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. MS / MRS / MR 3 CANDIDATE / FIRST M **OFFICEHOLDER** OFFICE USE ONLY Mr. Alfred NAME Date Received NICKNAME LAST SUFFIX Gonzalez 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **OFFICEHOLDER** 13490 Virrey MAILING Clint, TX 79836 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (915 494-1807 PHONE Receipt # Amount S 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mary E. . . NAME Date Processed NICKNAME LAST SUFFIX Date Imaged González STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE **TREASURER** 14200 Socorro Rd. **ADDRESS** San Elizario, TX 79849 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (512 659-2457 9 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day COVERED 6 24 30 24 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Month Day Other Year Description Tax Appraisal District Election General 5 28 Special 24 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) El Paso County Appraisal District, Place 1 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 RINGWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL 1 Additional Pages 0 N COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC m COMMITTEE CAMPAIGN TREASURER ADDRESS Ch **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	PLEDGES, LOANS, OF	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			
	2. TOTAL POLITICAL C (OTHER THAN PLEDGE	ONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS	S)	\$	450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL E.	XPENDITURES		\$	420.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO	ITRIBUTIONS MAINTAINED AS OF THE L D	AST DAY	\$	30.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REI	OUNT OF ALL OUTSTANDING LOANS AS PORTING PERIOD	OF THE	\$	
18 SIGNATURE Ls	wear, or affirm, under penalty of populated to be reported by me under Ti	erjury, that the accompanying report is to	rue and cor	rect and in	cludes all information
160	drived to be reported by me-difficer. If	ue 15, ejection Code.			
		11110	h	.1.	,
		agref F.	X Land	\simeq	
		Signature of 0	Candidate	or Officehol	der
	Diam.				
	Please o	complete either option belo	W:		
(1) Affidavit					
NOTARY STAMP/SEA					
NOTART STARF (SEAL					
Sworn to and subscribed	before me by	this the	е	day of	
20, to certify	which, witness my hand and seal of c	office.		7	
Signature of officer administe	ring oath Printed nan	ne of officer administering oath		Title of offic	er administering oath
		OR			
(2) Unsworn Declaration	on			A	<u>- 1. 1980 (1. 191. 192) (2. 193) (1. 192) (2. 203)</u>
Wiki-Li O					
My name is Alfred Go		, and my date of birth	_{is} <u>06/04/</u>	/1951	,
My address is 13490 V	irrey			9836	El Paso
Executed in El Paso	(street)County, State of Texas	(city) S, on the 11thday of July(mgf	(state) (zip code) _, 20 <mark>24</mark> _(year)	(country)
		alfred t.	Don	re	
		Signature of Cano	didate/Office	bblder Øe	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	ILER NAME 20 Filer ID (Ethics Con			nmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	400.00		
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 CO	\$	420.00		
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			50.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	e Instruction Guide explains how	is form.	1 Total pages Schedule A1:			
2 FILER NAME Alfred Go				3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Lorena Escobar 6 Contributor address; City; State; Zip Code 13 Villa Placita, El Paso, TX 79927			7 Amount of contribution (\$)		
02/06/2024				400.00		
8 Principal occu Retired	upation / Job title (See Instructions)		9 Employer (See Instruction Retired	ons)		
Date	Full name of contributor		PAC (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occuj			Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#;			Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occuj	pation / Job title (See Instructions)		Employer (See Instruction	ons)		
Date	Full name of contributor	out-of-state P/		Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occur	pation / Job title (See Instructions)		Employer (See Instruction	ons)		

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politis Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of Distri	rict gory not listed above)	
Octor octor bymen		The Instruction Guide explain	ns how to c	omplete this form.		,	
1 Total pages Schedule F1	2 FILER N				3 Filer ID (Ethi	cs Commission Filers)	
4 Date	5 Payee na		***************************************				
02/06/2024	County	of El Paso, Texas					
6 Amount (S)	7 Payee a	ddress;	***************************************	City;	State;	Zip Code	
400.00	500 E S	an Antonio Ave # 301	, El Pas	o, TX 79901			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE	the state of the s			Payment of filing fee with the county			
OF EXPENDITURE				•		Takking	
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	lin, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me	No. of the last of				
03/29/2024	WestSta	r bank					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
5.00	105 S S Clint, TX	an Elizario 79836					
	Category	(See Categories listed at the top of this s	ichedule)	Description			
PURPOSE	Fees			Monthly service	ce fee		
OF EXPENDITURE							
		Chook Aleman withing of Tayon Country					
Check if travel outside of Texas, Complete Schedule T, Complete ONLY if direct Candidate / Officeholder name		Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O		ate / Officeriolder name		Office sought		Office held	
Date	Payee na	me					
04/30/2024	WestSta	r Bank					
Amount (\$)	Payee ad		***************************************	City;	State;	Zip Code	
5.00	105 S Sa Clint, TX	n Elizario 79836					
	Category	(See Categories listed at the top of this so	chedule)	Description	·		
PURPOSE OF EXPENDITURE	Fees			Monthly servic	e fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				g expense		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	***************************************	Office sought		Office held	
	ΤΤΑ	ACH ADDITIONAL COPIES	OFTHIS	CHEDILLEAS NEE	:nen		

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 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 Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District 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) Alfred Gonzalez 4 Date 5 Payee name 05/30/2024 WestStar Bank 6 Amount (\$) 7 Payee address; City; State; Zip Code 105 S San Elizario 5.00 Clint, TX 79836 (a) Category (See Categories listed at the top of this schedule) (b) Description Fees **PURPOSE** Monthly service fee OF EXPENDITURE (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 Office held expenditure to benefit C/OH Date Payee name 06/28/2024 WestStar Bank Amount (\$) Payee address; City; State: Zip Code 105 S San Elizario 5.00 Clint, TX 79836 Category (See Categories listed at the top of this schedule) Description Fees **PURPOSE** Monthly service fee OF **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 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 Auslin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By **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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alfred Gonzalez 4 Date 5 Payee name 02/06/2024 Alfred Gonzalez 6 Amount (\$) 7 Payee address; City; State; Zip Code 50.00 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Accounting/Banking Minimum deposit to open a checking account for OF **EXPENDITURE** the campaign Check if travel outside of Texas, Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED