#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Mrs Margarita NAME NICKNAME LAST SUFFIX 20 ILED Margie Gonzalez O'CLOC 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #: STATE ZIP CODE OFFICEHOLDER 1545 FM 1554 Alice, Texas 78332 MAILING **ADDRESS** Change of Address Ву 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date **OFFICEHOLDER** (361 701-2632 **PHONE** Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** Luis Mr M Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Garza STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CAMPAIGN STATE: ZIP CODE TREASURER 1510 Carmen Street Alice, Texas 78332 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 453-0169 *(* 361 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month COVERED 25 / 24 2 24 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Dav Year Description 24 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Jim Wells County Commissioner Prct1 Commissioner THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	8,260.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	6,990.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$	1,270.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and	I includes all information
rec	quired to be reported by me under Title 15, Election Code.		
	Margy San Signature of Car	my S	Soldan
	algnature of Car	Indidate or Office	der
	Please complete either option below	:	
(1) Affidavit	MELBA LAFORIE GAITAN Notary Public, State of Texas		
(1) Altitudavit	Comm. Expires 05-18-2027 Notary ID 2202636		
NOTARY STAMP/SEA	. 4	<b>.</b>	<b></b>
I Dil	before me by Margie H. Gruzalez this the which, witness my hand and seal of office.	<u>26</u> day o	tebruary.
Signature of officer administer	ru Latin Melba Latore Gaitan	Notary	Public officer administering oath
	OR	11110 01 0	onicor administering cath
(2) Unsworn Declarati	· · · · · · · · · · · · · · · · · · ·		
My name is	, and my date of birth is		·
My address is			
		tate) (zip code	e) (country)
Executed in	County, State of, on theday of(month	, 20, (ye	ear)
	Signature of Candid	ate/Officeholder	(Declarant)

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Comm	nission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE BE PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report</b> .				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
<sup>2</sup> FILER NAME Margie H.	Gonzalez	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)		
02/02/2024	6 Contributor address; City; State: Zip Code P.O.Box 505 Benavides, Tx 78341	1.000.00		
8 Principal occu Retired	pation / Job title (See Instructions)  9 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
02/02/2024	Contributor address; City; State; Zip Code 915 Cecilia Alice, Texas 78332	1,000.00		
Principal occup	eation / Job title (See Instructions)  Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
02/02/2024	Baldemar Gutierrez  Contributor address; City; State; Zip Code  700 E. Third Alice, Texas 78332	500.00		
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code			
Principal occup	Employer (See Instructions)	nstructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for addit			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

### 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saturies/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Content of Content

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 02/08/2024	5 Payee name American Printing			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
308.51	1300 Trenton	McHlen	7)	78504
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing	Political Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		<del>`</del>	<del></del>
02/06/2024	JWC Democratic Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
400.00	Dewey Street Alice, Texas 78332			
<del></del>	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Event Expense	Sponsored tab	le for Kickofl	dance
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/07/2024	Etsy			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.40	On-line			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Printing Expense	ink		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	-	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### 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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 02/08/2024 **American Printing** 6 Amount (\$) 7 Payee address; City; Zip Code State: 308.51 1300 Trenton McAllen, Texas 78504 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **Printing Political Signs PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 02/06/2024 JWC Democratic Party Amount (\$) Payee address; City; State: Zip Code Dewey Street Alice, Texas 78332 400.00 Category (See Categories listed at the top of this schedule) Description **Event Expense** Sponsored table for Kickoff dance **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 02/07/2024 **Etsy** Amount (\$) Payee address; City; Zip Code State: On-line 15.40 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Printing Expense ink OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of District Other (enter a category not listed above)	
Growt Gard'r dyrhain		The Instruction Guide explains	s how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	me				
02/08/2024	Broder-E	Bros-Tshirts				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
43.74	on-line					
8	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF	Printing	Expenses		T-shirts		
EXPENDITURE	(c)	Check if travel outside of Texas. Complete Scl	chedule T	Check if Austir	n. TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Payee na	ne				
02/08/2024	Broder B	rosTshirts				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
189.53	On-Line					
	Category	(See Categories listed at the top of this sci	chedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Expense		T-shirts		
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austir	n, TX, officeholder living	3 exbeuse
Complete ONLY if direct expenditure to benefit C/Or		ite / Officeholder name		Office sought		Office held
Date	Payee na	me				
02/09/2024	Sam's C	lub				
Amount (\$)	Payee ad			City;	State;	Zip Code
86.69	4833 Ş. F	Padre Island Corpus C	Christi,	Texas 78411		
	Category	(See Categories listed at the top of this sct	hedule)	Description	·	
PURPOSE OF EXPENDITURE	Food/Be	verage		Fundraiser		
		Check if travel outside of Texas. Complete Sch	hedule T.	Check If Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
-	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	<del></del>

