# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction Guide explains how to complete this   |   | uide explains how to complete this form.   | 1 Filer ID (Ethics Commission Filers)      | 2 Total pages filed: 25   |  |  |  |
|--|---|--|--|---|--|--|--|
| 3  | CANDIDATE /<br>OFFICEHOLDER                       | ms/mrs/mr First Placido  | мі<br><b>А</b>                             | OFFICE USE ONLY   |  |  |  |
|  | NAME  | nickname last<br><b>Gomez</b>  | SUFFIX                                     | Date Received   |  |  |  |
| 4  | CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE JAN 1 6 2024  |  |   |  |  |  |
|  | Change of Address                                 |  |  |   |  |  |  |
| 5  | CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE PHONE NUMBER (505 ) 426-7779   | EXTENSION                                  | Date Hand-delivered or Date Postmarked                                  |  |  |  |
| 6  | CAMPAIGN  | MS / MRS / MR FIRST  | МІ   | Receipt # Amount \$   |  |  |  |
|  | TREASURER<br>NAME                                 | Rolaund  |  | Date Processed  |  |  |  |
|  | INAIVIE   | NICKNAME LAST  | SUFFIX                                     |   |  |  |  |
|  |   | Hinojosa   |  | Date Imaged   |  |  |  |
| 7  | CAMPAIGN<br>TREASURER<br>ADDRESS                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  515 Memorial Heights Dr, Houston, TX, 77007 |  |   |  |  |  |
| _ (  | Residence or Business)                            |  |  |   |  |  |  |
| 8  | CAMPAIGN<br>TREASURER<br>PHONE                    | (713 ) 907-4579  | EXTENSION                                  |   |  |  |  |
| 9  | REPORT TYPE                                       | January 15 30th day before   | election Runoff                            | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only) |  |  |  |
|  |   | July 15 8th day before e   | election Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR)   |  |  |  |
| 10   | PERIOD  | Month Day Year   | Month                                      | Day Year  |  |  |  |
|  | COVERED   | 7 / 01 / 23  | THROUGH 12                                 | / 31 / 23   |  |  |  |
| 11   | I ELECTION  | ELECTION DATE  | ELECTION TYPE                              |   |  |  |  |
|  |   | Month Day Year Primary   |  |   |  |  |  |
|  |   |  | Description Special                        |   |  |  |  |
|  |   | 11 / 7 / 23 Genera   |  |   |  |  |  |
| 12   | ? OFFICE  | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)                |   |  |  |  |
|  |   | HISD Board of Trustees, Distri   | ct viii HISD Board of Trus                 | Stees, District viii  |  |  |  |
| 14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY THE CANDIDATE'S COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY THE CANDIDATE'S CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECOMMITTEE TYPE COMMITTEE NAME |   |  |  | IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR                                  |  |  |  |
|  |   | COMMITTEE TYPE   COMMITTEE NAME  |  |   |  |  |  |
|  |   | GENERAL COMMITTEE ADDRESS  |  |   |  |  |  |
|  | Additional Pages                                  | GENEIVAE   |  |   |  |  |  |
|  |   | SPECIFIC COMMITTEE CAMPAIGN TR   | EASURER NAME                               |   |  |  |  |
|  |   | COMMITTEE CAMPAIGN TE  | REASURER ADDRESS                           |   |  |  |  |
|  | GO TO PAGE 2                                      |  |  |   |  |  |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

|                                       |   | 1970 AT Annuary 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |  |  |  |  |  |
|---------------------------------------|---|---|--|--|--|--|--|
| 15 C/OH NAME<br>Placido Gomez         | 16  | Filer ID (Ethics Commission Filers)                   |  |  |  |  |  |
| 17 CONTRIBUTION<br>TOTALS             | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)            | \$ 0  |  |  |  |  |  |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 10,960.67  |  |  |  |  |  |
| EXPENDITURE<br>TOTALS                 | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0  |  |  |  |  |  |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,859.26   |  |  |  |  |  |
| CONTRIBUTION<br>BALANCE               | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA   | \$ 17,198.32  |  |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | E \$ 0  |  |  |  |  |  |
|                                       | wear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code. | d correct and includes all information                |  |  |  |  |  |
|                                       | Plande De<br>Signature of Candida   | 600000  |  |  |  |  |  |
|                                       |   |   |  |  |  |  |  |
|                                       | Signature of Candida  | ate or Oppcenoider                                    |  |  |  |  |  |
|                                       |   |   |  |  |  |  |  |
|                                       |   |   |  |  |  |  |  |
|                                       | Please complete either option below:  |   |  |  |  |  |  |
| i lease complete ethier option below. |   |   |  |  |  |  |  |
|                                       |   |   |  |  |  |  |  |
|                                       |   |   |  |  |  |  |  |
| (1) Affidavit                         |   |   |  |  |  |  |  |
|                                       |   |   |  |  |  |  |  |
| NOTARY STAMP/SEAL                     |   |   |  |  |  |  |  |
| Swom to and subscribed                | before me by this the   | day of,   |  |  |  |  |  |
|                                       | which, witness my hand and seal of office.  |   |  |  |  |  |  |
|                                       |   |   |  |  |  |  |  |
| Signature of officer administe        | ing oath Printed name of officer administering oath   | Title of officer administering oath                   |  |  |  |  |  |
|                                       | OR OR   |   |  |  |  |  |  |
| (2) Unsworn Declaration               | on  |   |  |  |  |  |  |
| 21                                    | $\mathcal{L}_{0}$ Gumez , and my date of birth is $\mathcal{L}_{0}$   | 10/10/10/11   |  |  |  |  |  |
| My name is 1018                       | bitton 5h. Hoveton TX   |   |  |  |  |  |  |
| My address is 4018                    | (attack) (-14-1-)   | '   |  |  |  |  |  |
| Evaputed in Harran                    | (street) (city) (state) County, State of Texas, on the bay of Janvara   |   |  |  |  |  |  |
| executed in Training                  | County, State of (244), on the day of Janville (month)  | ), 20 <u>}</u> , (year)                               |  |  |  |  |  |
|                                       | Pland Da  | my  |  |  |  |  |  |
|                                       | Signature of Candidate/0  | Dπiceholder (Declarant)                               |  |  |  |  |  |

