

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00062864	2 Total pages filed: 16	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Marlene	MI MI
	NICKNAME	LAST Gonzalez	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/26/2024	THROUGH	Month Day Year 02/24/2024

Date Received ELECTRONICALLY FILED 02/14/2026	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

6 EXPLANATION OF CORRECTION

This statement is submitted to explain and correct inadvertent omissions in previously filed campaign finance reports and to ensure full compliance with applicable reporting laws.

On December 1, 2025, an attorney who contributed to my political campaign during the 2024 election cycle reviewed her contribution records while preparing to file as a candidate. During that review, she notified my campaign that one of her political contributions had not been disclosed in my February 26, 2024, campaign finance report. That report was subsequently amended on March 8, 2024 (eFile Report No. 100947503) to include and to correct the reporting of another donor whose contribution had been omitted or misunderstood at the time of filing.

On February 2nd, 2026, and upon reviewing of the bank records during a comprehensive review of prior reports, my treasurer and I discovered that in fact this contribution had been omitted, we promptly prepared and filed this corrected report. The omission was unintentional and occurred in good faith. As a result of that review, we also identified additional in-kind political contributions that had been inadvertently overlooked and not previously disclosed.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Marlene Gonzalez

Signature of Candidate or Officeholder

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00062864	2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Marlene	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/14/2026
	NICKNAME	LAST Gonzalez	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked
	REDACTED PER 254.0313, GOV'T CODE			Receipt #
				Amount
				Date Processed
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Mayte G.	MI	
	NICKNAME	LAST Fitzgearld	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;
			STATE;	ZIP CODE
REDACTED PER 254.0313, GOV'T CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(915) 252-2744			
8 REPORT TYPE	<input type="checkbox"/> January 15			
	<input type="checkbox"/> 30th day before election			
		<input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
		<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded modified reporting limit
		<input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month	Day	Year	THROUGH
	01/26/2024			02/24/2024
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input checked="" type="checkbox"/> Primary
			<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
			<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	District Judge District 388 El Paso		District Judge District 388	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

3 of 16

13 C / OH NAME Gonzalez, Marlene (The Honorable) **14** Filer ID (Ethics Commission Filers)
00062864

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$	5,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	10,855.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,000.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	17,500.00

17 AFFIDAVIT

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.

 The Honorable Marlene Gonzalez
 Signature of Candidate or Officeholder

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

SUBTOTALS - JC/OH

18 FILER NAME Gonzalez, Marlene (The Honorable)	19 Filer ID (Ethics Commission Filers) 00062864
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 2,700.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,800.00
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 10,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,080.09
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 775.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,070.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 5/16
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 02/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada , Morayna	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code El Paso, TX 79938	
8 Contributor's Principal Occupation Business Owner		9 Contributor's Job Title CEO Omega Vision Center
10 Contributor's employer/law firm None		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/a		
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FONT, NELSON	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code EL PASO, TX 79938	
Contributor's Principal Occupation Business Owner		Contributor's Job Title CEO
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, JULIAN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation REALTOR		Contributor's Job Title REALTOR
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 6/16
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, JULIAN	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79901	
8 Contributor's Principal Occupation REALTOR		9 Contributor's Job Title REALTOR
10 Contributor's employer/law firm NONE		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCAS, DOLORES	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code EL PASO, TX 79930	
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm DOES NOT APPLY		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MICHELLE	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm MICHELLE SMITH ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/16	
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CABALLERO, THERESA	8 Amount of contribution (\$) \$800.00	9 In-kind contribution description City El Paso Magazine Advertisement
	7 Contributor address; City; State; Zip Code El Paso, TX 79901		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) ATTORNEY AT LAW		13 Contributor's job title (FOR JUDICIAL) (See instructions) ATTORNEY	
14 Contributor's employer/law firm (FOR JUDICIAL) THRESA CABALLERO ATTORNEY		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A		N/A	
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, Mayte	Amount of contribution (\$) \$500.00	In-kind contribution description Coordination Volunteers
	Contributor address; City; State; Zip Code El Paso, TX 79934		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Paralegal		Contributor's job title (FOR JUDICIAL) (See instructions) Paralegal	
Contributor's employer/law firm (FOR JUDICIAL) None		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A		N/A	
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villanueva, Marisela	Amount of contribution (\$) \$1,500.00	In-kind contribution description Advertising Design
	Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Advertisement		Contributor's job title (FOR JUDICIAL) (See instructions) Business Owner	
Contributor's employer/law firm (FOR JUDICIAL) None		Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A		N/A	

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 8/16
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/13/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, HECTOR	9 Loan Amount (\$) \$10,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code EL PASO, TX 79936	10 Interest Rate
		11 Maturity Date 06/13/2024
12 Lender's Principal Occupation SECURITY OFFICER		13 Lender's Job Title SECURITY OFFICER
14 Lender's Employer/Law Firm NONE		15 Law Firm of lender's spouse (if any) N/A
16 If lender is child, law firm of parent(s) (if any) N/A		N/A
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
22 Amount Guaranteed (\$)		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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: 1/2 Rpt: 9/16	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 02/19/2024	5 Payee name CREATIVE CONSULTING EP TX
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6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name CREATIVE CONSULTING EP TX
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/13/2024	Payee name El Paso Mail & Print
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Amount (\$) \$8,732.09	Payee address; City; State; Zip Code 1144 Vista de Oro El Paso, TX 79935
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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 MAILERS EARLY VOTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 2/2 Rpt: 10/16	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 02/19/2024	5 Payee name ORDONEZ, LILIA
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 12219 CHISHOLM EL PASO, TX 79936
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8 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 DESIGN OF MAILER
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2024	Payee name SCORPIO SALES
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Amount (\$) \$198.00	Payee address; City; State; Zip Code 1501 WYOMING EL PASO, TX 79903
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 T-SHIRTS FOR VOLUNTEERS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/2 Rpt: 11/16	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 02/23/2024	5 Payee name COSTCO	
6 Amount (\$) \$225.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6101 GATEWAY WEST A-1 EL PASO, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 GASOLINE EXPENSE WEEK Feb 20-Feb 23, 2024
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name FONT, ANEL V	
Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11708 Teachers Dr El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL WORKER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name GUERRERO, LYDIA	
Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4025 FILLMORE AVE APT 1 EL PASO, TX 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL WORKER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2 Rpt: 12/16	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 02/23/2024	5 Payee name HINOJOS, OLIVIA
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6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 665 PETE PAYAN EL PASO, TX 79912
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 POLL WORKER
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name ROMERO, PEDRO
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Amount (\$) \$250.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11708 TEACHERS DR EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNAGE BUILDING AND INSTALLATION ALL OVER CITY
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt:	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 02/23/2024	5 Payee name FACEBOOK	
6 Amount (\$) 300.00	7 Payee Address; City; State; Zip 1601 WILLOW ROAD MENLO PARK , CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) SOCIAL MEDIA POSTS
Date 02/19/2024	Payee name FITFAM	
Amount (\$) 75.00	Payee Address; City; State; Zip UNKOWN DIGITAL PLATFORM EL PASO, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) SOCIAL MEDIA POST ADVERTISEMENT
Date 02/20/2024	Payee name FITFAM	
Amount (\$) 35.00	Payee Address; City; State; Zip UNKOWN DIGITAL PLATFORM EL PASO, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) SOCIAL MEDIA ADS
Date 02/22/2024	Payee name FONT, ANEL V	
Amount (\$) 90.00	Payee Address; City; State; Zip 11708 Teachers Dr El Paso, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) BLOCK WALKING

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 02/19/2024	5 Payee name GONZALEZ, ADA	
6 Amount (\$) 250.00	7 Payee Address; City; State; Zip 11708 TEACHERS DR. EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Candy Bags for Seniors
Date 02/09/2024	Payee name ROMERO, PEDRO	
Amount (\$) 50.00	Payee Address; City; State; Zip 11708 TEACHERS DR EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Polling Expense	(b) Description (See instructions regarding type of information required.) POLLING SIGNS PREP
Date 02/15/2024	Payee name ROMERO, PEDRO	
Amount (\$) 50.00	Payee Address; City; State; Zip 11708 TEACHERS DR EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) BLOCK WALKING
Date 02/16/2024	Payee name ROMERO, PEDRO	
Amount (\$) 110.00	Payee Address; City; State; Zip 11708 TEACHERS DR EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) BLOCK WALKER

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 02/19/2024	5 Payee name ROMERO, PEDRO	
6 Amount (\$) 60.00	7 Payee Address; City; State; Zip 11708 TEACHERS DR EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) BLOCK WALKING AND FOOD
Date 02/21/2024	Payee name ROMERO, PEDRO	
Amount (\$) 50.00	Payee Address; City; State; Zip 11708 TEACHERS DR EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required.) BLOCK WALKING AND GAS

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: Sch: 1/1 Rpt: 16/16
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
LENDER INFORMATION	4 Name of lender HERNANDEZ, HECTOR	
	5 Lender address; City; State; Zip Code EL PASO, TX 79936	
GUARANTOR INFORMATION	6 Name of guarantor	
	<input checked="" type="checkbox"/> not applicable 7 Guarantor address; City; State; Zip Code	