The same of the sa		ICEHOLDER CE REPORT			ORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission File	2 Total pages f	filed: Q
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr	FIRST Raul	MI H		EUSEISNLY
2	NICKNAME	LAST Gonzalez	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	DX. APT / SUITE #	CITY: STATE: ZIP CODE		8 AM 6
Change of Address				1	OSC OSC
5 CANDIDATE/ OFFICEHOLDER PHONE	(817 )	рноме мимвек 375-3999	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs	FIRST	MI	Receipt #	Amount S
NAME	NICKNAME	LAST	SUFFIX	Date Processed  Date Imaged	
		Gonzalez	*	water mag-	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE:	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(817 )	9HONE NUMBER 375-3999	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff		ifter campaign appointment er Only)
	July 15	6th day before ele	ection Exceeded Modified Reporting Limit	E004034040	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 9 / 21	THROUGH 1	h Day Year / 15 / 22	
11 ELECTION	Month Day	Primary	ELECTION TY. Runoff Other	PE	
	5 / 7	/ 22 ■ General	Special Description	1	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno		
	Arlington Ci	ity Council - Distric	ct 2 Arlington City C	ouncil - Distric	ot 2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	ICEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CA RED TO REPORT THIS INFORMATION ONLY I	ANDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	,	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

CAMITATO	THANGE REFORT		To the second se	0.0000000
15 C/OH NAME Raul H Gonzalez		-	16 Filer ID (Ethics Commission I	Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT		s N/A	
	TOTAL POLITICAL CONTRII     (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	s) \$ 500°	>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ _	
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 2,442	ŧ
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE L	AST DAY \$ 17,1940	8
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS 3 PERIOD	OF THE \$ NA	¥
	swear, or affirm, under penalty of perjury, the quired to be reported by me under Title 15, E		rue and correct and includes all in	formation
r e		Signature of C	Candidate or Office Holder	
		lete either option belo	w:	
(1) Affidavit	KARLA RODRIGUEZ  Notary Public, State of Texas  Comm. Expires 01-15-2024  Notary ID 132315939			
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by Raul Gron	lake this th	e 18th day of Janea	my.
20 to certify	which, witness my hand and seal of office.	0 1 0	10100	
Signature of officer administe	ring cath Printed name of offi	cer administering oath	Title of officer administer	ring oath
	Parties Hame of One	OR	THE OF CHICCH Administra	ing out
(2) Unsworn Declarati	on	OK .		
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	nth) , 20	
		Signature of Cano	didate/Officeholder (Declarant)	

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID (Ethi	ics Commission Filers)	
_	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50000	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	· s -	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 743 04	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s _	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,4214	
10.	SCHEDULE HE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	/он s	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -	
2.	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	1 Total pages Schedule A1:			
2 FILER NAME		ñ	3 Filer ID (Ethics Commission Filers)		
Raul H Go	nzalez		_		
4 Date	The second secon	C (ID#:)	7 Amount of contribution (\$)		
12/03/2021	6 Contributor address; City;				
	7301 WINDING WAS DR A		20000		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc			
Cor	nsultant	Hudhaba	ILL		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
1 1	JIM VASZAUSKAS		2.2		
12/10/2021	Contributor address; City;	State; Zip Code			
100	7301 WINDING WAS DR		15000		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Con	suttant	HUCKALGE.	Tix		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
12/24/2021	Contributor address; City;				
	7301 Whomb WAS DR AREIN	nution TX 76001	15000		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)		
Co	<u>NSULTANT</u>	Huckabas.	Tuc		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
	Oily,	State, Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	- · ·				
-					
			8		
×					
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED		
	If contributor is out-of-state PAC, please see Instru				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

## 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

Event Expense Fees Food/Beverage Expense Giff/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 College Calegory and listed above?

