fee for ordering supplies for offices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 37/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	04/03/2025	Instacart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.99	50 Beale St.	
		#600	
		San Francisco, TX 94015	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Fee for ordering supplies for offices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	03/03/2025	Instacart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.99	50 Beale St.	
		#600	
		San Francisco, TX 94015	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Fee for ordering supplies for offices
		`	3 11
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	02/03/2025	Instacart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.99	50 Beale St.	
		#600	
		San Francisco, TX 94015	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1003	l outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense Fee for ordering supplies for offices
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 38/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	05/05/2025	J Carver's Oyster Bar & Chophouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$387.59	509 Rio Grande St.
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/26/2025	J Carver's Oyster Bar & Chophouse
	Amount (\$) \$153.41	Payee address; City; State; Zip Code 509 Rio Grande St.
	φ±33.4±	509 RIO GIAIIUE St.
		Austin, TX 78701
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Complete Schedule T. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	а
	Date	Payee name
	02/18/2025	J Carver's Oyster Bar & Chophouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.70	509 Rio Grande 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 Austin, TX, officeholder living expense Food for Capitol Staff
		Food for Capitor Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 39/127 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date	5. Dougo namo
4	02/13/2025	5 Payee name Jasco Products Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.97	10 E. Memorial Rd.
	Ψ00.01	10 E. Momonarita.
		Oklahoma City, OK 73114
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lighting for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/05/2025	Jeni's Splendid Ice Creams
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$15.15	4616 Triangle Ave., Suite #200
		Austin, TX 78751
	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
		Staff Birthday Celebration
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Daysa nama
		Payee name
	03/17/2025	Jo's Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.40	3600 Presidential Blvd.
		Gate 19
		Austin, TX 78719
_	PURPOSE	I
	OF	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Officeholder during Travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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
Credit Card Payment

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 40/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	01/15/2025	LGBTQ Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$800.00	1100 Congress Ave.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
			lembership Dues
			10
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	01/27/2025	Legislative Study Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	1100 Congress, Room GW.16	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	vel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Aus Annual Cau	stin, TX, officeholder living expense
		Ailliuai Cat	deus Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	
	Date	Payee name	
	05/30/2025	Lego Barton Creek	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$281.44	2901 S. Capital of Texas Hwy, 310B	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	vel outside of Texas. Complete Schedule T.
	EXPENDITORE		stin, TX, officeholder living expense
		Committee	gift for chairman
	Complete ONLY if alias -t	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/Oł	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 C

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission F	-ilers)
Sch: 41/127 Rpt: Gonzalez, Mary Edna (The Honorable) 00068004	
4 Date 5 Payee name	
05/02/2025 Licon, Jason	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$250.00 11951 Glorietta Rd	
San Elizario, TX 79849	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
Candidate/Officeholder/Political Committee Check if Austin, 1X, officeholder living expense	
Isla cemetery repairs	
O Complete ONLY if the et al. On all the IOF asked.	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Superiord to Soliton Crown	
Date Payee name	
06/13/2025 Lyft	
Amount (\$) Payee address; City; State; Zip Code	
\$26.20 185 Berry St.	
San Francisco, CA 94107	
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF The complete Schedule Topic of Taxas Complete Schedul	
EXPENDITURE Transportation Equipment And Related == clock if the date of t	
Expense	
Transportation Expense for Officeriolides	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
06/04/2025 Lyft	
Amount (\$) Payee address; City; State; Zip Code	
\$11.33 185 Berry St.	
San Francisco, CA 94107	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
Expense Creck if Austin, 1X, officendider living expense	
Transportation Expense for Officeholder	
Complete ONLY if direct Condidate /Office helder name Office accepts	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 42/127 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 06/03/2025	5 Payee name Lyft
6	Amount (\$) \$24.56	7 Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/02/2025	Payee name Lyft
	Amount (\$) \$13.20	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/02/2025	Payee name Lyft
	Amount (\$) \$24.63	Payee address; City; State; Zip Code 185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/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

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: 43/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	06/02/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.54	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolaer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	05/30/2025	Lyft
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$7.21	185 Berry St.
	Ψ1.21	103 Berry St.
		Con Francisco CA 04107
L		San Francisco, CA 94107
	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 La Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/27/2025	Lyft
H	Amount (\$)	Payee address; City; State; Zip Code
	\$24.67	185 Berry St.
	Ψ24.07	100 Berry St.
		San Francisco, CA 94107
	DUDDOG	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	1
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense 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 c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 44/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4 Date	5 Payee name	'
05/27/2025	Lyft	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$7.02	185 Berry St.	
	San Francisco, CA 94107	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
experiorate to benefit C/O		
Date	Payee name	
05/27/2025	Lyft	
Amount (\$)	Payee address; City; State; Zip C	Code
\$6.16	185 Berry St.	
	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Expense	Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
Complete ONII V if divest	Constitute (Office helder nome	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ought Office held
·		
Date	Payee name	
05/27/2025	Lyft	
Amount (\$)	Payee address; City; State; Zip C	code
\$6.41	185 Berry St.	
	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
	Expense	Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officentialer
Complete ONLY if direct	Condidate/Officeholder name	Office hold
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 45/127 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 05/23/2025	5 Payee name Lyft
6	Amount (\$) \$20.33	7 Payee address; City; State; Zip Code 185 Berry St.
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94107 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/22/2025	Payee name Lyft
	Amount (\$) \$14.08	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/21/2025	Payee name Lyft
	Amount (\$) \$19.06	Payee address; City; State; Zip Code 185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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: 46/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	05/19/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.15	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/19/2025	Lyft
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6.12	185 Berry St.
	Ψ0.12	100 2011, 01.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davisa nama
	05/16/2025	Payee name Lyft
L		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.72	185 Berry St.
		0.5.
L		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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 Salarice Magnet/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	ilisted above)
1 Total pages Schedule F1:	_ _	ommission Filers)
Sch: 47/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	,
4 Date	5 Payee name	
05/15/2025	Lyft	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$6.36		
	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	ıle T.
	Expense Check if Austin, TX, officeholder living expense	dor
	Transportation Expense for Officehol	luei
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		
Date	Payee name	
05/14/2025	Lyft	
Amount (\$)	Payee address; City; State; Zip Code	
\$13.60	185 Berry St.	
	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedu	ıle T.
EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense	 - -
	Transportation Expense for Officehol	luer
Complete ONLY if direct	Candidate (Office halder some	
Complete ONLY if direct expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
Date	Payee name	
05/12/2025	Lyft	
Amount (\$)	Payee address; City; State; Zip Code	
\$34.33	185 Berry St.	
	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedu	ıle T.
EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense	
	Transportation Expense for Officehol	der
0 1: 0:::::::::::::::::::::::::::::::::		
Complete ONLY if direct expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 48/127 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004
4	Date	5 Payee name		•
(05/12/2025	Lyft		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$19.75	185 Berry St.		
		San Francisco, CA 94107		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related	` `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				Transportation Expense for Officeholder
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date	Payee name		
(05/12/2025	Lyft		
,	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$6.42	185 Berry St.		
		San Francisco, CA 94107		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense
				Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l abt	Office held
	expenditure to benefit C/O		ignt	Office field
	Date	Payee name		
	05/09/2025	Lyft		
,	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$14.12	185 Berry St.		
		San Francisco, CA 94107		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
				Transportation Expense for Officeriolides
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht	Office held
	expenditure to benefit C/O		giit	Omoc neu