# SCHEDULE F1

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

EXPENDITURE CA	ATEGORIES FOR BOX 8(a)
nt Expense	Loan Repayment/Reimburseme
<b>;</b>	Office Overhead/Rental Expens
/Beverage Expense	Polling Expense

Advertising Expense Accounting/Banking Consulting Expense

Even Fees Food

ent Ise

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Expense //Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2024	5 Payee name Margie H. Gonzalez		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
300.00	1545 FM 1554		
8	(a) Category (See Categories listed at the lop of this schedule)	(b) Description	
PURPOSE	other	reimburse for e	expenses made for
OF EXPENDITURE		Fundraiser	•
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/13/2024	Crystal Reaux		
Amount (\$)	Payee address;	City;	State; Zip Code
189.00	549 CR 120 Alice, Texas 78332		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Printing Expense	logo on Tshirts	3
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	<del></del> -	
02/14/2024	Renada Magallan		
Amount (\$)	Payee address;	City;	State; Zip Code
125.00	Dewey Street Alice, Texas 78332		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense	Radio Interview	/
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED

### 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 Candidate/Officeholder/Political Committee

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Consulting Expense Contributions/Donations Made By 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: 2 F!LER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 02/16/2024 Monica Gonzalez 6 Amount (\$) 7 Payee address; City; State: Zip Code 1567 FM 1554 Alice, Texas 78332 177.06 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Food/beverage purchased snacks for the Schools **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Crystal Reaux 02/16/2024 Amount (\$) Payee address; City. State: Zip Code 549 CR 120 Alice, Texas 78332 147.00 Category (See Categories tisted at the top of this schedule) Description Printing Expense T-shirt logos PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/19/2024 **National Printing** Amount (\$) Pavee address: Zip Code City: State: 1300 Trenton McAllen, Texas 78332 220.83 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Printing Expense Signs **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment		The Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F1:		<sub>Аме</sub> Н. Gonzalez			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					<del></del> -
02/20/2024	Legend	7 Services				
6 Amount (\$)	7 Payee at			City;	State;	Zip Code
44.38		Α	lice, Te	xas 78332		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing	Expense		T-shirts		
	(c)	Check if travel outside of Texas. Complete \$	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oł		ate / Officeholder name		Office sought	-	Office held
Date	Payee na	ime				
02/23/2020	Sara Ba	zan				
Amount (\$)	Payee a	idress;		City;	State;	Zip Code
100.00				Alice, Texas 7	78332	
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food E	xpense		Meals for can	vassors	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	) expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
02/23/2024	SAM's C	Club				
Amount (\$)	Payee a			City;	State;	Zip Code
127.13	4833 S.	Padre Island Corpus (	Christi, 1	Texas 78411		
	Category	(See Categories listed at the top of this s	ichedule)	Description		
PURPOSE OF EXPENDITURE	food/Be	verage expense		for Fundraiser	on 02/25/24	
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