Travel Out Of District 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Raul H Gonzalez VARIOUS DOWN 5 Payee name 2021 ANEDOT 6 Amount (\$) 7 Payee address; City; State: Zip Code BATON ROUGE PO BOX 84314 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE CREDIT CARD Contribution Processing BANKING OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date RAUL H GONZALEZ Amount (\$) City State Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Political Expenses made fro KEIMMUSEMENT 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 Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF 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 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 Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Boverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/V	xpense Vages/Contract Labor	Travel In Distriction Travel Out Of I	Equipm ct District	g Expense ent & Related Expense not listed above)
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers				Commission Filers)		
of 3		Gonzalez					
4 Date 08/09/2021	DR EVANS Scholarship						
6 Amount (\$)	7 Payee add	iress;		City;	Sta	ate;	Zip Code
Reimbursement from political contributions intended	P.O. B	W 672	Man	: fish	TX	21 <u> </u>	16063
8	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description	1		
PURPOSE OF EXPENDITURE	Con	tribution		Sponsorship			н
	(c) C	theck if travel outside of Texas, Complete Sch	redule T.	Check if Austi	n, TX, officeholder I	iving exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		(	Office held
Date	Payee nan	ne		V VI			
09/07/2021	wi	x.com LTD					
Amount (\$)	Payee add			City;		ate;	Zip Code
Reimbursement from political contributions intended	40 NA	mat a Autal	AUN	ISRAEL	6	350	067/
	Category	(See Categories listed at the top of this se	chedule)	Description			
PURPOSE OF EXPENDITURE	ADVERTISING Email Mailbox - 6 Sixts						
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expanse						
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		C	Office held
Date	Payee nam	nè					
09/30/2021	-	MMIT BAND T	3005	t GRS			
Amount (\$)	Payee add	ress;		City;	State	:	Zip Code
Reimbursement from political contributions intended	P.O. T	Box 170132		Arundon	TX	-	76003
DUDDOGE	Category	(See Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	Contribution			Spunsorship			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			pense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	*	Office sought		C	Office held
	ATTA	CH ADDITIONAL COPIES OF	F THIS SC	HEDULE AS NEED	DED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Of Food/Beverage Expense Pood/Beverage	an Repayment/Reimbursement fice Overhead/Rental Expense alling Expense inting Expense alanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Crook Card Capiton	The Instruction Guide explains he	ow to complete this form.			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
2 of 3	Raul H Gonzalez	Raul H Gonzalez			
4 Date	5 Payee name				
11/02/2021	WIX.Com LTD				
6 Amount (\$) 3\0 Reimbursement from	7 Payee address;	TEL AUIV	State; Zip Code  ISRAGL 6350671		
X political contributions intended	P				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description			
OF EXPENDITURE	ADVERTISING	IVERENGE	of of Premium Plan & Domain		
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, afficeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	· Office sought	Office held		
Date	Payee name		)		
11/30/2021	CONSTANT CONTACT		45		
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	1601 TRAPELO RD STE 32	manthaw P.	MA 02451-7357		
PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description			
OF EXPENDITURE	ADVERTISING E.		Empil Subscription		
2	Check if travel outside of Texas, Complete Schedule T. Chack it		ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date . Moons Over	Payee name	-			
12/2021	FACEBOOK, IL				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	1601 willow Ro	MELLA PARK	. CA 94025-1452		
DURDOSE	Category (See Categories listed at the top of this schedu	le) Description			
PURPOSE OF EXPENDITURE	ADUGRTISIAL	Sound	MEDIA ADS		
e = = = = = = = = = = = = = = = = = = =	Check if travel outside of Texas, Complete Schedule	T. Check if Austli	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
5	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED	DED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fres Fres Frood/Beverage Expens By Gift/Awards/Memorials al Committee Legal Services	se Office C Polling Expense Printing Salarie	epayment/Reimbursement Overhead/Rental Expense Expense 9 Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out of District Other (enter a catego	nent & Related Expense
1 Total pages Schedule G:	2 FILER NAME			2 = 1 = 1 = 1 = 1	0
i lotal pages schedule G:	Raul H Gonzalez		74	3 Filer ID (Ethics	Commission Filers)
4 Date \	5 Payee name				
12/29/2011	Good DAX	CAFE			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
Reimbursement from political contributions interided	6204 S Cooper	ST	ARLINGTON	TX	76001
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVENT	EVENT DEPOSIT			
*	(c) Check if travel outside of Texa	s. Complete Schedule T	Check if Austin	TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Office sought		Office held
Datę	Payee name				
01/12/2021	Loh Four	Oction			
Amount (\$)	Payee address;		City;	State;	Zip Code
Reimbursement from political contributions intended	2625 W Pione	er Pkwx	STC 8000 GR	AD PRORE	1x 75051
BUBBOOK	Category (See Categories listed at	the top of this schedule)	Description		360
PURPOSE OF EXPENDITURE	MUITANACT		5 Ponso	RSHIP	
9	Check if travel outside of Texas. Complete Schadule T. Check if Austin, TX, officeholder living expense				xpense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder n	àme	Office sought		Office held
Date	Payee name				
batte -	r ayee name				
Amount (\$)	Payee address:		City;	State	Zip Code
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at t	he top of this schedule)	Description	**	
	Check if travel outside of Texa	s. Complete Schedule T.	Check if Austin,	TX, officeholder living a	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Office sought		Office held
	ATTACH ADDITIONAL (	COPIES OF THIS	SCHEDULE AS NEED	ED	

# 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.					
2 FILER NAME 3 Filer ID (Ethics			Commission Filers)		
Raul H Goi					
	5 Name of person from whom amount is received		_		
4 Date	Wante of person notes whom amount is received		8 Amount (\$)		
07/09/21	Chase Bank N.A.				
1)	6 Address of person from whom amount is received; City; Sta	te; Zip Code	,73		
01/15/22	1700 Aprific AG DAllas TX 75	201	715		
011137	7 Purpose for which amount is received Check if	political contribution	returned to filer		
	Interest on Checking Dect				
Date	Name of person from whom amount is received		Amount (\$)		
Date			ranount (o)		
	SI SI				
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
		-, -,			
10	Purpose for which amount is received Check if	political contribution	returned to filer		
	a sign as				
			%		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; Zip Code			
	Purpose for which amount is received Check if	political againbution	returned to Sier		
	,				
_ = =	Name of person from whom amount is received	+ 1			
Date	Name of person from whom amounts received		Amount (\$)		
	2				
	Address of source from when a month is a sixty of the control of t	And The Follows			
	Address of person from whom amount is received; City; Sta	te; Zip Code			
Purpose for which amount is received Check if political contribution returned to filer					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			