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	05/08/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.34	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	05/07/2025	Lyft
┝		
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.04	185 Berry St.
L		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolaer
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/05/2025	Lyft
L		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.25	185 Berry St.
		0 5 1 010405
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Smoonblad
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 50/127 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 05/05/2025	5 Payee name Lyft
6	Amount (\$) \$13.68	7 Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/05/2025	Payee name Lyft
	Amount (\$) \$7.27	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/02/2025	Payee name Lyft
	Amount (\$) \$39.41	Payee address; City; State; Zip Code 185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 51/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4 Date	5 Payee name
05/01/2025	Lyft
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.33	
	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense
	Transportation Expense for Officeholder
Complete ONLY if direct.	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	
·	
Date	Payee name
04/30/2025	Lyft
Amount (\$)	Payee address; City; State; Zip Code
\$13.78	185 Berry St.
	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORL	Expense Check if Austin, TX, officeholder living expense
	Transportation Expense for Officeholder
Commiste ONLY if disease	Constitute (Office helder name Office accepts Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
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Date	Payee name
04/29/2025	Lyft
Amount (\$)	Payee address; City; State; Zip Code
\$3.00	185 Berry St.
	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
	Transportation Expense for Officeholder
Oranglata Chilly III	Our stide to 10 % as had decreased as 10 % as a supply as 10 %
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/28/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.03	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Lack if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for emberioder
9	Complete ONII V 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
	04/28/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.48	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Lack if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for emberioder
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	
⊨	D-t-	
l	Date	Payee name
	04/25/2025	Lyft
l	Amount (\$)	Payee address; City; State; Zip Code
	\$7.24	185 Berry St.
l		
		San Francisco, CA 94107
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Transportation Equipment And Related
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 53/127 Rpt:	Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable)	
4	Date	5 Payee name	
	04/24/2025	Lyft	
6	Amount (\$) \$24.67	7 Payee address; City; State; Zip Code 185 Berry St.	
	+= 3.		
		San Francisco, CA 94107	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder	
		Transportation Expense for Officeriolide	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	04/23/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.09	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense	
		Expense Lastin, TX, officeholder living expense Transportation Expense for Officeholder	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
H	Date	Payee name	
	04/21/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.73	185 Berry St.	
	÷ o		
		San Francisco, CA 94107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense	
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder	
		Transportation Expense for Officeriolide	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	1 0	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/18/2025	Lyft
6	Amount (\$) \$7.60	7 Payee address; City; State; Zip Code 185 Berry St.
		San Francisco, CA 94107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/17/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.21	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/16/2025	Lyft
	Amount (\$) \$29.45	Payee address; City; State; Zip Code 185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 55/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/14/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$7.10	185 Berry St.
L		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolder
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	oxponditare to senent eye.	
	Date	Payee name
	04/11/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.48	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	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
l		Expense La Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolder
├	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	o
⊨	Data	Davies name
	Date	Payee name
	04/10/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.32	185 Berry St.
l		
		San Francisco, CA 94107
	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	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
1	Sch: 57/127 Rpt:	Gonzalez, Mary Edna (The Honorable) Gonzalez, Mary Edna (The Honorable)	
_	·		
4	Date	5 Payee name	
	04/07/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.75	185 Berry St.	
		San Francisco, CA 94107	
		San Flancisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense	
		Transportation Expense for Officeholder	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/07/2025	Lyft	
	Amount (\$)		
	\$6.66	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Transportation Expense for Officeholder	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
H	Date	Payron namo	
		Payee name	
	04/04/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.50	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Transportation Equipment And Related	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Transportation Expense for Officeholder	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/03/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$16.46	185 Berry St.
l		
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolaer
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9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	04/02/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.07	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolder
┡	Opening the ONII Wife discort	Occasional Office health and a second of the
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	03/31/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.51	185 Berry St.
		San Francisco, CA 94107
1	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
		Transportation Expense for Officeholder
dash	Complete CALLY''	Condidate (Office helder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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: 59/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004		
4	Date	5 Payee name		
	03/31/2025	Lyft		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$32.10	185 Berry St.		
		San Francisco, CA 94107		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Transportation Equipment And Related		
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder		
		Transportation Expense for Officendider		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
\vdash	Data			
	Date	Payee name		
	03/28/2025	Lyft		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$27.04	185 Berry St.		
		San Francisco, CA 94107		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.		
		Expense		
		Transportation Expense for Officeriolider		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Data			
	Date 03/27/2025	Payee name		
		Lyft		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$43.75	185 Berry St.		
		San Francisco, CA 94107		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.		
		Expense Check if Austin, TX, officeholder living expense		
		Transportation Expense for Officeholder		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	03/26/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.24	185 Berry St.
		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 Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/25/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.09	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1 -
	Date	Payee name
	03/24/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.86	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se 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/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: 61/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4 Date	5 Payee name
03/21/2025	Lyft
6 Amount (\$) \$24.47	7 Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
0 PUDDO05	San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/20/2025	Lyft
Amount (\$) \$7.96	Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/19/2025	Lyft
Amount (\$) \$12.34	Payee address; City; State; Zip Code 185 Berry St.
	San Francisco, CA 94107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office of Fees Office of Fees Office of Fees Office of Fees Polling Gift/Awards/Memorials Expense Printing Legal Services Salarie

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnes/Contract Labor

	it Card Payment	The Instruction Guide explains how to co	Ü	ete this form.
1 Total	pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
	ch: 62/127 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004
4 Date		5 Payee name		
03/1	8/2025	Lyft		
6 Αποι	unt (\$)	7 Payee address; City; State; Zip Co	nde	
	\$13.31	185 Berry St.		
	,			
		San Francisco, CA 94107		
8 P	URPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Transportation Equipment And Related	()	Check if travel outside of Texas. Complete Schedule T.
EXF	PENDITURE	Expense		Check if Austin, TX, officeholder living expense
				Transportation Expense for Officeholder
	plete <u>ONLY</u> if direct nditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
ехреі	nulture to beliefit C/Oi			
Date		Payee name		
03/1	7/2025	Lyft		
Amou	unt (\$)	Payee address; City; State; Zip Co	ode	
	\$22.20	185 Berry St.		
		San Francisco, CA 94107		
Р	URPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
FXE	OF PENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
LXI	LINDITORL	Expense		Check if Austin, TX, officeholder living expense
				Transportation Expense for Officeholder
Comi	plete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ıaht	Office held
	nditure to benefit C/OI		ignt	Office field
Data				
Date	7/2025	Payee name		
		Lyft		
Amou	unt (\$)	Payee address; City; State; Zip Co	ode	
	\$15.25	185 Berry St.		
		San Francisco, CA 94107		
Р	URPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXF	OF PENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense		Transportation Expense for Officeholder
				Talleportation Expense for Officeriolides
Comi	plete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	l laht	Office held
	nditure to benefit C/OI		.911L	Office Hold

