



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

16 C/OH NAME <i>Jessica Gonzalez</i>		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)	\$ <i>5701.84</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4597.39</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1402.45</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>n/a</i>

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



CLARISA M. FLETCHER  
Notary Public, State of Texas  
Comm. Expires 07-16-2024  
Notary ID 11598060

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Jessica Gonzalez* on the *1* day of *April*  
20*21*, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Clarisa M. Fletcher* Printed name of officer administering oath  
Title of officer administering oath: *Notary Public*

(2) Unsworn Declaration

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Jessica Gonzalez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3446.80
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2255.04
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ n/a
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ n/a
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2450.11
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ n/a
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ n/a
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ n/a
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2187.28
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ n/a
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ n/a
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ n/a

# 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: <b>3</b>
2 FILER NAME <b>Jessica Gonzalez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/3/21</b>	5 Full name of contributor <b>Shirley Fleming</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address: City: State: Zip Code <b>1805 Kenyon St Killeen TX 76543</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>2/11/21</b>	Full name of contributor <b>Allen Sessoms Sr</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>\$1400.00</b>
Contributor address: City: State: Zip Code <b>1803 Kenyon St Killeen TX 76543</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2/6/21</b>	Full name of contributor <b>Effie A. Clark</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>\$100.00</b>
Contributor address: City: State: Zip Code <b>4301 Mallard Ln Killeen TX 76542</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2/23/21</b>	Full name of contributor <b>Louie Minor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>\$300.00</b>
Contributor address: City: State: Zip Code <b>1805 E. Rancier Killeen TX</b>		
Principal occupation / Job title (See Instructions) <b>Louie Minor Construction, LLC</b>		Employer (See Instructions) <b>Self</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Jessica Gonzalez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/28/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tyrone McEtaran Melanin</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address: City: State: Zip Code <b>412 N. Gray St Killeen TX 76541</b>		
8 Principal occupation / Job title (See Instructions) <b>Sales</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>3/28/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edward Brown</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address: City: State: Zip Code <b>Kenyon St Killeen TX 76543</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>n/a</b>
Date <b>3/26/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sandra Blankenship</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address: City: State: Zip Code <b>4906 Velma Dr Killeen TX 76542</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>n/a</b>
Date <b>2/23/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Paulita Rivas</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address: City: State: Zip Code <b>601 N. 72nd St. New York NY 10011</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>n/a</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Jessica Gonzalez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/23/21</b>	5 Full name of contributor <b>Adrienne Jones</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address: <b>101 Bryce Ln King of Prussia PA 19406</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/3/21</b>	Full name of contributor <b>Sabrina Burns</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$46.80</b>
Contributor address: <b>9418 Goldenview dr H. Worth TX 76244</b>		
Principal occupation / Job title (See Instructions) <b>Dog Trainer</b>		Employer (See Instructions) <b>Self</b>
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)
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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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 <b>8</b>	
2 FILER NAME <b>Jessica Gonzalez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <sup>page</sup> 125.93 / \$ <sup>Total</sup> 225.04	
5 Date <b>2/11/21</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Curtis Sessoms</b>	8 Amount of Contribution \$ <b>\$23.09</b>	9 In-kind contribution description <b>m3 Graphics marketing &amp; Ads</b>
7 Contributor address: City: State: Zip Code <b>1803 Kenyon St Killen TX 76543</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Caremaker</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>N/A - self</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 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 <b>1/25/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Curtis Sessoms</b>	Amount of Contribution \$ <b>\$102.84</b>	In-kind contribution description <b>Office Supplies</b>
Contributor address: City: State: Zip Code <b>1803 Kenyon St Killen TX 76543</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Care Maker</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>N/A - self</b>	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <u>8</u>	
2 FILER NAME <u>Jessica Gonzalez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>196.31</u> / # <u>2255.04</u>	
5 Date <u>1/26/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jessica Gonzalez</u>	8 Amount of Contribution \$ <u>\$176.31</u>	9 In-kind contribution description <u>Vista Print Marketing &amp; Ads</u>
7 Contributor address: City: State: Zip Code <u>1903 Hooker St Millers, TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Sales/ General Manager</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Gold Girls LLC</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 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 <u>2/3/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jenny Campbell</u>	Amount of Contribution \$ <u>\$20.00</u>	In-kind contribution description <u>Facebook Marketing &amp; Ads</u>
Contributor address: City: State: Zip Code <u>333 Jake Dr Jarrell TX 76537</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>SM Marketing Sales</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Self</u>	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>8</u>					
2 FILER NAME <u>Jessica Gonzalez</u>		3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;"><u>Page</u></td> <td style="text-align: right;"><u>Total</u></td> </tr> <tr> <td style="text-align: right;">\$ <u>1305.27</u></td> <td style="text-align: right;">\$ <u>225.04</u></td> </tr> </table>		<u>Page</u>	<u>Total</u>	\$ <u>1305.27</u>	\$ <u>225.04</u>
<u>Page</u>	<u>Total</u>						
\$ <u>1305.27</u>	\$ <u>225.04</u>						
5 Date <u>1/26/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jessica Gonzalez</u>	8 Amount of Contribution \$ <u>\$176.31</u>	9 In-kind contribution description <u>Vista Print marketing/Ads</u>				
7 Contributor address: City: State: Zip Code <u>1903 Hooker St Killeen TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Sales/General Manager</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Gold Gals LLC</u>					
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)					
14 Contributor's employer/law firm (FOR JUDICIAL)		15 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 <u>2/3/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jessica Gonzalez</u>	Amount of Contribution \$ <u>\$128.96</u>	In-kind contribution description <u>Event Planning Food</u>				
Contributor address: City: State: Zip Code <u>1903 Hooker St Killeen TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Sales/General Manager</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Gold Gals, LLC</u>					
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)							
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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. <u>8</u>	
2 FILER NAME <u>Jessica Gonzalez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>249.07</u> / <u>2755.04</u> <small>page total</small>	
5 Date <u>2/10/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Jessica Gonzalez</u>	8 Amount of Contribution \$ <u>14.07</u>	9 In-kind contribution description <u>Air &amp; Armour Marketing &amp; Ads</u>
7 Contributor address: City: State: Zip Code <u>1903 Hooten St Killeen, TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Sales / General manager</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Gold Girls LLC</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 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 <u>2/11/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Jessica Gonzalez</u>	Amount of Contribution \$ <u>235.00</u>	In-kind contribution description <u>Texas Democrats Marketing &amp; Ads</u>
Contributor address: City: State: Zip Code <u>1903 Hooten St Killeen, TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Sales / General manager</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Gold Girls LLC</u>	
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