# **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

|     | 9 FILER NAME 20 Filer ID (Ethics Comm Placido Gomez                                |    |                    |  |  |  |  |
|-----|--|----|--------------------|--|--|--|--|
|     | SCHEDULE SUBTOTALS NAME OF SCHEDULE  |    | SUBTOTAL<br>AMOUNT |  |  |  |  |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ | 10,960.67          |  |  |  |  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ | 0                  |  |  |  |  |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ | 0                  |  |  |  |  |
| 4.  | SCHEDULE E: LOANS  | \$ | 0                  |  |  |  |  |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ | 1,647.64           |  |  |  |  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ | 0                  |  |  |  |  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ | 0                  |  |  |  |  |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ | 211.62             |  |  |  |  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ | 211.62             |  |  |  |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ | 0                  |  |  |  |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ | 0                  |  |  |  |  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 0                  |  |  |  |  |

# SCHEDULE A1

| If the reque  | sted information is not applicat                  | ole, DO NOT i                         | nclude this page in the                 | report.                       |
|---|---|---------------------------------------|---|-------------------------------|
| The   | Instruction Guide explains how                    | to complete thi                       | s form.                                 | 1 Total pages Schedule A1: 13 |
| 2 FILER NAME<br>Placido Go                                      |   | 3 Filer ID (Ethics Commission Filers) |   |                               |
| 4 Date  | 5 Full name of contributor<br>Esther Yacono       | out-of-state PA                       |   | 7 Amount of contribution (\$) |
| 7/1/2023  | 6 Contributor address;                            | City;<br>Austin, TX, 7                | State; Zip Code<br>'8849                | 25.00                         |
| 8 Principal occi<br>Unemployed                                  | Jupation / Job title (See Instructions)           | tions)                                |   |                               |
| Date  | Full name of contributor  Leadership for Educatio |                                       | Texas                                   | Amount of contribution (\$)   |
| 7/6/2023  | Contributor address;                              | <sup>City;</sup><br>Washi             | State; Zip Code                         | 3000.00                       |
| Principal occupation / Job title (See Instructions)             |   |                                       | Employer (See Instruc                   | tions)                        |
| Date  | Alberto Rodriguez                                 |                                       | AC (ID#:)                               | Amount of contribution (\$)   |
| 7/20/2023   | Contributor address;                              | City:<br>stin, TX, 787                | State; Zip Code                         | 100.00                        |
| Principal occu<br>Consultant                                    | pation / Job title (See Instructions)             |                                       | Employer (See Instruc<br>Zendesk        | tions)                        |
| Date  | Full name of contributor  Ruchika Savant          | out-of-state PA                       | AC (ID#:)                               | Amount of contribution (\$)   |
| 7/20/2023 Contributor address; City; Pearland,                  |   | State; Zip Code                       | 150.00                                  |                               |
| Principal occupation / Job title (See Instructions)  Consultant |   |                                       | Employer (See Instruc<br>Safal Partners | tions)                        |
|   | ATTACH ADDIT                                      | IONAL COPIES                          | OF THIS SCHEDULE AS N                   | JEEDED                        |
|   | If contributor is out-of-state PAC                |                                       |   |                               |

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#### SCHEDULE A1

| if the requested information is not applicable, DO NOT include this page in the report.                            |  |                     |  |                                       |  |  |  |
|--|--|---------------------|--|---------------------------------------|--|--|--|
| The  | The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 13 |                     |  |                                       |  |  |  |
| 2 FILER NAME<br>Placido Gor  | nez  |                     |  | 3 Filer ID (Ethics Commission Filers) |  |  |  |
| 4 Date   | 5 Full name of contributor Loretta Gomez   | out-of-state PA     | C (ID#:)                               | 7 Amount of contribution (\$)         |  |  |  |
| 7/20/2023  | 6 Contributor address;   | City;               | State; Zip Code                        | 100.00                                |  |  |  |
| 8 Principal occu<br>Real Estate  | pation / Job title (See Instructions)  | ltions)             |  |                                       |  |  |  |
| Date   | Full name of contributor  JoLisa Hoover  | out-of-state PA     | C (ID#:)                               | Amount of contribution (\$)           |  |  |  |
| 7/20/2023  | Contributor address;   | city;<br>getown, TX | State; Zip Code<br>, 78628             | 25.00                                 |  |  |  |
| Principal occupation / Job title (See Instructions)  Teacher Specialist    Employer (See Instructions)   Nonprofit |  |                     |  |                                       |  |  |  |
| Date   | Full name of contributor   | out-of-state PA     | C (ID#:)                               | Amount of contribution (\$)           |  |  |  |
| 7/20/2023  | Patricia Lara  Contributor address;  Alamosa,  | City;               | State; Zip Code                        | 100                                   |  |  |  |
| Principal occup  | ation / Job title (See Instructions)   |                     | Employer (See Instruction Not Employed | tions)                                |  |  |  |
| Date   | Full name of contributor  Nadine Tavera  | out-of-state PA     | C (ID#:)                               | Amount of contribution (\$)           |  |  |  |
| 7/20/2023  | 250.00   |                     |  |                                       |  |  |  |
| Principal occup  | Hopation / Job title (See Instructions)  | tions)              |  |                                       |  |  |  |
| Director   |  |                     | BakerRipley                            |                                       |  |  |  |
|  |  |                     |  |                                       |  |  |  |
|  | ATTACHARTI   |                     | OF THE COLUMN 5 : 5 : 5 :              | IPP PR                                |  |  |  |

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## SCHEDULE A1

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| The   | Instruction Guide explains how t                                | o complete this      | s form.                                   | 1 Total pages Schedule A1:            |
|---|---|----------------------|---|---------------------------------------|
| 2 FILER NAME<br>Placido Gor   | nez   |                      |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor out-of-state PAC (ID#:) Steven White |                      | 7 Amount of contribution (\$)             |                                       |
| 7/21/2023   | 6 Contributor address;  | city;                | State; Zip Code<br>and, OR, 97239         | 25.00                                 |
| 8 Principal occu<br>Teacher   | <br> pation / Job title (See Instructions)                      |                      | Employer (See Instruction     Harvard DCE | tions)                                |
| Date  | Full name of contributor Michelle Nguyen                        | out-of-state PA      | C (ID#:)                                  | Amount of contribution (\$)           |
| 7/21/2023   | Contributor address;  | City;                | State; Zip Code                           | 50.00                                 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) |   |                      | Employer (See Instruc<br>Good Reason Hous |                                       |
| Date  | Full name of contributor Rolaund Hinojosa                       | out-of-state PA      | C (ID#:)                                  | Amount of contribution (\$)           |
| 7/21/2023   | Contributor address;  | City;                | State; Zip Code                           | 200.00                                |
| Principal occup   | pation / Job title (See Instructions) <b>ger</b>                |                      | Employer (See Instruc                     | tions)                                |
| Date  | Full name of contributor Sanford Criner                         | out-of-state PA      | C (ID#:)                                  | Amount of contribution (\$)           |
| 7/21/2023   | Contributor address;  | City;<br>ouston, TX, | State; Zip Code                           | 250.00                                |
| Principal occup<br>Real estate  | pation / Job title (See Instructions)                           |                      | Employer (See Instruc                     | tions)                                |
|   |   |                      |   |                                       |
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## SCHEDULE A1