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 F	
Sch: 63/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4 Date	5 Payee name
03/14/2025	Lyft
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.29	9 185 Berry St.
	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	Transportation Expense for Officeholder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	
expenditure to benefit Ci	On
Date	Payee name
03/12/2025	Lyft
Amount (\$)	Payee address; City; State; Zip Code
\$19.9	
	San Francisco, CA 94107
DUDDOGE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Transportation Expense for Officeholder
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit Ca	ОН
Date	Payee name
03/11/2025	Lyft
Amount (\$) \$33.59	Payee address; City; State; Zip Code
φοο.ο:	9 185 Berry St.
	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Transportation Expense for Onicendide
Complete CNII V if all 1 and	Condidate Office helder name Office cought
Complete ONLY if direct expenditure to benefit C	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/127 Rpt:	Gonzalez, Mary Edna (The Honorable) Cuites Commission Files) 00068004
4	Date	5 Payee name
	03/10/2025	Lyft
6	Amount (\$) \$58.69	7 Payee address; City; State; Zip Code 185 Berry St.
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense La Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.92	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense La Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.85	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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	/ - Il Co	mmittee Le	ft/Awards/Memorial gal Services ne Instruction G	·		Wages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 65/127 Rpt:		Gonzalez, Ma	ry Edna (The	e Honorable	!)				00068004		
4	Date	5	Payee name									
	03/06/2025		Lyft									
6	Amount (\$)	7	Payee address;	City;	State	e; Zip Co	ode					
	\$41.10		185 Berry St.									
			,									
			San Francisco	o, CA 94107								
8	PURPOSE	(a	Category (See (Categories listed at	the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Transportation					Check if travel	outsi	ide of Texas. Co	mplete Schedule T.	
	EXPENDITORE		Expense					ш		, officeholder livir		
								Transportation	n E	Expense for	Officeholder	
9	Complete ONLY if direct		Candidate/Office	holder name		Office sou	ught			Office h	neld	
	expenditure to benefit C/O	-										
	Date		Payee name									
	03/05/2025		Lyft									
	Amount (\$)	┝	Payee address:	City;	State	e; Zip Co	ode					
	\$6.52		185 Berry St.	J.,	Ototio	, <u> </u>	000					
	Ψ0.02		100 Berry Gt.									
			Can Francisco	CA 04107								
			San Francisco), CA 94107								
	PURPOSE OF	(a)	Category (See ((b)	Description				
	EXPENDITURE		Transportation	n Equipment	And Relate	d		-		ide of Texas. Co , officeholder livir	mplete Schedule T.	
			Expense					Transportation				
										-Apolloo 10.	0000.00	
-	Complete ONLY if direct	<u> </u>	Candidate/Office	holder name		Office sou	ıaht			Office h	neld	
	expenditure to benefit C/O		candidate/Office	noider name		Office 300	agrit			Office i	icia	
_		_										
	Date		Payee name									
	03/04/2025		Lyft									
	Amount (\$)		Payee address;	City;	State	e; Zip Co	ode					
	\$5.00		185 Berry St.									
			San Francisco	o, CA 94107								
	PURPOSE	(a	Category (See	Categories listed at	the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Transportation	n Equipment	And Relate	d					mplete Schedule T.	
	EXI ENDITORE		Expense							, officeholder livir		
								Transportation	ווע ב	expense tot	Onicenolaer	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	holder name		Office sou	ught			Office h	neld	
L	5.psa.a.s to 55a 5/6/1											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 66/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4 Date	5 Payee name
03/03/2025	Lyft
6 Amount (\$) \$49.89	7 Payee address; City; State; Zip Code 185 Berry St. San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2025	Lyft
Amount (\$) \$15.79	Payee address; City; State; Zip Code 185 Berry St.
	San Francisco, CA 94107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2025	Lyft
Amount (\$) \$46.12	Payee address; City; State; Zip Code 185 Berry St.
	San Francisco, CA 94107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 67/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	02/26/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.00	185 Berry St.	
		San Francisco, CA 94107	
8	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense	Check if Austin, TX, officeholder living expense
		'	Transportation Expense for Officeholder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beliefit C/Oi	1	
	Date	Payee name	
	02/26/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.97	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE OF	, (************************************	Description
	EXPENDITURE	Transportation Equipment And Related Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Σλρόπου	Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<u> </u>	
	Date	Payee name	
	02/24/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.67	185 Berry St.	
		San Francisco, CA 94107	
	PURPOSE OF	,	Description Chapter for the supplied of Tourse Complete Schoolule T
	EXPENDITURE	Transportation Equipment And Related Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ехропос	Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 68/127 Rpt:	Gonzalez, Mary Edna (The Honorable) Consolez, Mary Edna (The Honorable) Consolez, Mary Edna (The Honorable)
4	Date	5 Payee name
	02/21/2025	Lyft
6	Amount (\$) \$40.42	7 Payee address; City; State; Zip Code 185 Berry St.
	Ψ+0.+2	100 Delly Gu
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense La Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for emberroider
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.08	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
		Transportation Expense for emberroider
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.96	185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 69/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/18/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.10	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolaer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/18/2025	Lyft
H	Amount (\$)	Payee address; City; State; Zip Code
	\$7.36	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolder
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/14/2025	Lyft
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$35.24	185 Berry St.
	Ψ33.24	100 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
L	Complete ONII V if allow	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/13/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.99	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/12/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.44	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Power name
	02/10/2025	Payee name Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.40	185 Berry St.
	¥ .00	255 25.17 5.1
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/07/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.81	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/06/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.36	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolide
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	02/05/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.12	185 Berry St.
		, and the second
		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.
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 72/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/03/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.87	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
		That operation 2 species is: emestioned.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/31/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.51	185 Berry St.
	,	
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Operation ONLY if dispose	Out lists 10ff as hald a second to the secon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	185 Berry St.
		Son Francisco CA 04107
	DI INCOM	San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 73/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/30/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.37	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Onicendial
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	01/29/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.25	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.54	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
_	Complete ONII V if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/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: 74/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/27/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.97	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolites
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/24/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.41	185 Berry St.
	¥-0	255 2511, 51
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	01/23/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.97	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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: 75/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/21/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.06	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beriefft C/Oi	1
	Date	Payee name
	01/17/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.67	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation Expense for Officeholder
	Commists ONII V if disent	Condidate/Officeholder name Office acusts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	-	
	Date	Payee name
	01/16/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.38	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
		Transportation Expense for Officeriolide
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Gard i dyment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 76/127 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004
4	Date	5 Payee name		
	01/15/2025	Lyft		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$32.96	185 Berry St.		
		San Francisco, CA 94107		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense Transportation Expense for Officeholder
				Transportation Expense for Officerolaci
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/OI			2
-	Date	Payee name		
	01/14/2025	Lyft		
_	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$31.25	185 Berry St.		
		,		
		San Francisco, CA 94107		
_	PURPOSE		b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				Transportation Expense for Officeholder
_	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	Complete ONLY if direct expenditure to benefit C/OI	•	nι	Office field
-	Data			
	Date 01/30/2025	Payee name Maitlen, Tanley		
		•		
	Amount (\$) \$100.00	Payee address; City; State; Zip Code	е	
	φ100.00	201 Lavaca St, Apt 631		
		Auctin TV 79701		
		Austin, TX 78701		
	PURPOSE OF	,	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
				Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 co	omplete this form.
1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 77/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4 Date	5 Payee name	'
02/25/2025	Maltien, Tanley	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$80.00	201 Lavaca St., Apt. 631	
	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Staff Pay
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou OH	ught Office held
Date	Payee name	
06/30/2025	Mamacitas	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$29.61	1580 Clint	
	Clint, TX 79836	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/0		ugnit Office field
Date	Payee name	
06/24/2025	Mamacitas	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$51.60	1580 Clint	
	Clint, TX 79836	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
		Food for Constituents during Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
Complete ONLY if direct expenditure to benefit C/0		ugnit Office field
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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: 78/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	06/16/2025	Mamacitas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.22	1580 Clint
		Clint, TX 79836
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Constituents during Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	06/12/2025	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.69	1580 Clint
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	06/11/2025	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.66	1580 Clint
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
		Food for Constituents during weeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 79/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4		5 Payee name
	06/10/2025	Mamacitas
6	Amount (\$) \$55.44	7 Payee address; City; State; Zip Code 1580 Clint
		Clint, TX 79836
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 Constituents during Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	06/09/2025	Mamacitas
	Amount (\$) \$90.00	Payee address; City; State; Zip Code 1580 Clint
		Clint, TX 79836
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/09/2025	Payee name Mamacitas
	Amount (\$) \$235.98	Payee address; City; State; Zip Code 1580 Clint
		Clint, TX 79836
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents during Meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			Expens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 80/127 Rpt:		Gonzalez, N	Mary Edna (The Ho	onorable)					00068004	
4	Date	5	Payee name								
L	06/06/2025		Mamacitas								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode				
	\$410.78		1580 Clint								
L			Clint, TX 79	836							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				<u> </u>		de of Texas. Comp	
	-							Food for Con		officeholder living	
								. 554 101 5011	J.11	acino during	ourig
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Ω	ffice sou	l uaht			Office he	ld
Ĺ	expenditure to benefit C/O					55 500	g-it				- -
	Date		Payee name								
	02/10/2025		Mamacitas								
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode				
	\$199.28		1580 Clint								
			Clint, TX 79	836							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE			age Expense		•		—		de of Texas. Comp	
	EXI ENDITORE							—		officeholder living	
								Food for Con	่อแป	uenis duning	weemy
\vdash	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name		ffice sou	llapt			Office he	ld .
	expenditure to benefit C/O		a ididale/OIII	conduct name	O	11100 300	agrit			Office He	iu.
H	Data	Ι	Davisa rare -								
	Date 02/03/2025		Payee name Mamacitas								
_		_		Oit ::	Ctata	7in C	od-				
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	υαe				
	\$193.51		1580 Clint								
			Clint, TX 79	836							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE			age Expense						de of Texas. Comp	
								Food for Con		officeholder living	
								1 000 101 0011	Sut	uenio dunny	weenig
	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name		ffice sou	uaht			Office he	ld
	expenditure to benefit C/O		a lalade/OIII	conduct name	O	301	agrit			Office field	uu.

