

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Eduardo</div>		OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED APR - 5 2024 </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Gonzalez</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(469) 658-6118</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Cynthia</div>		
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Gonzalez</div>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(214) 498-6451</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em;">2 / 17 / 24 THROUGH 4 / 3 / 24</div>		
11 ELECTION	ELECTION DATE ELECTION TYPE <div style="display: flex;"> <div style="flex: 1;"> Month Day Year <div style="font-size: 1.2em;">05 / 04 / 24</div> </div> <div style="flex: 1;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) Midlothian ISD School Board, Place 3		
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 3065.00 26
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3165
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,768.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 396.31
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.

Edward 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 _____, 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>Eduardo Gonzalez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,165.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2768.69</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Eduardo Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Doug Hunt	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code [Redacted] 75134		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shannon Warren	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [Redacted] 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Graciela Gonzalez	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code [Redacted] TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Merilee Barrington	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code [Redacted] TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME Eduardo Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracey Aldrich	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code [REDACTED] TX 76065		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trish Harrison	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] 76154		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Grace	Amount of contribution (\$) \$15.00
Contributor address; City; State; Zip Code [REDACTED] 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Homero Gonzalez	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code [REDACTED] 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Eduardo Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Altman	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED] TX 76065		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandi Ricci	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code [REDACTED] TX 76065		
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <u>Eduardo Gonzalez</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2/19/24</u>		5 Payee name <u>Harbor Freight</u>			
6 Amount (\$) <u>\$29.76</u>		7 Payee address; City; State; Zip Code <u>303 W. Camp Wisdom Rd Duncanville TX 75116</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Other (tiewraps)</u>		(b) Description <u>tiewraps for 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 Office held				
Date <u>2/20/24</u>		Payee name <u>First Graphics Garland TX 75040</u>			
Amount (\$) <u>\$1,748.56</u>		Payee address; City; State; Zip Code <u>229 Garvon St.</u>			
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		
	Candidate / Officeholder name Office sought Office held				
Complete ONLY if direct expenditure to benefit C/OH					
Date <u>2/27/24</u>		Payee name <u>On the Cutting Edge Midlothian TX 76065</u>			
Amount (\$) <u>\$27.06</u>		Payee address; City; State; Zip Code <u>1000 E Main St.</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>name tags</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name Office sought Office held				
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Eduardo Gonzalez		3 Filer ID (Ethics Commission Filers)	
4 Date 2/28/24		5 Payee name Southwest Printing		6 City; State; Zip Code Dallas TX 75237	
6 Amount (\$) \$333.82		7 Payee address; 4545 S. Westmoreland Rd			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Advertising Expense		Push cards		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/5/24		Payee name Midlothian Chamber			
Amount (\$) \$100.00		City; State; Zip Code Midlothian TX 76065			
Payee address; 116 N Eighth St.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Fee		Wine & Craft booth		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		City; State; Zip Code			
Payee address;					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Eduardo Gonzalez</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/13/24</u>	5 Payee name <u>Wal-Mart Midlothran</u>	TX <u>76065</u> State; Zip Code
6 Amount (\$) <u>\$8.10</u>	7 Payee address; <u>400 N. Highway 67</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Other</u>	(b) Description <u>Tie wraps for sign</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 Office held

Date <u>3/27/24</u>	Payee name <u>First Graphics Garland</u>	TX <u>75090</u> State; Zip Code
Amount (\$) <u>\$97.40</u>	Payee address; <u>229 Garvon St</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <u>4/12/24</u>	Payee name <u>Academy Mansfield</u>	TX <u>76063</u> State; Zip Code
Amount (\$) <u>\$97.40</u>	Payee address; <u>1711 E. Broadst</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Other</u>	Description <u>Table & Tent for Campaign</u>
	<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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