### 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	у	Sift/Awards/Memorials Expense egal Services The Instruction Guide explain	Printing Expense Printing Expense Salaries/Wages/Contract s how to complete this	Tra- Labor Oth	vel in District vel Out Of District er (enter a catego	t ry not listed above)
1 Total pages Schedule F1:	2 FILER NAM Margie H.			3 F	iler ID (Ethics	Commission Filers)
4 Date	5 Payee nam		·			<del></del>
02/23/2024	Dollar Ge	neral				
6 Amount (\$)	7 Payee addr	'ess;	Ci	ty;	State,	Zip Code
34.00	501 N Joh	inson St. Alice, Tx 7	8332			
8	(a) Category	See Categories listed at the top of this	schedule) (b) Descr	iption		
PURPOSE OF EXPENDITURE	Food/Bev	erage Expense	Drinks			
	(c) CI	neck if travel outside of Texas. Complete S	chedule T. C	Check if Austin, TX,	officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name	Office	sought		Office held
Date	Payee nam	e				
02/23/2024	Canvassir	ng				
Amount (\$)	Payee addr	ess;	Cit	ty;	State;	Zip Code
600.00	Alice, Tx 7	78332				
	Category (S	See Categories listed at the top of this s	chedule) Descri	iption		
PURPOSE OF EXPENDITURE	Printing E	Expense	Printing	9		
	Ct	neck if travel outside of Texas. Complete S	chedule T. C	heck if Austin, TX,	officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name	Office s	sought		Office held
Date	Payee nam	е		<del></del> -		<del></del>
02/23/2024	Carolina C	Chavarria				
Amount (\$)	Payee addr		Cit	ty;	State;	Zip Code
200.00	Alice, Tx	78332				
	Category (S	ee Categories listed at the top of this s	chedule) Descri	iption		
PURPOSE OF EXPENDITURE	Printing E	xpense	Printing			
	Ch	eck if travel outside of Texas. Complete S	chedule T. C	heck if Austin, TX,	officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		o / Officeholder name	Office	sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	)	

# SCHEDULE F1

		EXPENDITURE CA	AI EGURIES I	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 Expens Legal Services	Office Ove Polling Exp e Printing Ex		Travel In District Travel Out Of Distri	pment & Related Expense
		The Instruction Guide ex	plains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	ыме Н. Gonzalez			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payeen	ame				
02/23/2024	Roland	Hernandez				
6 Amount (\$)	7 Payee a	ddress;		City;	State,	Zip Code
200.00	Alice, T	x 78332				
8	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/B	everage Expense		Food/Drinks		
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
02/23/2024	Adriana	Trujillo				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
200.00	Alice, T	c 78332				
	Categor	(See Categories listed at the top o	f this schedule)	Description		
PURPOSE OF	Food/B	everage Expense		Food/Drinks		
EXPENDITURE					<del></del> .	
		Check if travel outside of Texas, Comp	plete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame			<del></del>	
02/23/2024	Sylvia M	1artinez				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
200.00	Alice, Tx	78332				
	Category	/ (See Categories listed at the top or	f this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Be	everage Expense		Food/Drinks		
		Check if travel outside of Texas. Comp	olete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COF	PIES OF THIS	SCHEDULE AS NEE	EDED	

## SCHEDULE F1

•	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credd Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Cledit Card Fayment	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Margie H. Gonzalez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	<u></u>			
02/23/2024	Noemi Silva				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
200.00	Alice, Tx 78332				
8	(a) Category (See Categories listed at the top of this sol	nedule) (b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food/Drinks			
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		<u></u>		
02/23/2024	David Silva				
Amount (\$)	Payee address;	City;	State; Zip Code		
200.00	Alice, Tx 78332				
	Category (See Categories listed at the top of this sche	edule) Description			
PURPOSE	Food/Beverage Expense	Food/Drinks			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Data	Payee name				
Date	Payee name				
02/23/2024	Eva Bueno				
Amount (\$)	Payee address;	City;	State; Zip Code		
200.00	Alice, Tx 78332				
	Category (See Categories listed at the top of this sche	edule) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food/Drinks			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	in, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEI	EDED		

# SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees ( Food/Beverage Expense F Gift/Awards/Memorials Expense F	.coan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)	
Credit Cald Payment	The Instruction Guide explains I	how to complete this form.		
1 Total pages Schedule F1;	2 FILER NAME Margie H. Gonzalez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
02/23/2024	Salvador Rios			
6 Amount (\$)	7 Payee address;	City;	State: Zip Code	
200.00	Alice, Tx 78332			
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food/Drinks		
	(C) Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/23/2024	WalMart			
Amount (\$)	Payee address;	City;	State; Zip Code	
32.48	2701 E Main St, Alice, Tx 78332	2		
	Category (See Categories listed at the top of this sche	edule) Description		
PURPOSE	Food/Beverage Expense	Drinks		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	1			
Date	Payee name			
	·			
02/23/2024	Aguliar's Meat Market			
Amount (\$)	Payee address:	City;	State; Zip Code	
435.01	3317 W University, Dr, Edinburg	i, Tx 78539		
	Category (See Categories listed at the top of this sche	dule) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food		
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEI	EDED	