| e Instruction Guide explains how to complete  | this form.  | 1 Total pages Schedule A1:  |
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| mez   |   | 3 Filer ID (Ethics Commission Filers)   |
| 5 Full name of contributor out-of-state Gabrien Clark                               | 7 Amount of contribution (\$)   |   |
| 6 Contributor address; City;  | State; Zip Code<br>ortland, OR, 97211   | 25.00   |
| upation / Job title (See Instructions)  | ions)   |   |
| Full name of contributor out-of-state Ingrid Schonfield                             | PAC (ID#:)  | Amount of contribution (\$)   |
| Contributor address; City;  | Contributor address; City; State; Zip Code  Lacey, WA, 98516  |   |
| <br>  upation / Job title (See Instructions)<br>  nalyst                            | Employer (See Instructi US Department of La   |   |
| Full name of contributor out-of-state PAC (ID#:)                                    |   | Amount of contribution (\$)   |
| Viviann Anguiano  Contributor address; City; State; Zip Code  Washington, DC, 20001 |   | 100.00  |
| upation / Job title (See Instructions)  | Employer (See Instructi US Senate   | ions)   |
|   | e PAC (ID#:)  | Amount of contribution (\$)   |
| 7/24/2023 Contributor address; City;  |   | 100.00  |
| upation / Job title (See Instructions)  | Employer (See Instructi   | ions)   |
|   |   |   |
|   | 5 Full name of contributor Gabrien Clark 6 Contributor address; City;  upation / Job title (See Instructions) ector  Full name of contributor Ingrid Schonfield  Contributor address; City;  Lacey, WA,  upation / Job title (See Instructions) nalyst  Full name of contributor Viviann Anguiano  Contributor address; City;  Washing  upation / Job title (See Instructions)  Full name of contributor  Viviann Anguiano  Contributor address; City;  Washing  Upation / Job title (See Instructions)  Full name of contributor  Vita Wu  Contributor address; City;  Chica | 5 Full name of contributor Gabrien Clark 6 Contributor address; City; State; Zip Code Portland, OR, 97211  upation / Job title (See Instructions) ector  Full name of contributor Ingrid Schonfield Contributor address; City; State; Zip Code Lacey, WA, 98516  upation / Job title (See Instructions) nalyst  Full name of contributor Viviann Anguiano  Contributor address; City; State; Zip Code Washington, DC, 20001  Employer (See Instructions) Department of Lity; State; Zip Code Washington, DC, 20001  Full name of contributor Viviann Anguiano  Contributor address; City; State; Zip Code Washington, DC, 20001  Employer (See Instructions) US Senate  Full name of contributor Vita Wu  Contributor address; City; State; Zip Code Chicago, IL, 60612  Employer (See Instructions)  Employer (See Instructions) |

#### SCHEDULE A1

| if the reques   | sted information is not applicable      | e, DO NOT IR         | iclude this page in the                       | report.                               |  |
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| The   | Instruction Guide explains how to       | complete this        | s form.                                       | 1 Total pages Schedule A1:            |  |
| 2 FILER NAME<br>Placido Goi   | nez                                     |                      |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:)  Gabriela Gomez                           |   |                      |   | 7 Amount of contribution (\$)         |  |
| 7/25/2023   | 6 Contributor address;                  | City;                | State; Zip Code                               | 25.00                                 |  |
| <b>8 B</b> · · · ·  |   | idinore, ivil        |   |                                       |  |
| Student   | pation / Job title (See Instructions)   |                      | 9 Employer (See Instruction John 's Hopkins M |                                       |  |
|   |   |                      |   | Calcino                               |  |
| Date  | Full name of contributor  Norma Morales |                      | C (ID#:)                                      | Amount of contribution (\$)           |  |
| 7/26/2023   | Contributor address;                    | City;                | State; Zip Code                               | 50.00                                 |  |
|   | Housto                                  | on, TX, 770          | 22  |                                       |  |
| Principal occupation / Job title (See Instructions)  Teacher  Employer (See Instructions)  YES Prep |   |                      |   | tions)                                |  |
| Date  | Full name of contributor                | out-of-state PA      | C (ID#:)                                      | Amount of contribution (\$)           |  |
| 7/26/2023   | Lindsay Sobel                           |                      |   |                                       |  |
| 1720/2020   | Contributor address; Aust               | city;<br>in, TX, 787 | State; Zip Code                               | 100.00                                |  |
| Principal occu<br>Educator  | pation / Job title (See Instructions)   |                      | Employer (See Instruction Plus                | tions)                                |  |
| Date  | Full name of contributor                | out-of-state PA      | C (ID#:)                                      | Amount of contribution (\$)           |  |
| 7/27/2023   | Natalie Flake                           |                      |   |                                       |  |
| 112112023   | Contributor address;                    | City;                | State; Zip Code                               | 150.00                                |  |
| Austin, TX, 78747   |   |                      |   |                                       |  |
| Principal occu<br>Consultant  | pation / Job title (See Instructions)   |                      | Employer (See Instruct MAYA Consulting        | tions)                                |  |
|   |   |                      |   |                                       |  |

