	I FINANCE REPORT			COVER SHEET PG 1
The C/OH Instruction (Guide explains how to complete this	form. 1 Filer ID		2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Aman		МІ	OFFICE USE ONLY Date Received
	NICKNAME LAST Gonza	alez	SUFFIX	EXAR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE PO BOX 242458	#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Armount
Change of Address	San Antonio, TX 78224			Date Imaged
5 CAMPAIGN TREASURER NAME	MYS. FIRST	eli	Ä	
	NICKNAME GHT	WEZ	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	6251 VAILEY	EASE); APT	San Ant	ONIO TX 7825C
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMI (210) - 445-1	BER EXTENSION	5-00° + 6-00°	
8 REPORT TYPE		ay before election	Runoff Exceeded modified eporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day 01/25/2024	Year I
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024	X Primary General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT Bexar County Co Bexar	(if known) mmissioner, Precinct 1 Place
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

					2 of 12
13 C / OH NAME	Gonzalez, Amanda		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to difficeholders are required to report this information	the candidate's or officel	holder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME	• • •		
		SOMMITTEE SAMITATOR THE MOST ENTIRE			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
	1	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	7,828.31
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	9,300.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
	OCCOCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Signature of			
	scribed before me, by the s	Λ . I . C .	P7 , this the)	_ day
Signature of offi	Cer administering	Printed name of officer administering	Title of officer	administerir	ocales ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 12

					0 01 12
	ER NAM		19 Filer ID		
		, Amanda			
		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	X	SCHEDULE E: LOANS		\$	0.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	7,828.31
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
				•	

PLEI	OGED CONTRIBU	TIONS			SCHEDULE	В
T	he Instruction Guide ex	plains how to co	emplete this form.	1 Total pages Schi Sch: 1/1 Rpt: 4		
2 FILER N Gonzale	AME ez, Amanda			3 Filer ID amanda@vote	foramanda.com	
4 TOTAL	. OF UNITEMIZED PLED	GES		\$		0.00
5 Date	6 Full name of pledgor	out-of-state PA	C (ID#:) 8 Amount of pledge (\$)	9 In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip	o Code		1 1	
				Check if travel ou	i tside of Texas. Complete Sch	nedule T.
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See I			

www.ethics.state.tx.us

	LOANS						SCHED	ULE E
	The Instruction	on Guide explains h	now to comp	lete this f	orm.		pages Schedule E: L/1 Rpt: 5/12	
2	FILER NAME Gonzalez, Amar	nda				3 Filer II)	
4	TOTAL OF UN	IITEMIZED LOANS		- W W.		•	\$	0.00
5	Date of loan	7 Name of lender		out-of-state PA	C (ID#:		9 Loan Amount (S	Б)
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code		10 Interest Rate	
							11 Maturity Date	
		on / Job title (See Instruc	tions)		13 Employer (See In	nstructions)		
14	Description of Col None	ateral			15 Check if persona	I funds were deposite	ed into political accour (See Instruction	
16	GUARANTOR INFORMATION	17 Name of guarantor				•	19 Amount Guarar	nteed (\$)
	not applicable	18 Guarantor address;	City;	State;	Zip Code		<u>.</u>	
20	Principal occupati	on			21 Employer (See In	nstructions)		
						. ,,		
								:
								:

