

# 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	FIRST	MI	OFFICE USE ONLY RECEIVED - CSO JAN 18 AM 8:05	
	Mr	Raul	H		
	NICKNAME	LAST	SUFFIX	Date Received	
		Gonzalez			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(817 )	375-3999			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	
	Mrs	Kerry		Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed	
		Gonzalez		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(817 )	375-3999			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month    Day    Year		Month    Day    Year		
	7 / 9 / 21		THROUGH 1 / 15 / 22		
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month    Day    Year	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	
	5 / 7 / 22				
12 OFFICE	OFFICE HELD (if any)				
	Arlington City Council - District 2				
13 OFFICE SOUGHT (if known)	OFFICE HELD (if any)				
	Arlington City Council - District 2				
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	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

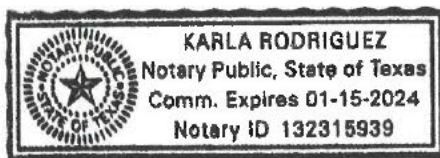
15 C/OH NAME Raul H Gonzalez		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,442.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,194.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Raul Gonzalez this the 18th day of January.

20 22 to certify which, witness my hand and seal of office.

Signature of officer administering oath Karla Rodriguez Printed name of officer administering oath Notary 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

Raul H Gonzalez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500 <sup>00</sup>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	SCHEDULE E: LOANS	\$ -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 742.04
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 FUNDS	\$ 2,421.14
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - .73

# 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: 1 of 1
2 FILER NAME Raul H Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 12/08/2021	5 Full name of contributor out-of-state PAC (ID#: JIM VASZAUSKAS 6 Contributor address; City; State; Zip Code 7301 WINDING WAY DR ARLINGTON TX 76001	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) HUCKABEE, INC
Date 12/10/2021	Full name of contributor out-of-state PAC (ID#: JIM VASZAUSKAS Contributor address; City; State; Zip Code 7301 WINDING WAY DR ARLINGTON TX 76001	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HUCKABEE, INC
Date 12/24/2021	Full name of contributor out-of-state PAC (ID#: JIM VASZAUSKAS Contributor address; City; State; Zip Code 7301 WINDING WAY DR ARLINGTON TX 76001	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) HUCKABEE, INC
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# 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: 1 of 1		2 FILER NAME Raul H Gonzalez		3 Filer ID (Ethics Commission Filers)	
4 Date 12/2021		5 Payee name ANEDOT			
6 Amount (\$) 2090		7 Payee address; City; State; Zip Code PO Box 843H BATON ROUGE LA 70804			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING		(b) Description CREDIT CARD Contribution Processing		
	(c) Check if travel outside of Texas. Complete Schedule T. 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 01/15/2021		Payee name RAUL H GONZALEZ			
Amount (\$) 72114		Payee address; City; State; Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description Political Expenses made from Personal Funds		
	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	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	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	

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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  
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 G: <b>1 of 3</b>		2 FILER NAME <b>Raul H Gonzalez</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>08/09/2021</b>		5 Payee name <b>DR EVANS Scholarship</b>			
6 Amount (\$) <b>2000</b> <small>Reimbursement from political contributions intended</small>		7 Payee address: City: State: Zip Code <b>P.O. Box 672 Mansfield TX 76063</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Contribution</b>		(b) Description <b>SPONSORSHIP</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		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>09/07/2021</b>		Payee name <b>WIX.COM LTD</b>			
Amount (\$) <b>7794</b> <small>Reimbursement from political contributions intended</small>		Payee address: City: State: Zip Code <b>40 NAMATZAN AVE TEL AVIV, ISRAEL 6350671</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <b>Email Mailbox - 6 Sits</b>		
	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					
Date <b>09/30/2021</b>		Payee name <b>SUMMIT BAND Boosters</b>			
Amount (\$) <b>5000</b> <small>Reimbursement from political contributions intended</small>		Payee address: City: State: Zip Code <b>P.O. Box 170132 Arlington TX 76003</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION</b>		Description <b>SPONSORSHIP</b>		
	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 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  
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 G: <b>2 of 3</b>	2 FILER NAME <b>Raul H Gonzalez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/02/2021</b>	5 Payee name <b>Lix.Com LTD</b>	
6 Amount (\$) <b>310.43</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <b>40 NAMA</b>	City; State; Zip Code <b>TEL AVIV ISRAEL 6350671</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>1 yr Renewal of Premium Plan &amp; Domain</b>
	(c) Check if travel outside of Texas. Complete Schedule T. 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>11/30/2021</b>	Payee name <b>CONSTANT CONTACT</b>	
Amount (\$) <b>3357</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <b>1601 TRAPELO RD STE 329</b>	City; State; Zip Code <b>Waltham MA 02451-7351</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>Email SUBSCRIPTION</b>
	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
Date <b>Various Dates 12/2021</b>	Payee name <b>FACEBOOK, Inc</b>	
Amount (\$) <b>199.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <b>1601 Willow Rd</b>	City; State; Zip Code <b>Menlo Park CA 94025-1452</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>Social Media Ads</b>
	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

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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  
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.

<b>1</b> Total pages Schedule G: <u>3 of 3</u>	<b>2</b> FILER NAME <u>Raul H Gonzalez</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>12/29/2021</u>	<b>5</b> Payee name <u>GOOD DAX Cafe</u>	
<b>6</b> Amount (\$) <u>100.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <u>6204 S Cooper St</u> <u>Arlington</u> <u>TX</u> <u>76001</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>EVENT</u>	<b>(b)</b> Description <u>EVENT DEPOSIT</u>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <u>01/12/2021</u>	<b>Payee name</b> <u>Loh Foundation</u>	
<b>Amount (\$)</b> <u>1000.00</u> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <u>2625 W Pioneer Pkwy Ste 800 Grand Prairie TX 75051</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>DONATION</u>	<b>Description</b> <u>SPONSORSHIP</u>
	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
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	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 OF THIS SCHEDULE AS NEEDED



# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

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 K: <b>1 of 1</b>	
2 FILER NAME <b>Raul H Gonzalez</b>		3 Filer ID (Ethics Commission Filers)	

4 Date <b>07/09/21</b> <b>thru</b> <b>01/15/22</b>	5 Name of person from whom amount is received <b>Chase Bank N.A.</b> <hr/> 6 Address of person from whom amount is received; City; State; Zip Code <b>1700 Pacific Ave Dallas TX 75201</b>	8 Amount (\$)  <div style="text-align: center; font-size: 2em;"><b>.73</b></div>
7 Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> <b>Interest on Checking Acct</b>		

Date	Name of person from whom amount is received  <hr/> Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>		

Date	Name of person from whom amount is received  <hr/> Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>		

Date	Name of person from whom amount is received  <hr/> Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>		

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