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## SCHEDULE A1

| If the reque  | ested information is not applica             | ble, <b>DO NOT i</b> n                   | clude this page in the                  | report.                               |
|---|--|--|---|---------------------------------------|
| The   | e Instruction Guide explains how             | to complete this                         | form.                                   | 1 Total pages Schedule A1: 13         |
| 2 FILER NAME<br>Placido Go  |  | ············                             |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor Katherine Pineda  | out-of-state PA                          | C (ID#:)                                | 7 Amount of contribution (\$)         |
| 7/28/2023   | 6 Contributor address;  Bellaire, TX         | City;<br><b>77401</b>                    | State; Zip Code                         | 25.00                                 |
| 8 Principal occ<br>Program Ma   | upation / Job title (See Instructions) nager |  | 9 Employer (See Instruction Superhigh   |                                       |
| Date  | Full name of contributor Allison Raven       | out-of-state PA                          | C (ID#:)                                | Amount of contribution (\$)           |
| 7/29/2023   | Contributor address;  Marble F               | city;<br>alls, TX, 786                   | State; Zip Code                         | 5.00                                  |
| Principal occu<br>Graduate St   | upation / Job title (See Instructions) udent | Employer (See Instruc<br>Duke University | tions)                                  |                                       |
| Date  | Full name of contributor  Jacob Hernandez    | out-of-state PA                          | C (ID#:)                                | Amount of contribution (\$)           |
| 7/31/2023   | Contributor address;                         | City;<br>ston, TX, 770                   | State; Zip Code                         | 50.00                                 |
| Principal occu<br>Project Mana  | upation / Job title (See Instructions) ager  |  | Employer (See Instruc<br>Safal Partners | tions)                                |
| Date  | Full name of contributor Erick Diaz          | out-of-state PA                          | C (ID#:)                                | Amount of contribution (\$)           |
| 8/1/2023  | Contributor address;                         | City;<br>m, NC, 2770                     | State; Zip Code                         | 25.00                                 |
| Principal occupation / Job title (See Instructions)  Self-Employed  Employer (See Instructions)  Studio 13 Community Development Consultant |  |  |   |                                       |
|   |  |  |   |                                       |
|   |  |  | OF THIS SCHEDULE AS N                   |                                       |

#### SCHEDULE A1

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

| ii trie reque   | sted information is not applicable             | e, DO NOT II       |   | report.                               |
|---|--|--------------------|---|---------------------------------------|
| The   | Instruction Guide explains how to              | complete this      | s form.                                     | 1 Total pages Schedule A1: 13         |
| 2 FILER NAME<br>Placido Go  |  | A                  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:)  Megan Rivera   |  |                    |   | 7 Amount of contribution (\$)         |
| 8/2/2023  | 6 Contributor address; City; Washington, D     |                    | State; Zip Code                             | 25.00                                 |
| 8 Principal occi<br>Policy  | Lupation / Job title (See Instructions)        |                    | 9 Employer (See Instruc                     | tions)                                |
| Date  | Full name of contributor  David Medina         | out-of-state PA    | C (ID#:)                                    | Amount of contribution (\$)           |
| 8/2/2023  | Contributor address; Houston,                  | City;<br>TX, 77018 | State; Zip Code                             | 100.00                                |
| Principal occupation / Job title (See Instructions)  Public Relations  Employer (See Instructions)  Rice University |  |                    |   | tions)                                |
| Date  | Full name of contributor out-of-state PAC (ID# |                    | C (ID#:)                                    | Amount of contribution (\$)           |
| 8/4/2023  | Contributor address;                           | city;              | State; Zip Code                             | 25.00                                 |
| Principal occu<br>Senior Policy   | pation / Job title (See Instructions)  Advisor |                    | Employer (See Instruc<br>U.S. House of Repr |                                       |
| Date  | Full name of contributor AnnMarie Gomez-Sager  | out-of-state PA    | C (ID#:)                                    | Amount of contribution (\$)           |
| 8/5/2023  | Contributor address;                           | City;              | State; Zip Code                             | 250.00                                |
| Principal occu  | pation / Job title (See Instructions)          |                    | Employer (See Instruc                       | tions)                                |
|   |  |                    |   |                                       |

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#### SCHEDULE A1

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| sted information is not applicable, <b>50</b> N   | Or morade this page in the  | report.   |  |  |  |  |
|---|---|---|--|--|--|--|
| The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 1 |   |   |  |  |  |  |
| mez   | 3 Filer ID (Ethics Commission Filers)   |   |  |  |  |  |
| 5 Full name of contributor out-of-st Sara Araujo  | 7 Amount of contribution (\$)   |   |  |  |  |  |
| 6 Contributor address; City;  | State; Zip Code   | 100.00  |  |  |  |  |
|   | tions)  |   |  |  |  |  |
| Full name of contributor out-of-st Alejandra Cantu                                      | tate PAC (ID#:)   | Amount of contribution (\$)   |  |  |  |  |
| Contributor address; City; 1036 Denver Blvd, San Antonio,                               | 25.00   |   |  |  |  |  |
| pation / Job title (See Instructions)   | tions)  |   |  |  |  |  |
|   | tate PAC (ID#:)   | Amount of contribution (\$)   |  |  |  |  |
| Contributor address; City;  | State; Zip Code   | 250.00  |  |  |  |  |
| `   | Employer (See Instruction Dell Technologies   | stions)   |  |  |  |  |
|   | tate PAC (ID#:)   | Amount of contribution (\$)   |  |  |  |  |
| Contributor address; City;  | State; Zip Code   | 40.00   |  |  |  |  |
|   |   |   |  |  |  |  |
| pation / sou the (ess mentalisms)   | University of Califor   |   |  |  |  |  |
|   |   |   |  |  |  |  |
|   | Instruction Guide explains how to complete mez  5 Full name of contributor out-of-s Sara Araujo  6 Contributor address; City; Albuque pation / Job title (See Instructions) st  Full name of contributor out-of-s Alejandra Cantu  Contributor address; City; 1036 Denver Blvd, San Antonio pation / Job title (See Instructions)  Full name of contributor out-of-s Reena Panketh  Contributor address; City; Houston, TX, 7  pation / Job title (See Instructions)  ategist  Full name of contributor out-of-s Chad Bustard  Contributor address; City; | 5 Full name of contributor Sara Araujo 6 Contributor address; City; State; Zip Code Albuquerque, NM, 87109  pation / Job title (See Instructions) St  Full name of contributor Alejandra Cantu  Contributor address; City; State; Zip Code 1036 Denver Blvd, San Antonio, TX, 78210  pation / Job title (See Instructions)  Full name of contributor  Alejandra Cantu  Contributor address; City; State; Zip Code 1036 Denver Blvd, San Antonio, TX, 78210  Pation / Job title (See Instructions)  Full name of contributor  Reena Panketh  Contributor address; City; State; Zip Code  Houston, TX, 77007  Pation / Job title (See Instructions)  Employer (See Instructions)  Temployer (See Instructions)  Alejandra Cantu  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Madison, WI, 53704  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Chad Bustard  Contributor address; City; State; Zip Code  Madison, WI, 53704  Employer (See Instructions) |  |  |  |  |