SCHEDULE F1

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 1/7 Rpt: 6/12	Gonzalez, Amanda
4	Date	5 Payee name
	01/04/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
-	\$91.14	410 Terry Ave. North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign supplies
		Campaign supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/22/2024	Blanquita Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.24	2110 Cupples Rd
	, ·	
		San Antonio, TX 78226
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for campaign event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to beliefit G/OI	
	Date	Payee name
	01/08/2024	Flagship Campaigns LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	7926 Broadway Apt. 707
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign consulting services
		Campaign consulting services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		pense ages/	e Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:						3 Filer ID	
	Sch: 2/7 Rpt: 7/12	Gonzalez,	Amanda					
4	Date	5 Payee name				•		
	01/09/2024	Flagship C	ampaigns LLC					
6	Amount (\$)	7 Payee addr	ess; City; S	itate; Zip Co	de			
	\$750.00	7926 Broa	dway Apt. 707					
		San Anton	io, TX 78209					
8	PURPOSE OF	(a) Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	EXPENDITURE	Consulting	Expense			Land	utside of Texas. Complete Schedule T. TX, officeholder living expense	
						ш	nsulting services	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ght		Office held	
	Date	Payee name	e					
	01/11/2024	Garcia, An	amarie .					
	Amount (\$)	Payee addr	ess; City; S	tate; Zip Co	de			
	\$432.00	1418 Melis	ssa Sue					
		San Anton	io, TX 78228					
	PURPOSE OF		See Categories listed at the top of th	is schedule)	(b)	Description		
	EXPENDITURE	Consulting	Expense				utside of Texas. Complete Schedule T. TX, officeholder living expense	
					,	ഥ Campaign wo		
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ght		Office held	
	Date	Payee name						
	01/25/2024	Garcia, An	amarie					
	Amount (\$)	Payee addr	•	tate; Zip Co	de			
	\$540.00	1418 Melis	ssa Sue					
		San Anton	io, TX 78228					
	PURPOSE OF		See Categories listed at the top of th	is schedule)	(b)	Description		
	EXPENDITURE	Consulting	Expense			=	utside of Texas. Complete Schedule T. TX, officeholder living expense	
						Campaign wo		
						. •		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ght		Office held	
	rms provided by Toyas E						Varaina V2 F 1 000	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	OTHER (enter a category not listed a	ioove)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	
Sch: 3/7 Rpt: 8/12	Gonzalez, Amanda			
4 Date	5 Payee name		•	
01/11/2024	Garcia, Esperanza			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$432.00	1418 Melissa Sue			
	San Antonio, TX 78228			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Consulting Expense	لـــــا لـــــا	avel outside of Texas. Complete Schedule T.	
			ustin, TX, officeholder living expense	
		Campaign	WOIK	
O Committee ONLY if alice of	Operation of Control o		0"	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
01/25/2024	Garcia, Esperanza			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$540.00	1418 Melissa Sue			
	San Antonio, TX 78228			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Consulting Expense	<u>—</u>	avel outside of Texas. Complete Schedule T.	
		Campaign	ustin, TX, officeholder living expense	
·		Campaign	·	
Complete ONLY if direct	Candidate/Officeholder name Office sou		Office held	
expenditure to benefit C/O		ym	Office field	
Date	Payee name			
01/11/2024	Garcia, Inez			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$432.00	1666 SW 19th St.			
	San Antonio, TX 78207			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	· ······	
OF EXPENDITURE	Consulting Expense	Check if tra	avel outside of Texas. Complete Schedule T.	
LAFENDITORE			ustin, TX, officeholder living expense	
		Campaign	ı work	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
5	· ·			

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		•	Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:		-	3 Filer ID
-	Sch: 4/7 Rpt: 9/12			J THE ID
		Gonzalez, Amanda		
4	Date	5 Payee name		
	01/25/2024	Garcia, Inez		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$540.00	1666 SW 19th St.		
	·			
		Con Antonio TV 70207		
		San Antonio, TX 78207		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Campaign work
9	Complete ONLY if direct		sought	Office held
	expenditure to benefit C/OF	1		
	Date	Payee name		
	01/11/2024	Garcia, Isabella		
	Amount (\$)	Payee address; City; State; Zip	Code	·
	` '	7611 Buckboard Ln	Coue	
	\$432.00	7011 Buckboard En		
		San Antonio, TX 78227		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EVDENDITUDE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Campaign work
	•			
	Complete ONLY if direct		sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH		sought	Office held
	expenditure to benefit C/O	H	sought	Office held
	expenditure to benefit C/O	Payee name	sought	Office held
	expenditure to benefit C/Oh Date 01/25/2024	H Payee name Garcia, Isabella		Office held
	expenditure to benefit C/O	Payee name Garcia, Isabella Payee address; City; State; Zip		Office held
	expenditure to benefit C/Oh Date 01/25/2024	H Payee name Garcia, Isabella		Office held
	expenditure to benefit C/OhDate 01/25/2024 Amount (\$)	Payee name Garcia, Isabella Payee address; City; State; Zip		Office held
	expenditure to benefit C/OhDate 01/25/2024 Amount (\$)	Payee name Garcia, Isabella Payee address; City; State; Zip		Office held
	expenditure to benefit C/OhDate 01/25/2024 Amount (\$) \$540.00	Payee name Garcia, Isabella Payee address; City; State; Zip 7611 Buckboard Ln San Antonio, TX 78227	Code	
	expenditure to benefit C/OhDate 01/25/2024 Amount (\$)	Payee name Garcia, Isabella Payee address; City; State; Zip 7611 Buckboard Ln San Antonio, TX 78227 (a) Category (See Categories listed at the top of this schedule)	Code	Description
	expenditure to benefit C/Oh Date 01/25/2024 Amount (\$) \$540.00	Payee name Garcia, Isabella Payee address; City; State; Zip 7611 Buckboard Ln San Antonio, TX 78227	Code	
	expenditure to benefit C/Oh Date 01/25/2024 Amount (\$) \$540.00 PURPOSE OF	Payee name Garcia, Isabella Payee address; City; State; Zip 7611 Buckboard Ln San Antonio, TX 78227 (a) Category (See Categories listed at the top of this schedule)	Code	Description Check if travel outside of Texas. Complete Schedule T.
	expenditure to benefit C/Oh Date 01/25/2024 Amount (\$) \$540.00 PURPOSE OF	Payee name Garcia, Isabella Payee address; City; State; Zip 7611 Buckboard Ln San Antonio, TX 78227 (a) Category (See Categories listed at the top of this schedule)	Code	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 01/25/2024 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Garcia, Isabella Payee address; City; State; Zip 7611 Buckboard Ln San Antonio, TX 78227 (a) Category (See Categories listed at the top of this schedule) Consulting Expense	Code (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign work
	expenditure to benefit C/Oh Date 01/25/2024 Amount (\$) \$540.00 PURPOSE OF	Payee name Garcia, Isabella Payee address; City; State; Zip 7611 Buckboard Ln San Antonio, TX 78227 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office	Code	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 01/25/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Garcia, Isabella Payee address; City; State; Zip 7611 Buckboard Ln San Antonio, TX 78227 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office	Code (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign work
	Date 01/25/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Garcia, Isabella Payee address; City; State; Zip 7611 Buckboard Ln San Antonio, TX 78227 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office	Code	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign work