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

l	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: 81/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	
4	Date	5 Payee name	_
	02/03/2025	Mamacitas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$167.46	1580 Clint	
l			
		Clint, TX 79836	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Food for Constituents during Meeting	
l		1 ood for Constituents during weeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Date	Payee name	=
l	01/09/2025	Mamacitas	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$182.53	1580 Clint	
l	Ψ102.33	1300 Gilit	
l		Clint TV 70026	
L	DUDD005	Clint, TX 79836	_
l	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.	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Food for Constituents during Meeting	
l			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/06/2025	Mamacitas	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$323.62	1580 Clint	
l			
l		Clint, TX 79836	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Food/Beverage Expense	
l	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
l		Food for Constituents during Meeting	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials E nmittee Legal Services	xpense	Printing Ex Salaries/W			Travel Out of Dis OTHER (enter a	strict category not listed above)
	Credit Card Payment		The Instruction Guid	de explains	how to co	mple	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 82/127 Rpt:		Gonzalez, Mary Edna (The F	lonorable))			00068004	
4	Date	5	Payee name						
	06/09/2025		Martinez, Armando						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$55.25		P.O. Box 2910						
			Austin, TX 78768						
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Gift/Awards/Memorials Expe	nse			Check if travel outsid		
							Committee Gift	onicendider living	expense
9	Complete ONLY if direct		Candidate/Officeholder name	(Office sou	aht		Office he	eld
	expenditure to benefit C/OI					9			
	Date		Payee name						
	02/25/2025		Merritt, Sarah						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$55.00		1107 Payne Ave.						
			Austin, TX 78757						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Lab				Check if travel outsid		
							Check if Austin, TX,	officenolaer living	expense
							Stan r dy		
_	Complete ONLY if direct		Candidate/Officeholder name	(Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	01/15/2025		Merritt, Sarah						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$200.00		1107 Payne Ave.						
			Austin, TX 78757						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Lab		,		Check if travel outsid		
	LAFLINDITORE						Check if Austin, TX,	officeholder living	expense
							Staff pay		
	Complete ONII V if allow	Ļ	Condidate /Office Is a latent reserve		Office	ou lo +		Off: 1	.la
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	(Office sou	gnt		Office he	eia

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

1 Total pages Schedule F1: Sch: 83/127 Rpt: Gonzalez, Mary Edna (The Honorable) 4 Date O1/16/2025 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1,500.00 108 Lavaca St., Ste. 110-351 Austin, TX 78701	Filers)
4 Date 01/16/2025 5 Payee name Mexican American Legislative Caucus 6 Amount (\$) 7 Payee address; City; State; Zip Code 1108 Lavaca St., Ste. 110-351 Austin, TX 78701	
01/16/2025 Mexican American Legislative Caucus 6 Amount (\$)	
6 Amount (\$) 7 Payee address; City; State; Zip Code 1108 Lavaca St., Ste. 110-351 Austin, TX 78701	
\$1,500.00 1108 Lavaca St., Ste. 110-351 Austin, TX 78701	
Austin, TX 78701	
	1
0 PURPOSE (4) -	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Fees Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Biannual Caucus Dues	
Diamidal Caucus Dues	
O Complete ONLY if direct Condidate/Officeholder norms	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
<u> </u>	
Date Payee name	
02/18/2025 Michael's	
Amount (\$) Payee address; City; State; Zip Code	
\$32.37 1201 Barbara Jordan Blvd, #200	
Austin, TX 78723	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas Complete Schedule Tex	
Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
Office supplies	
Cinice supplies	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
02/09/2025 Michael's	
Amount (\$) Payee address; City; State; Zip Code	
\$79.12 3201 Bee Caves Rd., Ste. 112	
Austin, TX 78746	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Office supplies	
Operation ONLY if direct Control later (Office helder name of the Control late	
Complete <u>ONLY</u> 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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 84/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/25/2025	Neadeau, Elliot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	2505 Longview St., Unit 233D
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Stati Fay
_	0 1: 01 1/4 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2025	Nothing Bundt Cake
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.42	1201 Barbara Jordan Blvd., Ste. 680
		Austin, TX 78723
	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 Capitol Staff
_	Operation ONLY if allowed	On didn't Office helder game
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/23/2025	Nothing Bundt Cakes
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.69	1201 Barbara Jordan Blvd.
		Ste. 680
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Birthday Cake for Staff
L		
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 85/127 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004)
4	Date	5 Payee name	
_	04/18/2025	Nothing Bundt Cakes	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$64.80	1201 Barbara Jordan Blvd.	
		Ste. 680	
_	DUDDOGE	Austin, TX 78723	
8	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	
		Birthday Cake for Staff	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Ĺ	expenditure to benefit C/OI		
	Date	Payee name	
	03/28/2025	Nothing Bundt Cakes	
	Amount (\$) \$54.90	Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd.	
	φ34.90	Ste. 680	
		Austin, TX 78723	
	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 Birthday Cake for Staff	
		2asy sales is: state	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/19/2025	Nothing Bundt Cakes	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.87	1201 Barbara Jordan Blvd.	
		Ste. 680	
	PURPOSE	Austin, TX 78723	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Food for Capitol Staff	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 86/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	03/11/2025	Nothing Bundt Cakes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.39	1201 Barbara Jordan Blvd.
		Ste. 680
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2025	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.89	5300 S. Mopac Expy
	·	
		Austin, TX 78749
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Toner cartidges for Capitol Office printer
		Total cartages for capitor office printer
_	Computate ONLY if diseast	Condidate/Office holds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2025	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.67	5300 S. Mopac Expy
		Austin, TX 78749
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Checkbook covers
		CHECKDOOK COVELS
_	Complete Chilly 'C. "	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The strategy of the strategy o	