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## SCHEDULE A1

| If the reque  | sted information is not applicat                               | ole, <b>DO NOT i</b> r  | clude this page in the | report.                               |
|---|--|-------------------------|------------------------|---------------------------------------|
| The   | Instruction Guide explains how                                 | to complete this        | s form.                | 1 Total pages Schedule A1: 13         |
| 2 FILER NAME<br>Placido Goi   |  |                         |                        | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor Viviann Anguiano                    | out-of-state PAC (ID#:) |                        | 7 Amount of contribution (\$)         |
| 8/24/2023   | 6 Contributor address;   | City;                   | State; Zip Code        | 100.00                                |
|   |  | Washingto               | n, DC, 20001           |                                       |
| 8 Principal occu  | upation / Job title (See Instructions)                         | tions)                  |                        |                                       |
| Date  | Full name of contributor  Norma Morales                        | out-of-state PA         | C (ID#:)               | Amount of contribution (\$)           |
| 8/26/2023   | Contributor address; City; State; Zip Code  Houston, TX, 77022 |                         | 50.00                  |                                       |
| Principal occupation / Job title (See Instructions)  Teacher  Employer (See Instructions)  YES Prep |  |                         |                        | tions)                                |
| Date  | Full name of contributor                                       | out-of-state PA         | C (ID#:)               | Amount of contribution (\$)           |
| 8/28/2023   | Katherine Pineda   |                         |                        |                                       |
| 0/20/2020   | Contributor address;  Bellaire, TX                             | City;<br>, <b>77401</b> | State; Zip Code        | 25.00                                 |
| Principal occu  | pation / Job title (See Instructions)                          |                         | Employer (See Instruc  | itions)                               |
| Program Mar   | nager  |                         | Educationsuperhigh     | nway                                  |
| Date  | Full name of contributor  Allison Raven                        | out-of-state PA         | C (ID#:)               | Amount of contribution (\$)           |
| 8/29/2023   | Contributor address;   | City;                   | State; Zip Code        | 5.00                                  |
|   |  | alls, 17, 700           |                        |                                       |
| Principal occupation / Job title (See Instructions)  Employer  Graduate student  Duke Univ          |  |                         |                        | tions)                                |
|   |  |                         |                        |                                       |
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## SCHEDULE A1

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| if the requested information is not applicable, bo Not include this page in the report.    |  |   |  |                                       |  |
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| The  | Instruction Guide explains how to c  | complete this                               | s form.                                    | 1 Total pages Schedule A1: 13         |  |
| 2 FILER NAME<br>Placido Gor  | nez  |   |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date   | Joseph Greenberg   |   |  | 7 Amount of contribution (\$)         |  |
| 9/11/2023  |  |   |  | 500.00                                |  |
| 8 Principal occupation / Job title (See Instructions)  9 Employer (See Instru Not Employed |  |   |  | tions)                                |  |
|  | 100 CONTROL CO |   |  |                                       |  |
| Date   | Douglas Foshee   |   | C (ID#:)                                   | Amount of contribution (\$)           |  |
| 9/11/2023 Contributor address; City;   |  | State; Zip Code                             | 500.00                                     |                                       |  |
| Houston, TX, 77005   |  |   |  |                                       |  |
| Principal occup<br>CEO   | pation / Job title (See Instructions)  |   | Employer (See Instruct Sallyport Investmen |                                       |  |
| Date   | Full name of contributor   | out-of-state PAC                            | C (ID#:)                                   | Amount of contribution (\$)           |  |
| 9/15/2023  | Julia Prieto   |   |  | 0.70                                  |  |
| .,,  | Contributor address;   | City; State; Zip Code Washington, DC, 20010 |  | 2.78                                  |  |
| Principal occur  | pation / Job title (See Instructions)  |   | Employer (See Instruc                      | tions)                                |  |
| Operations   | salion / sab like (eee manachons)  |   | DonorsChoose.org                           |                                       |  |
| Date   | Full name of contributor  Justin Ng  | out-of-state PAC                            | C (ID#:)                                   | Amount of contribution (\$)           |  |
| 9/17/2023  | Contributor address;   | City;                                       | State; Zip Code                            | 250.00                                |  |
|  | Queens, I  | NY, 11354                                   | 4  |                                       |  |
| ,  | pation / Job title (See Instructions)  |   | Employer (See Instruc                      |                                       |  |
| Data Scientis  | t  |   | Aegle Health Partne                        | ers                                   |  |
|  |  |   |  |                                       |  |
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## SCHEDULE A1

| if the reque                   | sted information is not applicab  | ole, DO NOT      | include this page in the             | •                                     |
|--------------------------------|---|------------------|--------------------------------------|---------------------------------------|
| The                            | Instruction Guide explains how  | to complete th   | nis form.                            | 1 Total pages Schedule A1: 13         |
| 2 FILER NAME<br>Placido Go     |   |                  |                                      | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                         | 5 Full name of contributor<br>Beth Foraker                              | out-of-state F   | PAC (ID#:)                           | 7 Amount of contribution (\$)         |
| 9/18/2023                      | 6 Contributor address;  Davis, CA                                       | city;<br>, 94616 | State; Zip Code                      | 13.89                                 |
| 8 Principal occu               | <br>upation / Job title (See Instructions)                              |                  | 9 Employer (See Instructus US Davis  | tions)                                |
| Roberto Cabral                 |   |                  | Amount of contribution (\$)          |                                       |
| 9/19/2023                      | //19/2023 Contributor address; City; State; Zip Code  Milton, MA, 02186 |                  | 50.00                                |                                       |
| Principal occu<br>Sr Product M | I<br>pation / Job title (See Instructions)<br>lanager                   |                  | Employer (See Instruct Microsoft     | ions)                                 |
| Date                           | Date Full name of contributor out-of-state PAC (ID#:                    |                  | PAC (ID#:)                           | Amount of contribution (\$)           |
| 9/25/2023                      | Contributor address;  | City;            | State; Zip Code                      | 500.00                                |
| Principal occu<br>CEO          | pation / Job title (See Instructions)                                   |                  | Employer (See Instruction KiwiEnergy | tions)                                |
| Date                           | Full name of contributor Liz Roemer                                     | out-of-state F   | PAC (ID#:)                           | Amount of contribution (\$)           |
| 9/26/2023                      | Contributor address;  | city;            | State; Zip Code                      | 1.00                                  |
| Principal occu                 | pation / Job title (See Instructions)                                   |                  | Employer (See Instruct               | tions)                                |
|                                |   |                  |                                      |                                       |

