

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|---|-----------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 15 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Mr. FIRST: Andrew MI: NICKNAME: LAST: Gonzales SUFFIX: | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: 8507 Cornwall Drive APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78748 | Date Received | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: (512) PHONE NUMBER: 787-9221 EXTENSION: | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Mr. FIRST: Kynan MI: NICKNAME: LAST: Murtagh SUFFIX: | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE): 4907 Wing Road APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78749 | Date Processed | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (512) PHONE NUMBER: 944-8451 EXTENSION: | Date Imaged | |
| 9 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 10 / 01 / 2022 10 / 31 / 2022 | | |
| 11 ELECTION | ELECTION DATE: ELECTION TYPE: | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Austin ISD, Board of Trustees, District 6 | |
| 14 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. | | |
| <input type="checkbox"/> Additional Pages | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |


GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------------------|---|--|
| 15 C/OH NAME <u>Andrew Gonzalez</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 31,719 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 24,767.75 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 6,951.25 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 SIGNATURE 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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

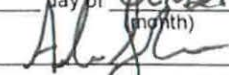
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Andrew Gonzalez, and my date of birth is April 20, 1992
My address is 8507 Cornell Drive, Austin, TX, 78748, United States
(street) (city) (state) (zip code) (country)

Executed in Travis County, State of Texas, on the 31 day of October, 2022
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>Andrew Gonzales</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1 | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 22,719 |
| 2 | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 9,000 |
| 3 | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4 | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5 | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 24,767.75 |
| 6 | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7 | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8 | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9 | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10 | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11 | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12 | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 |
| 2 FILER NAME Andrew Gonzales | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/7/2022 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leah/Kelly | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 132 Wooden Lodge Dr. Manchaca TX 78652 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/2/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Cullman | Amount of contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 2800 Oatz Crest Austin TX 78704 | | |
| Principal occupation / Job title (See Instructions) Nurse Practitioner | | Employer (See Instructions) Cardia Services |
| Date 10/4/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LeAnn Hilton | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 6804 Gabien Dr. Austin TX 78739 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/8/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Areta Cartwright | Amount of contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code 8667 Candekum Dr. Austin TX 78737 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 |
| 2 FILER NAME Andrew Gonzales | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/9/2022 | 5 Full name of contributor Margaret Nott <input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) \$ 10. ⁰⁰ |
| 6 Contributor address; City; State; Zip Code 810 Joe Sayers Ave 207 Austin TX 78756 | | |
| 8 Principal occupation / Job title (See Instructions) Teacher | | 9 Employer (See Instructions) Austin ISD |
| Date 10/12/2022 | Full name of contributor Andrew Hairston <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) \$ 25. ⁰⁰ |
| Contributor address; City; State; Zip Code 1135 Leonora St. #3 Austin TX 78702 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/15/2022 | Full name of contributor Molly Miller <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) \$ 250. ⁰⁰ |
| Contributor address; City; State; Zip Code 4 Welford Court San Antonio TX 78257 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/17/2022 | Full name of contributor David Albert <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) \$ 250. ⁰⁰ |
| Contributor address; City; State; Zip Code 1101 Grove Blvd #703 Austin TX 78741 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 |
| 2 FILER NAME Andrew Gonzalez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/22/22 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory Bosley | 7 Amount of contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code 3122 Casto St. Austin TX 78702 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/23/22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benjamin Suddaby | Amount of contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code 1807 Perez St. Austin TX 78721 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/23/22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Merritt | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 8100 Shiloh Ct. Austin TX 78745 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/25/22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis Ward | Amount of contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code 103 Nelray Blvd. Unit A Austin TX 78751 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 |
| 2 FILER NAME Andrew Gonzales | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/26/22 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Miller | 7 Amount of contribution (\$) \$ 25.00 |
| 6 Contributor address; City; State; Zip Code 3354 Keefer Loop College Station TX 77845 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/30/22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James W. Fulbright | Amount of contribution (\$) \$ 25.00 |
| Contributor address; City; State; Zip Code 8100 Shiloh Ct Austin TX 78745 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/26/22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# FEC C00027342) International Brotherhood of Electrical Workers | Amount of contribution (\$) \$ 400.00 |
| Contributor address; City; State; Zip Code 900 7th St. NW Washington DC 20001 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 1 | |
| 2 FILER NAME <i>Andrew Gonzalez</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <i>5,000</i> | |
| 5 Date <i>10/25/22</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Education Austin</i> | 8 Amount of Contribution \$ <i>\$5,000</i> | 9 In-kind contribution description <i>Mailers</i> |
| 7 Contributor address; City; State; Zip Code <i>8716 MoPac Expy Austin TX 78759</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 16 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|--|--|----------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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: 7 | 2 FILER NAME Andrew Gonzales | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|---------------------------------|---------------------------------------|