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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
L	Sch: 87/127 Rpt:		Gonzalez, N	Aary Edna (The H	lonorable)					00068004	
4	Date	5	Payee name								
	02/10/2025		Office Depo	t							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$38.10		2101 S. Lar	nar Blvd.							
			Austin, TX 7	78704							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental Expe	ense					de of Texas. Comp	
								Office Supplie		officeholder living	expense
								отпос оцррт			
9	Complete ONLY if direct		andidate/Offi	ceholder name		Office sou	l ıaht			Office he	ld
	expenditure to benefit C/O										
	Date		Payee name								
	06/13/2025		One Stop P	rint Shop							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$44.38		7800 N. Loc	op Dr.							
			El Paso, TX	79915							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Printing Exp	ense				□		de of Texas. Comp officeholder living	
								ш			ng with constituents
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	Office sou	<u>ı</u> ıght			Office he	ld
	expenditure to benefit C/O						-				
	Date		Payee name								
	01/22/2025		PGA El Pas	60							
	Amount (\$)	\vdash	Payee addres	ss; City;	State;	Zip Co	ode				
	\$10.05	ı	6713 Conva		•	•					
			El Paso, TX	79925							
	PURPOSE OF			ee Categories listed at the	top of this sche	edule)	(b)	Description			
	EXPENDITURE		Food/Bever	age Expense						de of Texas. Comp officeholder living	
								Food for Office			
									•		-
	Complete ONLY if direct		andidate/Offi	ceholder name	C	Office sou	ıght			Office he	ld
	expenditure to benefit C/O	Н					-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 88/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/25/2025	Perez, Nia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	715 W. 23rd St.
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Staff Pay
		Sian ray
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/29/2025	Perla's Seafood & Oyster Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$222.94	1400 S. Congress Ave.
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Food for legislative member and Capitol staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	Perla's Seafood & Oyster Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1400 S. Congress Ave.
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food for legislative member and Capitol staff
	0 1. 5	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Farmano to Sononi Oron	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadala E4	
1	Total pages Schedule F1: Sch: 89/127 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date	5 Payee name
•	05/30/2025	Pho Please
	03/30/2023	FIIU FICASC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$206.92	1920 E. Riverside Dr.
		Austin TV 70701
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
-	Data	Davis asses
	Date	Payee name
	05/07/2025	Pho Thaison
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.99	1908 Guadalupe
		Austin TV 7070F
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Food for staff working on Saturday
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
H	Data	Davisa warea
	Date	Payee name
	06/06/2025	Phoebe's Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.28	533 W. Oltorf St.
		Auctin TV 70704
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Farewell lunch for staff and interns
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense 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: 90/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/13/2025	Pick Up Stix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.49	2800 N. Terminal Rd.
		Houston, TX 77032
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Officeholder during Travel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit of of	'
	Date	Payee name
	05/21/2025	Plucker's Wing Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.41	2222 Rio Grande St.
		Ste. D116
		Austin, TX 78705
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/26/2025	Rent A Horn Valet
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	1201 S. Lamar Blvd.
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Parking Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
	Sch: 91/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	
4	Date	5 Payee name	
	02/13/2025	San Elizario High School	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 13981 Socorro Rd	
		San Elizario, TX 79849	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Track & Field Team Donation	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/18/2025	Silvas, Ashlee	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$100.00	851 Manuel Ortega	
		El Paso, TX 79927	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Mileage for staff attending various meetings in the	
		district	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/04/2025	Silvas, Ashlee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	851 Manuel Ortega	
		El Paso, TX 79927	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Mileage for staff attending various meetings in the	
		district	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	Croan cara r aymon	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 92/127 Rpt:	Gonzalez, Mary Edna (The Honorable)	00068004
4	Date	5 Payee name	
	05/08/2025	Silvas, Ashlee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
Ŭ	\$100.00	851 Manuel Ortega	
	Ψ100.00	001 Mander Offega	
		El Paso, TX 79927	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Calaries/ Wages/Contract Easter	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		district	taff attending various meetings in the
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/08/2025	Silvas, Ashlee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	851 Manuel Ortega	
		El Paso, TX 79927	
	PURPOSE		
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Eabor	, TX, officeholder living expense
		Mileage for st	taff member to attend various meetings.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/09/2025	Silvas, Ashlee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	851 Manuel Ortega	
	Ψ100.00	551 Manuel Ortoga	
		ELD TV 70007	
		El Paso, TX 79927	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/ Wages/Contract Eabor	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			taff member to attend various meetings.
		eage for Si	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		Legal Services The Instruction (Wage	es/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Cabadula F1:	2 511 55		•			12	Filer ID	/Ethios Commission F	ilore)
_	Total pages Schedule F1: Sch: 93/127 Rpt:	l	alez, Mary Edna (Th	e Honorable)			3	00068004	(Ethics Commission F	ileis)
4	Date	5 Payee	name				<u> </u>			
	03/27/2025	,	s, Ashlee							
Ļ										
6	Amount (\$)	1	e address; City;	State; Zip C	ode					
	\$100.00	851 N	Manuel Ortega							
		El Pa	so, TX 79927							
8	PURPOSE	(a) Cated	Ory (See Categories listed a	t the top of this schedule)	(b)	Description				
	OF		ies/Wages/Contract		` ´	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living	g expense	
						Mileage for s	taff	member to	attend various med	etings.
9	Complete ONLY if direct	Candida	ate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OF	H								
_	Date	Payor	name							
	02/18/2025	· ·	s, Ashlee							
	Amount (\$)	1	e address; City;	State; Zip C	ode					
	\$250.00	851 N	Manuel Ortega							
		El Pa	so, TX 79927							
	PURPOSE	(a) Cated	Ory (See Categories listed a	t the top of this schedule)	(b)	Description				
	OF	l	ies/Wages/Contract		` ´	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living	g expense	
						Staff travel to	Αι	ıstin for trair	ning	
	Complete ONLY if direct		ate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
-	Date	Payor	e name							
	02/14/2025	1 1	s, Ashlee							
	Amount (\$)	l í	address; City;	State; Zip C	ode					
	\$350.00	851 N	Manuel Ortega							
		El Pa	so, TX 79927							
	PURPOSE	(a) Cated	Ory (See Categories listed a	t the top of this schedule)	(b)	Description				
	OF		wards/Memorials Ex		` `		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			'		Check if Austin	ı, TX,	officeholder living	g expense	
						Purchase of \	Ver	onica Escol	oar Hats	
	Complete ONLY if direct		ate/Officeholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	4								
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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:	
L	Sch: 94/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/06/2025	Silvas, Ashlee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	851 Manuel Ortega
		El Paso, TX 79927
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mileage for staff member to attend various meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/22/2025	Silvas, Ashlee
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	851 Manuel Ortega
		El Paso, TX 79927
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mileage for staff attending various meetings in the
		district
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	01/08/2025	Silvas, Ashlee
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	851 Manuel Ortega
		El Paso, TX 79927
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Mileage for staff member to attend various meetings
		Willedge for start member to attend various meetings
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 95/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	05/12/2025	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$768.66	2702 Love Field Dr
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff travel home
		Stall travel home
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	01/02/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.20	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flight Change Fee
		Flight Change Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	03/03/2025	Payee name
		Squarespace, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	225 Varick St.
		12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Domain Renewal
		Domain Renewal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 96/127 Rpt:	2 FILER NAME Gonzalez, Mary Edna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068004
4	Date 05/09/2025	5 Payee name Sugar Mama's Bake Shop
6	Amount (\$) \$71.10	7 Payee address; City; State; Zip Code 1905 S 1st St. Austin, TX 78704
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 Birthday Cake for Staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/05/2025	Payee name Sugar Mama's Bake Shop
	Amount (\$) \$89.67	Payee address; City; State; Zip Code 1905 S 1st St. 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 Birthday Cake for Staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/04/2025	Payee name Sugar Mama's Bake Shop
	Amount (\$) \$98.58	Payee address; City; State; Zip Code 1905 S 1st St.
		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 Birthday Cake for Staff
	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