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## SCHEDULE A1

| If the reques   | ted information is not applicable, <b>DO</b> N         | NOT include this page in the                | report.  |
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| The   | Instruction Guide explains how to compl                | ete this form.                              | 1 Total pages Schedule A1: 13  |
| 2 FILER NAME<br>Placido Gor                                 | nez  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date  | 5 Full name of contributor out-of-<br>Katherine Pineda | state PAC (ID#:)                            | 7 Amount of contribution (\$)  |
| 9/28/2023   | 6 Contributor address; City; Bellaire, TX, 77401       |   | 25.00  |
| 8 Principal occu<br>Program Man                             | pation / Job title (See Instructions) ager             | Employer (See Instructionsuperhigh          |  |
| Date Full name of contributor out-of-state PAC (I           |  | -state PAC (ID#:)                           | Amount of contribution (\$)  |
| 9/29/2023   | Contributor address; City;  Marble Falls, TX           |   | 5.00   |
| Principal occup<br>Graduate Stu                             | nation / Job title (See Instructions)  dent            | Employer (See Instruction Duke University   | tions)   |
| Date Full name of contributor out-of-state PAC  Authur Rock |  | -state PAC (ID#:)                           | Amount of contribution (\$)  |
| 10/5/2023   | Contributor address; City;                             | State; Zip Code                             | 2,500.00   |
| Principal occup<br>Self-employe                             | pation / Job title (See Instructions)                  | Employer (See Instruc<br>Arthur Rock & Co.  | tions)   |
| Date  | Full name of contributor out-of                        | -state PAC (ID#:)                           | Amount of contribution (\$)  |
| 10/10/2023  | Contributor address; City;  Las Vegas, NM, 8           | State; Zip Code                             | 50.00  |
| Principal occup<br>Educator                                 | pation / Job title (See Instructions)                  | Employer (See Instruc<br>Las Vegas City Sch | , and the second |
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#### SCHEDULE A1

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| The   | Instruction Guide explains how to comp                             | olete this                                | form.                                       | 1 Total pages Schedule A1: 13         |
| 2 FILER NAME<br>Placido Gor   | nez  |   |   | 3 Filer ID (Ethics Commission Filers) |
| Andrea Bonnett  |  | of-state PAC                              | (ID#:)                                      | 7 Amount of contribution (\$)         |
| 10/13/2023  | 6 Contributor address; City  | City; State; Zip Code Altadena, CA, 91101 |   | 1.00                                  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed                        |  |   | tions)                                      |                                       |
| Date Full name of contributor out-of-state PAC (ID#   |  | (ID#:)                                    | Amount of contribution (\$)                 |                                       |
| 10/14/2023  |  | City; State; Zip Code Boston, MA, 02215   |   | 1.00                                  |
| Principal occupation / Job title (See Instructions)  Research Scientist  Employer (See Instructions)  Brigham and Women |  |   |   |                                       |
| Date  | Full name of contributor out-of-state PAC (ID#:)  Katherine Pineda |   | Amount of contribution (\$)                 |                                       |
| 10/28/2023  | Contributor address; City  Bellaire, TX, 7740                      |   | State; Zip Code                             | 25.00                                 |
| Principal occup<br>Program Man  | pation / Job title (See Instructions)                              |   | Employer (See Instructed Educationsuperhigh |                                       |
| Date  | Full name of contributor out-o                                     | of-state PAC                              | (ID#:)                                      | Amount of contribution (\$)           |
| 10/29/2023  | Contributor address; City  Marble Falls, T.                        |   | State; Zip Code                             | 5.00                                  |
| Principal occup<br>Graduate stud  | pation / Job title (See Instructions)                              |   | Employer (See Instruction Duke University   | tions)                                |
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# 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 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 Layment  | The Instruction Guide explains how to                            | complete this form. |                                |                   |
|--|--|---------------------|--------------------------------|-------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>Placido Gomez                                    |                     | 3 Filer ID (Ethics C           | ommission Filers) |
| <sup>4</sup> <sub>Date</sub><br>July 13, 2023                | 5 Payee name Texas Democratic Party                              |                     |                                |                   |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                         | Zip Code          |
| \$830.00   | PO Box 15707, Austin, TX, 78761                                  |                     |                                |                   |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                                |                   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Event Expense  | Access to vote      | er file for block v            | valking.          |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi      | in, TX, officeholder living ex | pense             |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name                                    | Office sought       | Of                             | ffice held        |
| Date   | Payee name   |                     |                                |                   |
| July 11, 2023  | Next Day Flyers  |                     |                                |                   |
| Amount (\$)  | Payee address;   | City;               | State;                         | Zip Code          |
| \$203.08   | 435 N. Midland Ave., Saddle Brook,                               | NJ, 07663           |                                |                   |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                                |                   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Printing Expense   | Flyers              |                                |                   |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin     | in, TX, officeholder living ex | pense             |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought       | Of                             | fice held         |
| Date   | Payee name   |                     |                                |                   |
|  | Next Day Flyers  |                     |                                |                   |
| Amount (\$)  | Payee address;   | City;               | State;                         | Zip Code          |
| \$187.97   | 435 N. Midland Ave., Saddle Brook, N                             | NJ, U7663           |                                |                   |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                                |                   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Printing Expense   | Flyers              |                                |                   |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austir     | n, TX, officeholder living exp | pense             |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought       | 0                              | ffice held        |
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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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#### **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
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<br>Placido Gomez                                    |                     | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date  | 5 Payee name   |                     |   |
| Aug 21, 2023  | Mailchimp  |                     | *************************************** |
| 6 Amount (\$)   | 7 Payee address;   | City;               | State; Zip Code                         |
| 21.32   | 505 N Angier Ave, NE, Atlanta, GA, 3                             | 50308               |   |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |   |
| PURPOSE<br>OF<br>EXPENDITURE                              | Other: Communication   | Informational e     | emails to subscribers                   |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi      | n, TX, officeholder living expense      |
| 9 Complete ONLY if direct expenditure to benefit C/O      | Candidate / Officeholder name<br>H                               | Office sought       | Office held                             |
| Date  | Payee name   |                     |   |
| Sep 14, 2023  | Canva  |                     |   |
| Amount (\$)   | Payee address;   | City;               | State; Zip Code                         |
| \$14.99   | 200 E 6th St, Austin, TX, 78701                                  |                     |   |
|   | Category (See Categories listed at the top of this schedule)     | Description         |   |
| PURPOSE<br>OF<br>EXPENDITURE                              | Other: Marketing   | Creating graph      | nics                                    |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living expense      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought       | Office held                             |
| Date  | Payee name   |                     |   |
| Sep 20, 2023  | Mailchimp  |                     |   |
| Amount (\$) \$21.32                                       | Payee address;<br>505 N Angier Ave, NE, Atlanta, GA, 3           | Gity;<br>30308      | State; Zip Code                         |
|   | Category (See Categories listed at the top of this schedule)     | Description         |   |
| PURPOSE<br>OF<br>EXPENDITURE                              | Other: Communication   | Informational e     | mails to subscribers                    |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living expense      |
| Complete ONLY if direct expenditure to benefit C/O        | Candidate / Officeholder name<br>H                               | Office sought       | Office held                             |
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# 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 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 c                          | omplete this form. | (                           | ,,                 |
|--|--|--------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>Placido Gomez                                    |                    | 3 Filer ID (Ethics          | Commission Filers) |
| 4 Date   | 5 Payee name   |                    | •                           |                    |
| Sep 28, 2023   | Houston Independent School District                              |                    |                             |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;              | State;                      | Zip Code           |
| \$300  | 4400 W 18th St, Houston, TX, 77092                               |                    |                             |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description    |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Other: Filing Fee  | Filing Fee         |                             |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Aust      | in, TX, officeholder living | expense            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name<br>I                               | Office sought      |                             | Office held        |
| Date   | Payee name   |                    |                             |                    |
| Oct 4, 2023  | Leadership for Educational Equity                                |                    |                             |                    |
| Amount (\$)  | Payee address;   | City;              | State;                      | Zip Code           |
| \$5.00   | 25 Broadway, 13th Floor, New York, N                             | NY, 10004          |                             |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description        |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Consulting Expenses  | Political Camp     | oaign Consulti              | ng                 |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Aust      | in, TX, officeholder living | expense            |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought      |                             | Office held        |
| Date   | Payee name   |                    |                             |                    |
| Oct 20, 2023   | Mailchimp  |                    |                             |                    |
| Amount (\$)  | Payee address;   | City;              | State;                      | Zip Code           |
| 21.32  | 505 N Angier Ave, NE, Atlanta, GA, 30                            | J308               |                             |                    |
|  | Category (See Categories listed at the top of this schedule)     | Description        |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Other: Communication   | Informational e    | emails to subs              | cribers            |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi     | in, 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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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#### **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 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<br>Placido Gomez                                    |                 | 3 Filer ID (Ethics   | Commission Filers) |  |  |  |
| 4 Date   | 5 Payee name   |                 |  |                    |  |  |  |
| Nov 20, 2023   | Mailchimp  |                 |  |                    |  |  |  |
| 6 Amount (\$)  | 7 Payee address;   | City;           | State;   | Zip Code           |  |  |  |
| \$21.32  | 505 N Angier Ave, NE, Atlanta, GA, 3                             | 0308            |  |                    |  |  |  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description |  |                    |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Other: Communicatoin   | Informational e | emails to subs   | scribers           |  |  |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi  | in, TX, officeholder living  | expense            |  |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name                                    | Office sought   |  | Office held        |  |  |  |
| Date   | Payee name   |                 |  |                    |  |  |  |
| Dec 20, 2023   | Mailchimp  |                 |  |                    |  |  |  |
| Amount (\$)  | Payee address;   | City;           | State;   | Zip Code           |  |  |  |
| \$21.32  | 505 N Angier Ave, NE, Atlanta, GA, 3                             | 0308            |  |                    |  |  |  |
|  | Category (See Categories listed at the top of this schedule)     | Description     |  |                    |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Other: Communication   | Informational 6 | emails to subs   | scribers           |  |  |  |
| EXTENSITIONE   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi  | in, TX, officeholder living  | expense            |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought   |  | Office held        |  |  |  |
| Date   | Payee name   |                 |  |                    |  |  |  |
| Amount (\$)  | Payee address;   | City;           | State;   | Zip Code           |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description     |  |                    |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi  | n, TX, officeholder living   | expense            |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought   | november 10 mark to the first of the first o | Office held        |  |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE | EDED   |                    |  |  |  |

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## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

|  | I Committee Legal Services SalariesM  The Instruction Guide explains how to c    | /ages/Contract Labor<br>complete this form. | Other (enter a category not listed above) |
|--|--|---|---|
| 1 Total pages Schedule F4:                                 | 2 FILER NAME Placido Gomez   |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 TOTAL OF UNITEM  | IZED EXPENDITURES CHARGED TO A CF  | REDIT CARD                                  | \$  |
| 5 Date   | 6 Payee name   |   |   |
| July 26, 2023  | Squarespace Inc.   |   |   |
| <b>7</b> Amount (\$)                                       | 8 Payee address;   | City;                                       | State; Zip Code                           |
| 35.72  | 8 Clarkson St, New York, NY, 10014   |   |   |
| 9 TYPE OF EXPENDITURE                                      | Political Non-Po   | olitical                                    |   |
| 10 PURPOSE OF EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule)  Other: Website | (b) Description Maintenance                 | of political website.                     |
|  | (c) Check if Iravel outside of Texas. Complete Schedule T.                       | Check if Aus                                | stin, TX, officeholder living expense     |
| 11 Complete ONLY if direct expenditure to benefit C/OH     | Candidate / Officeholder name C  | Office sought                               | Office held                               |
| Date   | Payee name   |   |   |
| August 26, 202   | Squarespace Inc.   |   |   |
| Amount (\$)  | Payee address;   | City;                                       | State; Zip Code                           |
| 35.18  | 8 Clarkson St, New York, NY, 10014   |   |   |
| TYPE OF<br>EXPENDITURE                                     | Political Non-P  | olitical                                    |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule) Other: Website      | Description Maintenance                     | of political website.                     |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Aus                                | stin, TX, officeholder living expense     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name C  | Office sought                               | Office held                               |
|  |  |   |   |
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## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/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

| Candidate/Officeholder/Politic                             | al Committee Legal Services SalariesM  The Instruction Guide explains how to o  | Vages/Contract Labor complete this form. | Other (enter a category not listed above) |
|--|---|--|---|
| 1 Total pages Schedule F4:                                 | 2 FILER NAME Placido Gomez  |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 TOTAL OF UNITEM  | IIZED EXPENDITURES CHARGED TO A CF  | REDIT CARD                               | \$  |
| <b>5</b> Date  | 6 Payee name  |  |   |
| Sept 26, 2023  | Squarespace, Inc.   |  |   |
| 7 Amount (\$)  | 8 Payee address;  | City;                                    | State; Zip Code                           |
| 35.18  | 8 Clarkson St, New York, NY, 10014  |  |   |
| 9 TYPE OF EXPENDITURE                                      | Political Non-Po  | olitical                                 |   |
| 10 PURPOSE OF EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule) Other: Website | (b) Description Maintenance              | of political website.                     |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                      | Check if Au                              | ustin, TX, officeholder living expense    |
| 11 Complete ONLY if direct expenditure to benefit C/OH     | Candidate / Officeholder name C   | Office sought                            | Office held                               |
| Date   | Payee name  |  |   |
| Oct 26, 2023   | Squarespace, Inc.   |  |   |
| Amount (\$) 35.18  | Payee address;<br>8 Clarkson St, New York, NY, 10014                            | City;                                    | State; Zip Code                           |
| TYPE OF<br>EXPENDITURE                                     | ■ Political Non-P   | olitical                                 |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  Other: Website    | Description<br>Maintenance               | of political website.                     |
|  | Check if travel outside of Texas. Complete Schedule T.                          | Check if A                               | ustin, TX, officeholder living expense    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name C   | Office sought                            | Office held                               |
|  |   |  |   |
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## **EXPENDITURES MADE BY CREDIT CARD**

# SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(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
Other (enter a colorist

| Candidate/Criticariolder/Folitica                          | The Instruction Guide explains how to co  | omplete this form.          | Other (enter a category not listed above) |
|--|---|-----------------------------|---|
| 1 Total pages Schedule F4:                                 | 2 FILER NAME Placido Gomez  | -                           | 3 Filer ID (Ethics Commission Filers)     |
| 4 TOTAL OF UNITEM  | IZED EXPENDITURES CHARGED TO A CR   | EDIT CARD                   | \$  |
| 5 Date<br>Nov 26, 2023                                     | 6 Payee name<br>Squarespace, Inc.   |                             |   |
| 7 Amount (\$)<br>35.18                                     | 8 Payee address;<br>8 Clarkson St, New York, NY, 10014                          | City;                       | State; Zip Code                           |
| 9 TYPE OF EXPENDITURE                                      | Political Non-Po  | litical                     |   |
| 10 PURPOSE OF EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule) Other: Website | (b) Description Maintenance | of political website.                     |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                      | Check if Au                 | stin, TX, officeholder living expense     |
| 11 Complete ONLY if direct expenditure to benefit C/OH     | Candidate / Officeholder name O   | ffice sought                | Office held                               |
| Date Dec 26, 2023  | Payee name Squarespace, Inc.  |                             |   |
| Amount (\$) 35.18  | Payee address;<br>8 Clarkson St, New York, NY, 10014                            | City;                       | State; Zip Code                           |
| TYPE OF EXPENDITURE  | Political Non-Po  | olitical                    |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule) Other: Website     | Description Maintenance     | of political website.                     |
|  | Check if travel outside of Texas. Complete Schedule T.                          | Check if Au                 | ıstin, TX, officeholder living expense    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name O   | ffice sought                | Office held                               |
| -  |   |                             |   |
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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#### **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 Gifl/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 G:  | 2 FILER NAME Placido Gomez  |  | 3 Filer ID (Ethics C           | ommission Filers) |  |
| 4 Date   | 5 Payee name  |  |                                |                   |  |
| July 26, 2023  | Squarespace, Inc.   |  |                                |                   |  |
| 6 Amount (\$) 35.72  Reimbursement from political contributions intended | <ul><li>7 Payee address;</li><li>8 Clarkson St, New York, NY, 1001</li></ul>    | City;  | State;                         | Zip Code          |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) Other: Website | (b) Description Maintenance o                    | of political websi             | te.               |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                      | Check if Austin                                  | n, TX, officeholder living exp | ense              |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       | Candidate / Officeholder name   | Office sought                                    | C                              | ffice held        |  |
| Date August 26, 202  | Payee name Squarespace, Inc.  |  |                                |                   |  |
| Amount (\$) 35.18 Reimbursement from political contributions intended    | Payee address;<br>8 Clarkson St, New York, NY, 1001                             | City;  | State;                         | Zip Code          |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule) Other: Website     | Description  Maintenance of political website.   |                                |                   |  |
|  | Check if travel outside of Texas. Complete Schedule T.                          | Check if Austin, TX, officeholder living expense |                                |                   |  |
| Complete ONLY if direct expenditure to benefit C/C                       | Candidate / Officeholder name   | Office sought                                    | С                              | ffice held        |  |
| Date   | Payee name  |  |                                |                   |  |
| Sept 26, 2023  | Squarespace, Inc.   |  |                                |                   |  |
| Amount (\$) 35.18 Reimbursement from political contributions intended    | Payee address;<br>8 Clarkson St, New York, NY, 1001                             | City;<br><b>4</b>                                | State;                         | Zip Code          |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Other: Website    | Description Maintenance of                       | of political webs              | ite.              |  |
|  | Check if travel outside of Texas. Complete Schedule T.                          | Check if Austin                                  | ı, TX, officeholder living exp | ense              |  |
| Complete ONLY if direct expenditure to benefit C/OH                      | Candidate / Officeholder name   | Office sought                                    | O                              | ffice held        |  |
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## **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

### SCHEDULE G

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#### **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 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 G:   | 2 FILER NAME Placido Gomez  |   | 3 Filer ID (Ethics Commission Filers) |                   |
| 4 Date  | 5 Payee name  |   |                                       |                   |
| Oct 26, 2023  | Squarespace, Inc.   |   |                                       |                   |
| 6 Amount (\$) 35.18 Reimbursement from political contributions intended | <ul><li>7 Payee address;</li><li>8 Clarkson St, New York, NY, 1001</li></ul>    | City;   | State;                                | Zip Code          |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) Other: Website | (b) Description Maintenance of political website. |                                       |                   |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                      | Check if Austin                                   | n, TX, officeholder living exp        | ense              |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH      | Candidate / Officeholder name   | Office sought                                     | C                                     | Office held       |
| Date  | Payee name  |   | - Political and All Prince            |                   |
| Nov 26, 2023  | Squarespace, Inc.   |   |                                       |                   |
| Amount (\$) 35.18 Reimbursement from political contributions intended   | Payee address;<br>8 Clarkson St, New York, NY, 1001                             | City;   | State;                                | Zip Code          |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule) Other: Website     | Maintenance of political website.                 |                                       |                   |
|   | Check if travel outside of Texas. Complete Schedule T.                          | Check if Austin, TX, officeholder living expense  |                                       |                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0               | Candidate / Officeholder name   | Office sought                                     | C                                     | Office held       |
| Date Dec 26, 2023   | Payee name<br>Squarespace, Inc.   |   |                                       |                   |
| Amount (\$) 35.18 Reimbursement from political contributions intended   | Payee address;<br>8 Clarkson St, New York, NY, 1001                             | City;<br>4  | State;                                | Zip Code          |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule) Other: Website     | Description Maintenance of political website.     |                                       |                   |
|   | Check if travel outside of Texas. Complete Schedule T.                          | Check if Austin, TX, officeholder living expense  |                                       |                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH              | Candidate / Officeholder name   | Office sought                                     | C                                     | Office held       |
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