

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Andrew</i>	MI <i>R</i>
	NICKNAME	LAST <i>Gonzales</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY, STATE, ZIP CODE
	<i>8507 Cornwall Drive Austin TX 78748</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>537-8699</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Kynan</i>	MI
	NICKNAME	LAST <i>Murtagh</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #		CITY, STATE, ZIP CODE
<i>4907 Wing Road Austin TX 78749</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>944-8451</i>	EXTENSION
9 REPORT TYPE	<input checked="" 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"/> 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 <i>07 / 01 / 2023</i>		Month Day Year <i>12 / 31 / 2023</i>
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 08 / 2022</i>		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) <i>Austin ISD Board of Trustees, District 6</i>	13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

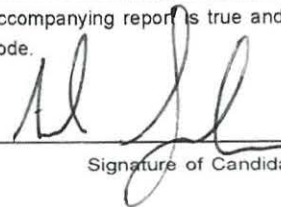
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME <u>Andrew Gonzales</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)	\$ <u>900.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>13.53</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,576.⁶¹</u>
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

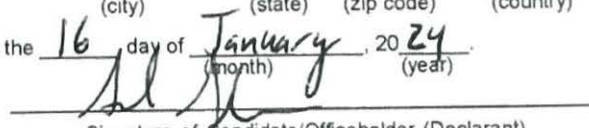
NOTARY STAMP / SEAL

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 Gonzales, 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 16 day of January, 2024.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Andrew Gonzalez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>900.⁰⁰</i>
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>13.53</i>
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: 9
2 FILER NAME Andrew Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 7/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olivia Workman	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 12605 Brightside St. Austin TX 78629		
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) Self-Employed
Date 7/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Miller	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 3354 Keefer Loop College Station TX 77845		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Austin ISD
Date 7/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leah Kelly	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 132 Wooden Lodge Dr. Manchaca TX 78652		
Principal occupation / Job title (See Instructions) Certified Family Partner		Employer (See Instructions) Integral Care
Date 8/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olivia Workman	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 12605 Brightside St. Austin TX 78629		
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Self-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 8/26/23	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) Educator		9 Employer (See Instructions) Austin ISD
Date 8/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leah Kelly	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 132 Warden Lodge Dr. Manchaca TX 78652		
Principal occupation / Job title (See Instructions) Certified Family Partner		Employer (See Instructions) Integral Care
Date 9/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olivia Workman	Amount of contribution (\$) \$ 50.⁰⁰
Contributor address; City; State; Zip Code 12605 Brightside St. Austin TX 78629		
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Self-Employed
Date 9/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Miller	Amount of contribution (\$) \$ 25.⁰⁰
Contributor address; City; State; Zip Code 3354 Keefer Loop College Station TX 77845		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Austin ISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Andrew Gonzales</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/28/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Leah Kelly</i>	7 Amount of contribution (\$) <i>\$100.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>132 Wooden Lodge Dr. Manchaca TX 78652</i>		
8 Principal occupation / Job title (See Instructions) <i>Certified Family Partner</i>		9 Employer (See Instructions) <i>Integral Care</i>
Date <i>10/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ryan Miller</i>	Amount of contribution (\$) <i>\$25.⁰⁰</i>
Contributor address; City; State; Zip Code <i>3354 Keecker Loop College Station TX 77845</i>		
Principal occupation / Job title (See Instructions) <i>Educator</i>		Employer (See Instructions) <i>Austin ISD</i>
Date <i>10/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Leah Kelly</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>132 Wooden Lodge Dr. Manchaca TX 78652</i>		
Principal occupation / Job title (See Instructions) <i>Certified Family Partner</i>		Employer (See Instructions) <i>Integral Care</i>
Date <i>11/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ryan Miller</i>	Amount of contribution (\$) <i>\$25.⁰⁰</i>
Contributor address; City; State; Zip Code <i>3354 Keecker Loop College Station TX 77845</i>		
Principal occupation / Job title (See Instructions) <i>Educator</i>		Employer (See Instructions) <i>Austin ISD</i>

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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 11/28/23	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 Ledge Dr. Manchaca TX 78652		
8 Principal occupation / Job title (See Instructions) Principal Family Partner		9 Employer (See Instructions) Integral Care
Date 12/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Miller	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3354 Kester Loop College Station TX 78652		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Austin ISD
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leah Kelly	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 132 Wooden Ledge Dr. Manchaca TX 78652		
Principal occupation / Job title (See Instructions) Certified Family Partner		Employer (See Instructions) Integral Care
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)

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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: 1	2 FILER NAME Andrew Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2023	5 Payee name Act Blue	
6 Amount (\$) \$ 13.53	7 Payee address; P.O. Box 441146	City; State; Zip Code Somerville MA 02144-0031
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Service Fee
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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