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: 97/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/20/2025	Sugar Mama's Bake Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.64	1905 South 1st Street
		Austin, TX 78704
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 Birthday Cake for Staff Birthday
		Billinday Gake for Start Billinday
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	02/04/2025	Sugar Mama's Bake Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.40	1905 S 1st St.
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Capitol Staff
		1 ood for Capitor Stair
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	05/01/2025	Payee name Sweetwaters Coffee & Tea
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.32	316 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 Capitol staff during meeting
		Food for Capitor stail during meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 98/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	06/06/2025	Sweetwaters Coffee & Tea
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.20	316 W. 12th St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Capitol staff during meeting
		1 ood for outpitor stain during meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/20/2025	Sweetwaters Coffee & Tea
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.72	316 W. 12th St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff and member during meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/10/2025	Sweetwaters Coffee & Tea
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.87	316 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 Capitol staff and member during meeting
		1 ood for Supitor stair and member during meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 99/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/28/2025	Taco Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.20	301 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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/07/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.98	2025 Guadalupe., Ste. 01-100
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense First aid items for the Capitol Office
		That aid terms for the dapter emice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/21/2025	Target
		-
	Amount (\$) \$28.75	Payee address; City; State; Zip Code
	Φ20.75	5621 N. IH-35
		Auglia TV 70722
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Light bulbs for lamps in Capitol officre
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 100/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	06/04/2025	Texadelphia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$135.71	5400 Brodie Ln.
		#230
		Sunset Valley, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/24/2025	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.58	1409 Lavaca
		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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol staff and member during meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	06/02/2025	Texas Chili Parlor
	Amount (\$)	
	()	
	\$84.89	1409 Lavaca 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 constituents and Capitol staff during
		meeting
_	Complete ONLY if direct	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 101/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	
4	Date	5 Payee name	
	02/28/2025	Texas Chili Parlor	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.31	1409 Lavaca	
		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 Food for staff and constituents at meeting	
		Food for stall and constituents at meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
\vdash	Data	Para a same	
	Date	Payee name	
	06/12/2025	Texas Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,430.00	P.O. Box 15707	
		Austin, TX 78761	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense Access to Voter Activation Network	
		Access to voter Activation Network	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	Davies same	
	06/05/2025	Payee name Texas Energy & Climate Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	1100 Congress Ave., Room E2.306	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Annual Membership Dues	
		Ailitual Methibership Dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 102/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/11/2025	The Capital Grille
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.77	117 W 4th St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	"
_	Date	Payee name
	05/09/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.32	1400 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Food for Capitol staff during meeting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
-	Date	Davisa nama
	05/16/2025	Payee name The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.12	1400 Congress Ave
	+0=:==	_ 1.00 Gong.coo / 1.00
		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
		Food for Capitol staff during meeting
L	0 1. 0	
	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: 103/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	05/28/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.20	1400 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Food for Capitol staff during meeting
		Tood for Capitor stain during meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Date	Payee name
	03/03/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.82	1400 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Capitol Staff during meeting
		Toda for Suprior Staff during meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/05/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.18	1400 Congress Ave
		A
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff during meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 104/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	03/06/2025	The Capitol Grill
6	Amount (\$) \$24.90	7 Payee address; City; State; Zip Code 1400 Congress
	PUPPOS	Austin, TX 78701
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 Capitol Staff during meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/19/2025	The Capitol Grill
	Amount (\$) \$12.45	Payee address; City; State; Zip Code 1400 Congress Ave
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Capitol Staff during meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/20/2025	Payee name The Capitol Grill
	Amount (\$) \$14.41	Payee address; City; State; Zip Code 1400 Congress
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Capitol Staff during meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 105/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	03/27/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.28	1400 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Capitol staff during meeting
		1 ood for Capitor stail during meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Dete	
	Date	Payee name
	04/10/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.24	1400 Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Capitol staff and member during meeting
		1 ood for Capitor stail and member during meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name The Conite! Crill
	04/14/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.92	1400 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Capitol staff and member during meeting
_	Complete ONLY if divert	Candidate/Officeholder name Office cought Office hold
	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/ Officeholder/Delitical Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (e Credit Card Payment The Instruction Guide explains how to complete this form.	nter a category not listed above)
Total pages Schedule F1: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 106/127 Rpt: Gonzalez, Mary Edna (The Honorable) 000680	04
Date 5 Payee name	
04/17/2025 The Capitol Grill	
Amount (\$) 7 Payee address; City; State; Zip Code	
\$34.88 1400 Congress Ave	
Austin, TX 78701	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas	· ·
Check if Austin, TX, officeholde Food for Capitol staff du	
Food for Capitor Staff du	ing meeting
Complete ONLY if direct Candidate/Officeholder name Office sought Office sought	ce held
Date Payee name	
04/23/2025 The Capitol Grill	
Amount (\$) Payee address; City; State; Zip Code	
\$18.16 1400 Congresss Ave	
Austin, TX 78701	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas	·
Check if Austin, TX, officenoide	
Food for Capitol staff du	ning meeting
Complete ONLY if direct Candidate/Officeholder name Office sought Office sought	
	ce held
experiulture to benefit C/On	ce neid
Date Payee name	ce neid
· · · · · · · · · · · · · · · · · · ·	ce neid
Date Payee name	ce neid
Date Payee name 04/24/2025 The Capitol Grill	ce neid
Date Payee name 04/24/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code	ce neid
Date Payee name 04/24/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code	ce neid
Date 04/24/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code 1400 Congress Ave Austin, TX 78701 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
Date 04/24/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code 1400 Congress Ave Austin, TX 78701 PURPOSE OF FORENDITURE (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.
Date 04/24/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code \$14.63 \$14.63 1400 Congress Ave Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas Check if Austin, TX, officeholde	. Complete Schedule T.
Date 04/24/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code 1400 Congress Ave Austin, TX 78701 PURPOSE OF FORENDITURE (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.
Date 04/24/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code 1400 Congress Ave Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas Check if Austin, TX, officeholde Food for Capitol staff due	. Complete Schedule T. r living expense ring meeting
Date 04/24/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code 1400 Congress Ave Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Check if travel outside of Texas Check if Austin, TX, officeholde Food for Capitol staff du Complete ONLY if direct Candidate/Officeholder name Office sought Office	. Complete Schedule T.
Date 04/24/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code 1400 Congress Ave Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas Check if Austin, TX, officeholde Food for Capitol staff due	. Complete Schedule T. r living expense ring meeting
Date 04/24/2025 The Capitol Grill Amount (\$) Payee address; City; State; Zip Code 1400 Congress Ave Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Check if travel outside of Texas Check if Austin, TX, officeholde Food for Capitol staff du Complete ONLY if direct Candidate/Officeholder name Office sought Office	. Complete Schedule T. r living expense ring meeting

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 107/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/25/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.81	1400 Congress
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Capitol staff during meeting
		1 ood for Capitor stan during meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/28/2025	The Capitol Grill
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$25.44	1400 Congress
	Ψ23.44	1400 Congress
		Austin TV 70701
L	DUDD005	Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol staff during meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/29/2025	The Capitol Grill
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$17.32	1400 Congress
		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
		Food for Capitol staff during meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense 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: 108/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/30/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.81	1400 Congress
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Capitol staff during meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit of or	'
	Date	Payee name
	06/03/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.35	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.23	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorations to benefit C/Of	•
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
				The Instruction G	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 109/127 Rpt:		Gonzalez, M	lary Edna (The	e Honorable)					00068004		
4	Date	5	Payee name									
	05/23/2025		The Capitol	Grill								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$25.52		1400 Congre	ess Ave. Suite	E1.002							
			Austin, TX 7	8701								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			age Expense		ŕ		_			nplete Schedule T.	
								_		officeholder livin	g expense	
								Food for Cap	ilUi	Stail		
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	soboldor namo		Office sou	aht			Office h	old	
9	expenditure to benefit C/O		Januluale/Onic	enoluei name		Jilice Sou	grit			Office II	eiu	
_	Data	Г										
	Date 05/19/2025		Payee name	Crill								
		_	The Capitol			7: 0						
	Amount (\$)		Payee addres		•	Zip Co	ae					
	\$21.29		1400 Congre	ess Ave. Suite	E1.002							
			Acceting TV 7	0701								
		_	Austin, TX 7									
	PURPOSE OF	(a) 		e Categories listed at	the top of this sch	edule)	(b)	Description Check if travel (nutsi	de of Texas Con	nplete Schedule T.	
	EXPENDITURE		F000/Bevera	age Expense				=		officeholder livin		
								Food for Cap	itol	Staff		
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI											
	Date		Payee name									
	05/15/2025		The Capitol	Grill								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$13.37		1400 Congre	ess Ave. Suite	E1.002							
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				ш			nplete Schedule T.	
								Food for Cap		officeholder livin	g expense	
								. σου τοι σαρ		Ctan		
\vdash	Complete ONLY if direct	L(Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/O						g			211100 11	-:-	
l												

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		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:						3	Filer ID (Ethics Commission	Filers)
	Sch: 110/127 Rpt:		Mary Edna (The Hond	orable)				00068004	
4	Date	5 Payee name							
	05/12/2025	The Capito							
6	Amount (\$)	7 Payee addre		State; Zip C	ode				
	\$20.65	1400 Cong	ress Ave. Suite E1.00)2					
		Accession TV	70704						
_	DUDDOCE	Austin, TX			/L>	B 1.0			
8	PURPOSE OF		ee Categories listed at the top o	of this schedule)	(a)	Description Check if travel of	outsio	de of Texas. Complete Schedule T.	
	EXPENDITURE	FUUU/DEVEI	rage Expense					officeholder living expense	
						Food for Cap	itol	Staff	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office held	
	Date	Payee name							
	05/07/2025	The Capito	l Grill						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$44.01	1400 Cong	ress Ave. Suite E1.00)2					
		Austin, TX	78701						
	PURPOSE	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bever	rage Expense					de of Texas. Complete Schedule T. officeholder living expense	
						Food for Cap			
						,			
	Complete ONLY if direct		iceholder name	Office so	ught			Office held	
	expenditure to benefit C/O	1							
	Date	Payee name							
	05/06/2025	The Capito	l Grill						
	Amount (\$)	Payee addre		State; Zip C	ode				
	\$60.63	1400 Cong	ress Ave. Suite E1.00)2					
		Austin, TX	78701						
	PURPOSE OF		ee Categories listed at the top o	of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bever	rage Expense					de of Texas. Complete Schedule T. officeholder living expense	
						Food for Cap			
						,			
	Complete ONLY if direct		iceholder name	Office so	ught			Office held	
	expenditure to benefit C/OI	4							