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# 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: <u>4</u>	
2 FILER NAME <u>Jessica Gonzalez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>401.69</u> / <u>2355.04</u> <sup>Page Total</sup>	
5 Date <u>2/14/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jessica Gonzalez</u>	8 Amount of Contribution \$ <u>\$172.69</u>	9 In-kind contribution description <u>Vista Print marketing to Ads</u>
7 Contributor address: City: State: Zip Code <u>1903 Horden St Killen, TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) <u>Sales / General Manager</u>		11 Employer (FOR NON-JUDICIAL) (See instructions) <u>Gold Gets LLC</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 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 <u>2/19/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jessica Gonzalez</u>	Amount of Contribution \$ <u>\$229.00</u>	In-kind contribution description <u>Killen Daily Herald marketing to Ads</u>
Contributor address: City: State: Zip Code <u>1903 Horden St Killen, TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) <u>Sales / General Manager</u>		Employer (FOR NON-JUDICIAL) (See instructions) <u>Gold Gets LLC</u>	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>8</u>	
2 FILER NAME <u>Jessica Gonzalez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <sup>Page</sup> <u>58.00</u> / \$ <sup>Total</sup> <u>2255.04</u>	
5 Date <u>2/23/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Kawanda Polk</u>	8 Amount of Contribution \$ <u>\$23.05</u>	9 In-kind contribution description <u>Office Max Supplies</u>
7 Contributor address: City: State: Zip Code <u>812 Lisa Ln Killen TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Retired</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>n/a</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 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 <u>2/25/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Kawanda Polk</u>	Amount of Contribution \$ <u>\$34.95</u>	In-kind contribution description <u>Dollar General Supplies</u>
Contributor address: City: State: Zip Code <u>812 Lisa Ln Killen TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Retired</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>n/a</u>	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>8</u>	
2 FILER NAME <u>Jessica Gonzalez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>840.72</u> / <u>2255.04</u> <small>page / Total</small>	
5 Date <u>3/15/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Curtis Sessoms</u>	8 Amount of Contribution \$ <u>\$185.38</u>	9 In-kind contribution description <u>Print Noise Marketing &amp; Ads</u>
7 Contributor address: City: State: Zip Code <u>1803 Kenyon Killeen, TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Caremaker</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>NA - self</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 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 <u>3/16/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Curtis Sessoms</u>	Amount of Contribution \$ <u>\$634.84</u>	In-kind contribution description <u>M3 Graphics Marketing &amp; Ads</u>
Contributor address: City: State: Zip Code <u>1803 Kenyon Killeen TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Caremaker</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>NA - self</u>	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <u>8</u>	
2 FILER NAME <u>Jessica Gonzalez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <sup>Page</sup> <u>78.55</u> / <sup>Total</sup> <u>2255.04</u>	
5 Date <u>3/24/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Curtis Sessoms</u>	8 Amount of Contribution \$ <u>36.78</u>	9 In-kind contribution description <u>Lowes Marketing to Ad</u>
7 Contributor address: City: State: Zip Code <u>1803 Kenyon St Killeen TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / job title (FOR NON-JUDICIAL) (See Instructions) <u>Caremaker</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A - self</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 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 <u>3/24/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Curtis Sessoms</u>	Amount of Contribution \$ <u>41.77</u>	In-kind contribution description <u>Lowes Marketing to Ad</u>
Contributor address: City: State: Zip Code <u>1803 Kenyon St Killeen TX 76543</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / job title (FOR NON-JUDICIAL) (See Instructions) <u>Caremaker</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A self</u>	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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: <b>2</b>		2 FILER NAME <b>Jessica Gonzalez</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-6-21</b>		5 Payee name <b>M3 Graphics</b>			
6 Amount (\$) <b>\$1400.00</b>		7 Payee address: <b>11730 Wilcrest Dr. Houston TX 77099</b>		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Signs</b>		
	(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 <b>2-18-21</b>		Payee name <b>M3 Graphics</b>			
Amount (\$) <b>\$232.94</b>		Payee address: <b>11730 Wilcrest Dr. Houston TX 77009</b>		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Feather Banner</b>		
	<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 <b>3-25-21</b>		Payee name <b>Lowes</b>			
Amount (\$) <b>\$48.17</b>		Payee address: <b>2801 South W.S. Young Dr. Killeen TX 76542</b>		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Iron Post for Banners</b>		
	<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**

