

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: **5**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

MR. MIGUEL

NICKNAME LAST SUFFIX

MIKE GONZALEZ

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

114 Fall Creek Dr, KYLE TX 78640

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 202-7756

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

MS LINDA

NICKNAME LAST SUFFIX

GONZALEZ

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

114 Fall Creek Dr. KYLE TX 78640

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 587-6337

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 Month Day Year

01 / 21 / 22 THROUGH 02 / 19 / 22

11 ELECTION

ELECTION DATE

Month Day Year

3 / 1 / 22

ELECTION TYPE

- Primary
 Runoff
 Other Description
 General
 Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HAYS COUNTY COMMISSIONER PCT 2

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		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 305.57
	4. TOTAL POLITICAL EXPENDITURES	\$ 855.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 744.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 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 MIGUEL GONZALEZ, and my date of birth is 08/04/76.

My address is 116 Fall Creek Dr, Kyle, TX, 78640 US.
(street) (city) (state) (zip code) (country)

Executed in HAYS County, State of TEXAS, on the 22 day of FEBRUARY, 20 22.
(month) (year)

Miguel Gonzalez
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,050. 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	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 549.51
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: <u>1</u>
2 FILER NAME <u>MIGUEL GONZALEZ</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/1/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Leanne Sanchez</u>	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>401 Deer Creek Ln San Marcos TX 78666</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/1/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ruben Lopez</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>737 West Bartlett Ln Buda TX 78610</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/2/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Patricia Salinas</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>877 Rio Rd Eagle Pass TX 78852</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/3/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Maria Mendez</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>14501 HighSmith St Austin TX 78725</u>		
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 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 | 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 | | | |

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1 Total pages Schedule G: <p style="text-align:center">1</p>	2 FILER NAME <p style="text-align:center">MIGUEL GONZALEZ</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">1/31/22</p>	5 Payee name <p style="text-align:center">Super Cheap Signs</p>	
6 Amount (\$) \$549.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center">9200 Waterford Center Blvd Austin TX 78758 Ste 100</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Exp</p>	(b) Description <p style="text-align:center">Signs</p>
	(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 <p style="text-align:center">[Signature]</p>	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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