| | |
|-------------------|--|
| 4 Date 10/3/22 | 5 Payee name Julisco Mexican Restaurant |
|-------------------|--|

| | | | | |
|---------------------------|---|-----------------|--------------|-------------------|
| 6 Amount (\$) \$214.33 | 7 Payee address: 6601 S Congress Ave | City: Austin | State: TX | Zip Code 78745 |
|---------------------------|---|-----------------|--------------|-------------------|

| | | |
|-----------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Campaign Staff Mtg. |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|-----------------------------|
| Date 10/5/22 | Payee name Mia Goldstein |
|-----------------|-----------------------------|

| | | | | |
|-------------------------|-----------------------------------|-----------------|--------------|-------------------|
| Amount (\$) \$125.00 | Payee address: 505 W. 37th St. | City: Austin | State: TX | Zip Code 78705 |
|-------------------------|-----------------------------------|-----------------|--------------|-------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salary/Wage/Contract Labor | Description Copywriting services |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|-----------------------------------|
| Date 10/7/22 | Payee name Worley Printing Co. |
|-----------------|-----------------------------------|

| | | | | |
|--------------------------|---|-----------------|--------------|-------------------|
| Amount (\$) \$1738.50 | Payee address: 3217N I-35 Frontage Rd. | City: Austin | State: TX | Zip Code 78722 |
|--------------------------|---|-----------------|--------------|-------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 7 | 2 FILER NAME Andrew Gonzalez | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|---------------------------------|---------------------------------------|

| | |
|--------------------|--------------------------------------|
| 4 Date 10/17/22 | 5 Payee name Abanero Mexican Cafe |
|--------------------|--------------------------------------|

| | | | | |
|---------------------------|------------------------------------|-----------------|--------------|-------------------|
| 6 Amount (\$) \$113.94 | 7 Payee address: 501 Woltorf St | City: Austin | State: TX | Zip Code 78704 |
|---------------------------|------------------------------------|-----------------|--------------|-------------------|

| | | |
|-----------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Blockwalk Breakfast |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|-------------------------|
| Date 10/17/22 | Payee name C-Mart #2 |
|------------------|-------------------------|

| | | | | |
|-----------------------|----------------------------------|-----------------|--------------|-------------------|
| Amount (\$) \$2.15 | Payee address: 7511 S 1st St. | City: Austin | State: TX | Zip Code 78748 |
|-----------------------|----------------------------------|-----------------|--------------|-------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food Beverage Expense | Description Bags of Ice |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|-------------------------|
| Date 10/11/22 | Payee name La Prensa |
|------------------|-------------------------|