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: 111/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/30/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.11	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
		1 ood for Supitor Stair
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/23/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.00	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
		1 ood for Supilor Staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	04/07/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.57	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
_	Operation Objects "	On didn't 10 ff a halden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment		The Instruction Guide explains how to	compl	lete this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission	ı Filers)
	Sch: 112/127 Rpt:		Gonzalez, Mary Edna (The Honorable)		00068004	
4	Date	5	Payee name		•	
	04/07/2025		The Capitol Grill			
6	Amount (\$)	7	Payee address; City; State; Zip	Code		
	\$114.82		1400 Congress Ave. Suite E1.002			
			Austin, TX 78701			
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description	
	OF	 `	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin, TX, officeholder living expense	
					Food for Capitol Staff	
				1_		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	ought	t Office held	
		_				
	Date		Payee name			
	04/03/2025	L	The Capitol Grill			
	Amount (\$)		Payee address; City; State; Zip	Code		
	\$11.47		1400 Congress Ave. Suite E1.002			
			Austin, TX 78701			
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description	
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
					Check if Austin, TX, officeholder living expense Food for Capitol Staff	
					rood for Capitor Staff	
	Complete ONLY if direct		Candidate/Officeholder name Office s	ought	t Office held	
	expenditure to benefit C/O		Cardinate/Officeriolder Harrie Office 3	ougiit	Cinice neta	
	Date	Т	Device neme			
	03/31/2025		Payee name The Capitol Grill			
		-	<u> </u>			
	Amount (\$)		Payee address; City; State; Zip	Code		
	\$80.86		1400 Congress Ave. Suite E1.002			
			:			
			Austin, TX 78701			
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)) Description	
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
					Food for Capitol Staff	
					•	
	Complete ONLY if direct	_	Candidate/Officeholder name Office s	ought	t Office held	
	expenditure to benefit C/O					
_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	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: 113/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	03/26/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.25	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/25/2025	The Capitol Grill
	Amount (\$)	
	\$69.09	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
		1 dou to t dupitor diam
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/26/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.25	
	Φ4.25	1400 Congress Ave.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Breakfast for Constituent
		2.0330
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 114/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004	
4	Date	5 Payee name	
	02/18/2025	The Capitol Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$48.00	1400 Congress Ave.	
		Austin	
		Austin, TX 78701	
8	PURPOSE		
°	OF		
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Water for Capitol Office visitors during El Paso Da	ıys
		at the Capitol	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	02/18/2025	The Capitol Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.17	1400 Congress Ave. Suite E1.002	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food for Capitol Staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
L	02/18/2025	The Capitol Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.43	1400 Congress Ave. Suite E1.002	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food for Capitol Staff	
		1 oca ici Supitoi Stati	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 115/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/18/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.22	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/12/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.32	1400 Congress Ave. Suite E1.002
	\$42.32	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Staff
		1 ood for exprise can
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Davida nama
	01/31/2025	Payee name The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	1400 Congress Ave. Suite E1.002
		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
		Food for Capitol Staff
	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/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 116/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/27/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.26	1400 Congress Ave. Suite E1.002 Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Capitol Staff
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.69	1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Capitol Staff
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	The Capitol Grill
	Amount (\$) \$27.90	Payee address; City; State; Zip Code 1400 Congress Ave. Suite E1.002
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Capitol Staff
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 117/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/16/2025	The Capitol Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.22	1400 Congress Ave.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for member
		1 dou tot member
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Data	David and the second se
	Date	Payee name
	01/23/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.28	1400 Congress Ave.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for member and staff at meeting
		Food for member and stan at meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name The Conite! Crill
	02/21/2025	The Capitol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.30	1400 Congress Ave.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for member and staff for meeting
		1 ood for mentiber and stan for meeting
_	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

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	The Instruction (lls Expense		pense ages/	Contract Labor	Tı	ravel Out of Dis THER (enter a	strict category not listed	d above)
1	Total pages Schedule F1:	2	FILER NAME					3 Fi	iler ID	(Ethics Comm	nission Filers)
	Sch: 118/127 Rpt:		Gonzalez, Mary Edna (Th	e Honorable)				0	0068004		
4	Date	5	Payee name								
	03/03/2025		The Capitol Grill								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de					
	\$10.28		1400 Congress Ave.								
			Austin, TX 78701								
8	PURPOSE	(a)	Category (See Categories listed a	t the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense				=			plete Schedule T.	
							Check if Austin, Food for men				
							1 000 for filefi	ibei e	and Stair i	or meeting	
9	Complete ONLY if direct	<u> </u>	candidate/Officeholder name	<u> </u>	Office sou	aht			Office he	eld	
	expenditure to benefit C/OI		and the second s	Ö		.			J00 110		
\vdash	Date		Payee name								
	03/13/2025		The Capitol Grill								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$48.71		1400 Congress								
			_								
			Austin, TX 78701								
	PURPOSE OF	(a)	Category (See Categories listed a	t the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Beverage Expense				Check if travel of Check if Austin,			plete Schedule T. expense	
							Food for staff				
	Complete ONLY if direct		andidate/Officeholder name	0	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H									
	Date		Payee name								
L	02/11/2025		The Cloak Room								
	Amount (\$)		Payee address; City;	State;	Zip Co	de				<u> </u>	
	\$75.31		1400 Colorado								
L			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sche	edule)	(b)	Description			<u> </u>	
	OF EXPENDITURE		Food/Beverage Expense				—			plete Schedule T.	
							Check if Austin, Drinks for me				s at meeting
							Diffico for file		, stan and	. 50115111410111	o at mooting
	Complete ONLY if direct		Candidate/Officeholder name	0	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н									
	rms provided by Tayas E	thic	c Commission	MANAN Othics s	toto ty u	_				Varaian V	1 1 0 f10d0fd9

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, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (pertors extraggly not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 119/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	06/27/2025	The Plaza Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$163.08	106 W Mills Ave.
		El Paso, TX 79901
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for constituents at meeting to discuss
		legislative issues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	04/23/2025	Payee name The Stephen F. Austin David Senecte Hetel
		The Stephen F. Austin Royal Sonesta Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,003.63	701 Congress Ave.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff event
		Stall event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	02/11/2025	Total Wine
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.77	1201 Barbara Jordan Blvd.
		#900
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Gift
	Commission ONU Wife allows	Constitute / Office helder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Pollinç ense Printin Salario	Expense g Expenses/Wages	se s/Contract Labor		Travel in Distric	
	oroun ouru r uymone		The Instruction Guide	explains how to	compl	ete this form.			
1	Total pages Schedule F1: Sch: 120/127 Rpt:	l	E Mary Edna (The Hor	norable)			3	Filer ID 00068004	(Ethics Commission Filers)
4	Date	5 Payee name					<u> </u>		
	02/09/2025	Trader Joe							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code				
	\$25.93	1 1	Cave Rd., Ste #400						
		Austin, TX	78746						
8	PURPOSE OF EXPENDITURE		See Categories listed at the top s/Memorials Expens		(b)	Check if Austin	n, TX,	, officeholder livir	mplete Schedule T. ng expense µislator's spouse birthday
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office s	ought			Office h	neld
	Date	Payee name	9						
	06/02/2025	Truluck's							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$363.80	300 Colora	ado St.						
		Austin, TX	78701						
	PURPOSE	(a) Category	See Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	erage Expense						mplete Schedule T.
						Food for Cap		officeholder livir	ng expense
						1 ood for Cap	itoi	Stan	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office s	ought			Office h	neld
_	Date	Payee name							
	05/12/2025	Truluck's	, 						
	Amount (\$)	Payee addr		State; Zip	Code				
	\$111.47	300 Colora	ado St.						
		Austin, TX	78701						
	PURPOSE OF	(a) Category (See Categories listed at the top	o of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	erage Expense					ide of Texas. Coi , officeholder livir	mplete Schedule T.
						Food for Cap			ig expense
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office s	ought			Office h	neld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 121/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	05/12/2025	Truluck's
6	Amount (\$) \$462.13	7 Payee address; City; State; Zip Code 300 Colorado St.
		Austin, TX 78701
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 Capitol Staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	06/03/2025	USPS
	Amount (\$) \$113.00	Payee address; City; State; Zip Code 13001 Alameda Ave.
		Clint, TX 79836
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2025	Vallee, Sam
	Amount (\$) \$145.00	Payee address; City; State; Zip Code 111 West 38th St., Apt. 202
		Austin, TX 78705
	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 Mileage for various trips with member to meetings with constituents
	Complete ONLY if direct expenditure to benefit C/O	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 122/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	02/25/2025	Vertner, Kaydence
6	Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 201 Lavaca St., Apt. 307
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Pay
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2025	Vespaio
	Amount (\$)	Payee address; City; State; Zip Code
	\$302.76	1610 S. Congress Ave. S
		•
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for legislative members and Capitol Staff
		Toda for logiciative mombers and Supremental
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.30	1030 Norwood Park Blvd.
	, ,	
		Austin, TX 78753
	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
		Decorations for staff birthday party in office
		2 333 data to data surriday party in onido
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onto a extension pat listed above)