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/Officerholder/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: <b>2</b>	2 FILER NAME <b>Jessica Gonzalez</b>	3 Filer ID (Ethics Commission Filers)		
4 Date <b>2-25-21</b>	5 Payee name <b>Lets Eat Texas</b>			
6 Amount (\$) <b>\$200.00</b>	7 Payee address: <b>202 E. Avenue D</b>	City: <b>Killeen</b>	State: <b>TX</b>	Zip Code <b>76541</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Event Location</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officerholder living expense			
9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH				
Date <b>2-25-21</b>	Payee name <b>Tee's Corner / Lets Connect Media</b>			
Amount (\$) <b>\$225.00</b>	Payee address: <b>2210 E. Center Express #203B</b>	City: <b>Killeen</b>	State: <b>TX</b>	Zip Code <b>76543</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Event Expense</b>	Description <b>Videographer</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officerholder living expense			
Complete <b>ONLY</b> if direct expenditure to benefit C/OH				
Date <b>3-18-21</b>	Payee name <b>Killeen Daily Harold</b>			
Amount (\$) <b>\$344.00</b>	Payee address: <b>1809 Florence Rd</b>	City: <b>Killeen</b>	State: <b>TX</b>	Zip Code <b>76541</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Advertising Expense</b>	Description <b>News Paper Ad</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officerholder living expense			
Complete <b>ONLY</b> if direct expenditure to benefit C/OH				

