

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084126		2 Total pages filed: 12	
3 CANDIDATE NAME	MS / MRS / MR Mr.	FIRST Richard	MI		
	NICKNAME	LAST Gonzales	SUFFIX		
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1404 May Drive Edinburg, TX 78539				
	OFFICE USE ONLY				
	Date Received ELECTRONICALLY FILED 01/15/2026				
	Date Hand-delivered or Date Postmarked				
	Receipt #		Amount		
Date Processed					
Date Imaged					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Kareena	MI		
	NICKNAME	LAST Gonzales	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1404 May Dr. Edinburg, TX 78539				
7 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 478-6304	EXTENSION		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR)				
9 PERIOD COVERED	Month 07	Day 01	Year 2025	THROUGH	Month 12
10 CONVENTION / ELECTION DATE	Month	Day	Year	11 OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR
12 POLITICAL PARTY	Democrat COUNTY (If Applicable) Hidalgo				

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**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS**

**FORM SC C/OH
COVER SHEET PG 2**

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13 CANDIDATE NAME Gonzales, Richard (Mr.)	14 Filer ID (Ethics Commission Filers) 00084126
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,880.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,278.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT

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

Mr. Richard Gonzales

 Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

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

_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath
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SUBTOTALS - SC C/OH**FORM SC C/OH
COVER SHEET PG 3**

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18 CANDIDATE NAME Gonzales, Richard (Mr.)		19 Filer ID 00084126	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	20,400.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	20,880.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/12
2 FILER NAME Gonzales, Richard (Mr.)		3 Filer ID (Ethics Commission Filers) 00084126
4 Date 10/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A-Quick Bail Bonds 6 Contributor address; City; State; Zip Code Edinburg, TX 78540	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) All STX Rehab and Chiropractic Serv., LLC Contributor address; City; State; Zip Code Weslaco, TX 78599	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordova, Carlo Andres Contributor address; City; State; Zip Code Edinburg, TX 78542	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Fuente, Jr, Artemio Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Leon, Jesse Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12
2 FILER NAME Gonzales, Richard (Mr.)		3 Filer ID (Ethics Commission Filers) 00084126
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Ali PLLC <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75010	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filoteo, Jr., Joe <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flexxion Physical Medicine and Rehab, LLC <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Veronica <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra Ramirez, Laura <hr/> Contributor address; City; State; Zip Code Linn, TX 78563	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12
2 FILER NAME Gonzales, Richard (Mr.)		3 Filer ID (Ethics Commission Filers) 00084126
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. Michale Moore Law Firm, PC <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Jose L. Bravo <hr/> Contributor address; City; State; Zip Code McAllen, TX 78502	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Savannah Gonzalez <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Ezequiel Reyna, Jr. PC <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78599	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Angelica <hr/> Contributor address; City; State; Zip Code Penitas, TX 78576	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12
2 FILER NAME Gonzales, Richard (Mr.)		3 Filer ID (Ethics Commission Filers) 00084126
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palma, Cesar 6 Contributor address; City; State; Zip Code Edinburg, TX 78542	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) self
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Public Research Group Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R&E Legal Group PLLC Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Office of Efrain Molina, Jr., PLLC Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Elesvia M. Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12
2 FILER NAME Gonzales, Richard (Mr.)		3 Filer ID (Ethics Commission Filers) 00084126
4 Date 10/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whetstone, Addison G 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions) self
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xpress MRI, LLC Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zambrano Law Firm Contributor address; City; State; Zip Code Alamo, TX 78516	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 9/12	2 FILER NAME Gonzales, Richard (Mr.)	3 Filer ID (Ethics Commission Filers) 00084126
4 Date 10/09/2025	5 Payee name Brand Boosters	
6 Amount (\$) \$238.15	7 Payee address; City; State; Zip Code 301 N. McColl Rd. McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense county party material
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Diaz, Bernardo	
Amount (\$) \$1,550.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign material
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2025	Payee name Galaviz, Lizette	
Amount (\$) \$500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Edcouch, TX 78538	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 10/12	2 FILER NAME Gonzales, Richard (Mr.)	3 Filer ID (Ethics Commission Filers) 00084126
4 Date 10/08/2025	5 Payee name Galaviz, Lizette	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Edcouch, TX 78538	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Galaviz, Lizette	
Amount (\$) \$650.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Edcouch, TX 78538	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name Galaviz, Lizette	
Amount (\$) \$650.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Edcouch, TX 78538	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 11/12	2 FILER NAME Gonzales, Richard (Mr.)	3 Filer ID (Ethics Commission Filers) 00084126
4 Date 11/07/2025	5 Payee name Hayes Medrano, Selina	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 612 W. Nolana, Ste 250 McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/22/2025	Candidate/Officeholder name Payee name Hayes Medrano, Selina	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 612 W. Nolana, Ste 250 McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/04/2025	Candidate/Officeholder name Payee name Poli Signs RGV	
Amount (\$) \$5,412.50	Payee address; City; State; Zip Code 3900 N. 23rd St McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 12/12	2 FILER NAME Gonzales, Richard (Mr.)	3 Filer ID (Ethics Commission Filers) 00084126
4 Date 12/23/2025	5 Payee name Salas, Amanda	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Santa Fe Steakhouse	
Amount (\$) \$4,879.79	Payee address; City; State; Zip Code 1918 S. 10th St. McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event venue, food/beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held