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	·		Vages	s/Contract Labor		OTHER (enter a	category not listed above)	
		_		The Instruction	Guide exp	lains now to co	mpie	ete tnis form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	rs)
	Sch: 123/127 Rpt:		Gonzalez, M	1ary Edna (Th	ne Honor	able)				00068004		
4	Date	5	Payee name									
	03/07/2025		Walmart									
6	Amount (\$)	7	Payee addres	ss; City;		State; Zip Co	ode					
	\$71.90		5017 W. Hig	hway 290								
				, ,								
			A	20705								
			Austin, TX 7	8735								
8	PURPOSE OF	(a)		e Categories listed		his schedule)	(b)	Description				
	EXPENDITURE		Gift/Awards/	Memorials E	xpense			=			plete Schedule T.	
								\Box	, IX,	officeholder living	j expense	
								Gift				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name		Office sou	ıght			Office he	eld	
	experialiture to benefit C/Oi	' '										
	Date		Payee name									
	01/27/2025		Wayfair									
	Amount (\$)		Payee addres	ss; City;		State; Zip Co	ode					
	\$377.73		4 Copley Pl.									
	·		' '									
			Boston, MA	02116								
		ļ.,										
	PURPOSE OF	(a)		e Categories listed		his schedule)	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental E	Expense			=		de of Texas. Com officeholder living	plete Schedule T.	
								Office Supplie		onicendider living	j expense	
								Office Supplie	CS			
_	Commission ONII V if direct	<u> </u>	Canadidate /Offic			Office				Office by	-1-d	
	Complete ONLY if direct expenditure to benefit C/OI		zanuluale/Onic	ceholder name		Office sou	igni			Office he	eiu	
	Date		Payee name									
	03/12/2025		West Texas	Pecan Assoc	ciation							
	Amount (\$)		Payee addres	ss; City;		State; Zip Co	ode					
	\$1,000.00		PO Box 167	•								
			Tornillo, TX	709/0								
		<u> </u>					<i>a</i> >					
	PURPOSE OF	(a)		e Categories listed			(a)	Description Check if travel	outei	de of Teves Com	plete Schedule T.	
	EXPENDITURE			s/Donations Officeholder/P						officeholder living		
			Carididate/C	Jilice Holdel/F	Untical C	ommittee		Annual Meetl				
									9	- 600010111	F	
\vdash	Complete ONLY if direct	<u> </u>	Candidato/Offi	ceholder name		Office sou	labt			Office he	ald	
	expenditure to benefit C/O		zanuluale/OIII	cholder Hallle		Onice Sol	igill			Onice H	Jiu	
	·											

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		nittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	l							3	Filer ID	(Ethics Commission File	rs)
	Sch: 124/127 Rpt:	(Gonzalez, M	lary Edna (The H	onorable)					00068004		
4	Date	5	Payee name					•				
	06/05/2025	۱ ا	Westin Aust	in								
6	Amount (\$)	7 [Payee addres	ss; City;	State;	Zip C	ode					
	\$1,515.83	3	310 E. 5th S	it.								
		,	Austin, TX 7	8701								
8	PURPOSE	(a) (Category (Se	e Categories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	-	Γravel Out c	f District				=		de of Texas. Com		
								ш		officeholder living	expense ons during Session	
								Ciliceriolael	70	Commouallo	ms during Session	
<u>_</u>	Complete ONLY if alice -t	<u> </u>	andidata (O.ff.	achaldar na ma		office as	l alat			Office I	NA .	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name		office sou	ugnt			Office he	eiu 	
	Date	F	Payee name									
	05/09/2025	۱ ا	Westin Aust	in								
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip C	ode					
	\$207.54	3	310 E. 5th S	it.								
		,	Austin, TX 7	8701								
	PURPOSE	(a) (Category (Se	e Categories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	-	Γravel Out c	of District				=		de of Texas. Com		
										officeholder living	expense ons during Session	
								Officernolaer	AU	commodalio	ins during Session	
_	Complete ONLY if direct	<u> </u>	ndidate/Offi	ceholder name		office sou	laht Taht			Office he	ald	
	expenditure to benefit C/O		andidate/Offic	Choider Haille	O	301	agrit			Office He	Jiu	
_	<u> </u>	<u> </u>										
	Date	l	Payee name	:_								
	05/05/2025		Westin Aust									
	Amount (\$)	l	Payee addres		State;	Zip C	ode					
	\$6,748.93	3	310 E. 5th S	it.								
		/	Austin, TX 7	8701								
	PURPOSE	(a) (Category (Se	e Categories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Γravel Out c							de of Texas. Com		
	ZA LIBITORL							_		officeholder living		
								Oniceriolaer /	HCC	ommodatior	ns during Session	
	Commission ONU Wife allows	$\check{\Gamma}$	andidate 100	- ala al al a u ua		· · ·				Office 1	.i.al	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		arididate/Offic	ceholder name	O	office sou	ugnt			Office he	eiu	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 125/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	04/03/2025	Westin Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,287.48	310 E. 5th St.
		Austin, TX 78701
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.
		X Check if Austin, TX, officeholder living expense
		Officeholder Accommodation during Session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/05/2025	Westin Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,689.49	310 E. 5th St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Officeholder Accommodation during Session
		Officeriolaer / tecommodation during dession
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Westin Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,860.28	310 E. 5th St.
	Ţ.,5001 2 0	
		Austin, TX 78701
	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.
		X Check if Austin, TX, officeholder living expense
		Officeholder Accommodations during Session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	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: 126/127 Rpt:	Gonzalez, Mary Edna (The Honorable) 00068004
4	Date	5 Payee name
	01/14/2025	Westin Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$308.55	310 E. 5th St.
		Austin, TX 78701
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. X Check if Austin, TX, officeholder living expense
		x Check if Austin, TX, officeholder living expense Officeholder Accommodations during Session
		Cincertolate / toconimodations during coconem
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	01/08/2025	Westin Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,398.76	310 E. 5th St.
	, , ,	
		Austin, TX 78701
	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.
		 X Check if Austin, TX, officeholder living expense Officeholder Accommodations during Session
		Officeriolder Accommodations during Session
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	01/23/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.95	2800 Guadalupe St.
		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 Food for Capitol Staff
		Γουα τοι Θαριτοι Βιαπ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 127/127 Rpt:	Gonzalez, Mary Edna (The Honorable)		00068004
4	Date	5 Payee name		
	05/27/2025	Whip in		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$101.85	1950 S I-35 Frontage Rd.		
	,			
		Austin, TX 78704		
_	DUDDOSE		(h)	Paradation .
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(n)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/beverage Expense		Check if Austin, TX, officeholder living expense
				Food for Capitol Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	06/02/2025	Whole Foods		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$361.81	525 N. Lamar Blvd.		
		Austin, TX 78703		
	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.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Food for Capitol Office
_	Commists ONII V if direct	Condidate/Office helder no me		Office held
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	Jnı	Office held
	Date	Payee name		
	05/21/2025	Zoom Communications Inc.		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$170.46	55 Almaden Blvd.		
		6th Floor		
		San Jose, CA 95113		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Video Communication Software
				222
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ht	Office held
	expenditure to benefit C/O		,	5556.6

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

0011551115	
SCHEDULE	

The Inst	ruction C	Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 131/131
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gonzalez, Mary	Edna (The	e Honorable)	00068004
4 Name of Contribut	or / Corpora	ation or Labor Organization / Pledgor /Payee	•
Southwest Airlin	es		
5 Contribution / Expe	enditure rep	oorted on:	
Schedule A2		Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1
Schedule F2	:	Schedule F4 Schedule G Schedule H	Schedule COH-UC
6 Dates of Travel	7 Name	of person(s) traveling	
	Cottre	II, Hayden	
	8 Depart	ure city or name of departure location	
05/11/2025	Austin		
	9 Destina	ation city or name of destination location	
05/11/2025	St. Lo	uis	
10 Means of transpor	tation	11 Purpose of travel (including name of conference, seminar,	or other event)
Commercial Airp	lane	Staff travel home	