

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:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr.

FIRST

Andrew

MI

R

NICKNAME

LAST

Gonzalez

SUFFIX

OFFICE USE ONLY

Date Received

July 18, 2023
by Edna R Butt

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

8507 Conrad Drive.

APT / SUITE #:

Austin

CITY:

TX

STATE:

78748

ZIP CODE

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 787-9221

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr.

FIRST

Hyman

MI

NICKNAME

LAST

Murtagh

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

4907 Wing Road

APT / SUITE #:

Austin

CITY:

STATE:

TX

ZIP CODE

78749

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 944-8451

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

01 / 01 / 2023

THROUGH

Month Day Year

06 / 30 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

11 / 08 / 2022

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Austin ISD Board of Trustees, District 6

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Andrew Gonzalez</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,000.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>39.06</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,690.¹⁴</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.

Andrew Gonzalez
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

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

OR

(2) Unsworn Declaration

My name is Andrew Gonzalez, and my date of birth is April 20, 1992.
 My address is 8507 Cornell Drive, Austin, TX, 78748, United States
 (street) (city) (state) (zip code) (country)
 Executed in Travis County, State of Texas, on the 17 day of July, 2023.
 (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)
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21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000. ⁰⁰
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	\$ 39. ⁰⁰
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: 5
2 FILER NAME Andrew Gonzales		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/23	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 Creekside College Station TX 77845		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/28/23	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 Wrenledge Dr. Marbach TX 78652		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/19/23	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)		Employer (See Instructions)

Date 2/26/23	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 Creekside College Station TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 5
2 FILER NAME Andrew Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	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 Warden Lodge Dr. Mandeville TX 78652		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/23	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)		Employer (See Instructions)
Date 3/26/23	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)		Employer (See Instructions)
Date 3/28/23	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. Mandeville TX 78652		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 5
2 FILER NAME Andrew Gonzales		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olivia Workzeman	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)		9 Employer (See Instructions)

Date 4/26/23	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 Keecks Loop College Station TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/28/23	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)		Employer (See Instructions)

Date 5/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olivia Workzeman	Amount of contribution (\$) \$ 50. ⁰⁰
Contributor address; City; State; Zip Code 12605 Brightside St Austin TX 78629		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 5
2 FILER NAME Andrew Gonzales		3 Filer ID (Ethics Commission Filers)
4 Date 5/24/23	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)		9 Employer (See Instructions)
Date 5/28/23	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 1321 Woden Lodge Dr. Mandeville TX 78652		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/19/23	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 Briggs Side St. Austin TX 78629		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/26/23	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)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/23	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 Wanda Lane Dr. Mendham TX 78652		
8 Principal occupation / Job title (See Instructions)		9 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)

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)

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 | 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: 1	2 FILER NAME Andrew Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/23	5 Payee name Act Blue	
6 Amount (\$) 39.06	7 Payee address: P.O. Box 441146	City; State; Zip Code Somerville MA 02144
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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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