| | | | | |
|-------------------------|---------------------------------|-----------------|--------------|-------------------|
| Amount (\$) \$100.00 | Payee address: P.O. Box 6504 | City: Austin | State: TX | Zip Code 78762 |
|-------------------------|---------------------------------|-----------------|--------------|-------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Print Ad |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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: 7 | 2 FILER NAME Andrew Gonzalez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/12/22 | 5 Payee name Check Mark Typesetting | |
| 6 Amount (\$) 792.93 ⁰⁰ | 7 Payee address, City, State, Zip Code 3217 N I-35 Fontage Rd Austin TX 78722 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 10/19/22 | Payee name Austin Chronicle | |
| Amount (\$) \$825.00 | Payee address, City, State, Zip Code 4000 N. I-35 Fontage Rd. Austin TX 78751 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Print Ad |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 10/20/22 | Payee name Webflow.com | |
| Amount (\$) \$121.32 | Payee address, City, State, Zip Code 398 11th St San Francisco CA 94103 | |
| 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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: 7 | 2 FILER NAME Andrew Gonzales | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/17/22 | 5 Payee name Brissa Solis | |
| 6 Amount (\$) \$800.00 | 7 Payee address: 5400 Friedrich Ln. Lot #48 | City: Austin State: TX Zip Code: 78744 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description Contract Labor |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|--|--|
| Date 10/24/22 | Payee name Lone Star Kolache | |
| Amount (\$) \$500.00 \$54.00 | Payee address: 3601 West William Cannon Dr. | City: Austin State: TX Zip Code: 78749 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Blockwalk Breakfast |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|--|--|
| Date 10/22/22 | Payee name Avery Lopez | |
| Amount (\$) \$160.00 | Payee address: 1701 Mill St. | City: San Marcos State: TX Zip Code: 78666 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salary/Wages/Contract Labor | Description Contract Labor |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 7 | 2 FILER NAME Andrew Gonzalez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/21/22 | 5 Payee name Avery Lopez | |
| 6 Amount (\$) \$260.00 | 7 Payee address, City, State, Zip Code 1701 Mill St. San Marcos TX 78666 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salary/Wages/Contract Labor | (b) Description Contract Labor |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | | |
|---|--|-------------------------------|-------------|
| Date 10/22/22 | Payee name Christian Moreno | | |
| Amount (\$) \$240.00 | Payee address, City, State, Zip Code 8912 Circle Dr. Austin TX 78736 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salary/Wages/Contract Labor | Description Contract Labor | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

| | | | |
|---|--|-------------------------|-------------|
| Date 10/28/22 | Payee name Austin Chronicle | | |
| Amount (\$) \$1825.00 | Payee address, City, State, Zip Code 4000 N. I-35 Frontage Rd Austin TX 78751 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Print Ad | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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: 7 | 2 FILER NAME Andrew Gonzales | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/25/22 | 5 Payee name American Printing and Mailing | |
| 6 Amount (\$) \$1,575.98/00 | 7 Payee address: 1606 Headway Cir City: Austin State: TX Zip Code: 78754 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Mailers |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/30/22 | Payee name COA Partizing | |
| Amount (\$) \$4.55 | Payee address: 901 S MoPAC Expressway Bldg 5 City: Austin State: TX Zip Code: 78746 | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Partizing Fee |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/31/22 | Payee name MailChimp | |
| Amount (\$) \$11.73 | Payee address: 675 Ponce De Leon Ave. NE Ste. 5000 City: Atlanta State: GA Zip Code: 30308 | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Newsletter Service |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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: 7 | 2 FILER NAME Andrew Gonzalez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/29/22 | 5 Payee name Gabriel Guerra | |
| 6 Amount (\$) \$160.00 | 7 Payee address: 11001 S 1st St. | City: Austin State: TX Zip Code: 78748 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salary/Wages/Contract Labor | (b) Description Contract Labor |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/29/22 | Payee name Christian Moreno | |
| Amount (\$) \$160.00 | Payee address: 8912 Circle Dr. | City: Austin State: TX Zip Code: 78736 |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salary/Wages/Contract Labor | Description Contract Labor |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/31/22 | Payee name Act Blue | |
| Amount (\$) \$60.77 | Payee address: P.O. Box 441146 | City: Somerville State: MA Zip Code: 02144 |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | Description Service Fee |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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