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

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 cate

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 5/7 Rpt: 10/12	Gonzalez, Amanda	
4	Date	5 Payee name	\neg
	01/11/2024	Garcia, Stephanie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$432.00	3207 Mission River	
	!		
		San Antonio, TX 78245	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\dashv
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	LA ENDITOR	Compaign work	
	!	Campaign work	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
5	expenditure to benefit C/O		
H	Date		
	01/25/2024	Payee name Garcia, Stephanie	
<u> </u>			_
	Amount (\$) \$540.00	Payee address; City; State; Zip Code 3207 Mission River	
	φυ τ υ.υυ	3207 MISSION RIVER	
	!	0 A	
L		San Antonio, TX 78245	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	!	Campaign work	
	1		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	-	
Г	Date	Payee name	=
	01/24/2024	Godaddy.com LLC	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.13	2155 E. GoDaddy Way	
	1		
	1	Tempe, AZ 85284	
一	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	EXICIONONE	Check if Austin, TX, officeholder living expense	
	!	Campaign website domain	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O		
\vdash			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica	l Co	mmittee Legal Sen	vices	Salaries/Wages/Contract Labor		OTHER (enter a category not listed above)	
	Credit Card Payment		The Inst	truction Guide expla	ains how to complete this form.			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	
	Sch: 6/7 Rpt: 11/12		Gonzalez, Amanda	a				
4	Date	5	Payee name					
	01/09/2024		USPS					
6	Amount (\$)	7	Payee address;	City; S	tate; Zip Code			
	\$237.00		7411 Barlite Blvd					

Date	Payee name
01/09/2024	USPS
Amount (\$) \$237.00	7 Payee address; City; State; Zip Code 7411 Barlite Blvd
	San Antonio, TX 78224
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage office supplies
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held Office held
Date	Payee name
01/22/2024	Wix.com, Inc
Amount (\$) \$36.80	Payee address; City; State; Zip Code 500 Terry A Francois Blvd Fl 6
	San Francisco, CA 94158
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website design
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
01/11/2024	Ybarra, Isaac
Amount (\$) \$432.00	Payee address; City; State; Zip Code 1666 SW 19th St.
	San Antonio, TX 78207
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Campaign work

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains i	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID
	Sch: 7/7 Rpt: 12/12		Gonzalez, Amanda				
4	Date	5	Payee name			L	
	01/25/2024		Ybarra, Isaac				
6	Amount (\$) \$540.00	7	Payee address; City; State; 1666 SW 19th St. San Antonio, TX 78207	Zip Coo	de		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scho	edule)		, TX	side of Texas. Complete Schedule T. K, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office soug	ht		Office held