## SCHEDULE F1

		EXPENDITURE CATE	GURIES 1	FOR BOX 6(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E		pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)		oment & Related Expense ct	Đ
1 Total pages Schedule F1:	2 FILER N	IAME H. Gonzalez			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payeena	ame		<del></del>	I		_
02/23/2024	Circle K						
6 Amount (\$)						Zip Code	_
46.06	215 N Johnson St, Alice, Tx 78332						
8	(a) Categor	y (See Calegories listed at the top of this	schedule)	(b) Description			
PURPOSE	Fuel			Gas			
OF							
EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oł		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame				:	_
02/23/2024	Walmar	t					
Amount (\$)	Payee a	ddress;		City;	State:	Zip Code	_
54.33	2701 E	Main St, Alice, Tx 783	32				
	Category	(See Categories listed at the top of this	schedule)	Description	<u></u>		_
PURPOSE OF EXPENDITURE	Food/B	everage Expense		Food/Drinks			
		Check if travel outside of Texas. Complete S	Schedule T	Check if Austi	in, TX, officeholder living	1.0400000	
OI-t- ONLY % dist	Candid	late / Officeholder name		Office sought	TX, GIACETOIGGI HTTIN	Office held	_
Complete ONLY if direct expenditure to benefit C/OF		ate / Officerolder frame		Office sought		Office held	
Date	Payee n	ame				<del></del>	=
02/23/2024	Carwasi	h					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
25.00	Alice, Tx	78332		·		·	
	Category	/ (See Categories listed at the top of this s	schedule)	Description		·	_
PURPOSE OF EXPENDITURE	Mainten	ance Expense		Carwash			
	Check if travel outside of Texas. Complete Schedule T.		chedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct						Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED		=

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees ( Food/Beverage Expense F Gift/Awards/Memorials Expense F al Committee Legal Services S	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Pointing Expense Gift/Awards/Memorials Expense					
1 Total pages Schedule F1:	2 FILER NAME Margie H. Gonzalez		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
02/23/2024 6 Amount (\$)	Amazon  7 Payee address; City; State; Zip Code						
166.48	7 Payee address; City: State; Zip Code On-Line						
8	(a) Category (See Categories listed at the top of this sch						
PURPOSE OF EXPENDITURE	Event Expense	Decorations	,				
	(c) Check if travel outside of Texas. Complete Sche	c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH			Office held				
Date	Payee name	· · · · · · · · · · · · · · · · · · ·					
02/10/2024	Cim						
Amount (\$)	Payee address;	City;	State; Zip Code				
100.00	Alice, Tx 78332						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Food/Beverage Expense	Description Drinks					
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	ustin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
02/14/2024	Renne Perez (BBALL Girls)						
48.00	Payee address: Alice, Tx 78332	City;	State; Zip Code				
	Category (See Categories listed at the top of this sche	dule) Description					
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Cupcakes					
	Check if travel outside of Texas. Complete Scher	dule T. Check if Austi	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
	ATTACH ADDITIONAL CODIES OF	E TUIS SCHEDIII E AS NEI	DED				

## SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatlons Made B: Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense  Gift/Awards/Memorials Expense	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)				
1 Total pages Schedule F1:	2 FILER NAME	now to complete this form.	2 53 15 /545-	o Commission File of			
	Margie H. Gonzalez		3 Filer ID (E(NIC	es Commission Filers)			
4 Date	5 Payee name						
02/26/2024	Eric D Hughes						
6 Amount (\$)	7 Payee address, City, State; Zip Code						
250.00	Alice, Tx 78332						
8	(a) Category (See Categories listed at the top of this set	nedule) (b) Description	<u> </u>				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food/Drinks					
	(c) Check if travel outside of Texas, Complete Sche	dule T. Check if Austi	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	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 scho	edule) Description					
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Oexpenditure to benefit C/OH		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 sche	idule) Description					
	Check if travel outside of Texas. Complete Sche-	Check if travel outside of Texas. Complete Schedule T. 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 O	F THIS SCHEDULE AS NEE	DED				