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>5</b>	2 FILER NAME <b>Jessica Gonzalez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3-16-21</b>	5 Payee name <b>M3 Graphics</b>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>634.84</b>	7 Payee address; City: State: Zip Code <b>11730 Wilcrest Dr Houston TX 77099</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Marketing &amp; Advertising</b>	(b) Description <b>Banners</b>
	(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 <b>3-24-21</b>	Payee name <b>Lowps</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>36.78</b>	Payee address; City: State: Zip Code <b>2801 South W.S. Young Lowes Blvd Killeen TX 76542</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Sign Excessories</b>
	<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 <b>3-24-21</b>	Payee name <b>Lowes</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>41.77</b>	Payee address; City: State: Zip Code <b>2801 South W.S. Young Lowes Blvd Killeen TX 76542</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Sign Expense</b>
	<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 PERSONAL FUNDS

## SCHEDULE G

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	Fee	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing 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 G: <b>5</b>		2 FILER NAME <b>Jessica Gonzalez</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/25-21</b>		5 Payee name <b>Office mgr</b>			
6 Amount (\$) <b>102.84</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: <b>1800 Lawes Blvd</b> City: <b>Killeen</b> State: <b>TX</b> Zip Code: <b>76542</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>		(b) Description <b>Office supplies</b>		
	<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					
Date <b>1/25-21</b>		Payee name <b>Office mgr</b>			
Amount (\$) <b>237.60</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: <b>1800 Lawes Blvd</b> City: <b>Killeen</b> State: <b>TX</b> Zip Code: <b>76542</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>		Description <b>Office Supplies</b>		
	<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					
Date <b>1/26-21</b>		Payee name <b>Vista Print</b>			
Amount (\$) <b>176.31</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code:			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>signs/business cards</b>		
	<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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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	Solitary/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>5</b>		2 FILER NAME <b>Jessica Gonzalez</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/3/2021</b>		5 Payee name <b>Face Book / online</b>			
6 Amount (\$) <b>20.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: <b>333 Jake dr</b>		City: <b>Jarrell</b>	State: <b>TX</b>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Boost / Ad web marketing</b>	
		(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 <b>2/10/2021</b>		Payee name <b>Air + Armor</b>			
Amount (\$) <b>14.07</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: <b>2501 S. Wuyang dr #301e</b>		City: <b>Killeen</b>	State: <b>TX</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>name tag</b>	
		<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 <b>2/11/2021</b>		Payee name <b>IDP Van</b>			
Amount (\$) <b>235.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: <b>314 E. Highland mail Blvd #508</b>		City: <b>Austin</b>	State: <b>TX</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Online voter network</b>	
		<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 PERSONAL FUNDS

## SCHEDULE G

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	Printing Expense	Travel In District
Contributions/Donations Made By	GR/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 G: <u>5</u>		2 FILER NAME <u>Jessica Gonzalez</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2/11/21</u>		5 Payee name <u>M3 Graphics</u>			
6 Amount (\$) <u>\$1400.00</u> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: <u>17730 Wilcrest dr</u>		City: <u>Houston</u>	State: <u>TX</u>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Signs</u>	
		(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	
Date <u>2/11/21</u>		Payee name <u>M3 Graphics Vista Print</u>			
Amount (\$) <u>172.09</u> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: <u>www.vistaprint.com</u>		City: <u>web based</u>	State: <u></u>
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Signs</u>	
		<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	
Date <u>2/19/21</u>		Payee name <u>Killeen Daily Herald</u>			
Amount (\$) <u>229.00</u> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: <u>1809 Florence Rd</u>		City: <u>Killeen</u>	State: <u>TX</u>
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>News paper ad</u>	
		<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	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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	Printing 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 G: <b>5</b>	2 FILER NAME <b>Jessica Gonzalez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/23/21</b>	5 Payee name <b>Office Max</b>
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6 Amount (\$) <b>20.05</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <b>1800 Lawes Blvd</b>	City: <b>Killeen</b>	State: <b>TX</b>	Zip Code <b>76542</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Office overhead</b>	(b) Description <b>Supplies / Papers</b>
	(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
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Date <b>2/28-21</b>	Payee name <b>Office Max</b>
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Amount (\$) <b>34.95</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <b>1800 Lawes Blvd</b>	City: <b>Killeen</b>	State: <b>TX</b>	Zip Code <b>76542</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	Description <b>Supplies</b>
	<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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Date <b>3/15/21</b>	Payee name <b>Print Noise</b>
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Amount (\$) <b>185.38</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <b>888 S. Greenville Ave #301</b>	City: <b>Richardson</b>	State: <b>TX</b>	Zip Code <b>75081</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>
	<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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