

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST John	MI	OFFICE USE ONLY			
	NICKNAME	LAST Mckiernan-Gonzalez	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE	
	3000 Matador Dr		Austin		TX	78741	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 745-4245	EXTENSION				
	Date Hand-delivered or Date Postmarked						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Sarah	MI				
	NICKNAME	LAST Axe	SUFFIX				
Receipt #		Amount \$					
Date Processed							
Date Imaged							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	3105 Susquehanna Ln		Austin	TX	78723		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 560-9851	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	07 /	14 /	2020	THROUGH	10 /	08 /	2020
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11 /	03 /	2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
			Austin ISD School Board Trustee - District 2				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

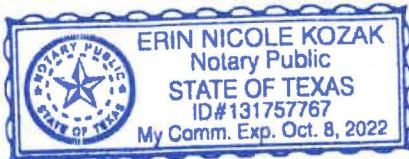
14 C/OH NAME Dr. John Mckiernan-Gonzalez **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$11,625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ \$2,173.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$9,451.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Mckiernan, this the 8th day of July, 2020; to certify which, witness my hand and seal of office.

[Handwritten Signature] Signature of officer administering oath
 Erin Kozak Printed name of officer administering oath
 Notary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Dr. John Mckieman-Gonzalez	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,920.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,705.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,173.27
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME
Dr. John Mckiernan-Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
08/26/20

5 Full name of contributor out-of-state PAC (ID#: _____)
John Mckiernan-Gonzalez
6 Contributor address; City; State; Zip Code
3000 Matador Dr Austin, TX 78741

7 Amount of contribution (\$)
\$1,000.00

8 Principal occupation / Job title (See Instructions)
Professor/Historian

9 Employer (See Instructions)
Texas State University

Date
09/08/20

Full name of contributor out-of-state PAC (ID#: _____)
John Mckiernan-Gonzalez
Contributor address; City; State; Zip Code
3000 Matador Dr Austin, TX 78741

Amount of contribution (\$)
\$20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/15/20

Full name of contributor out-of-state PAC (ID#: _____)
Daniel Riegel
Contributor address; City; State; Zip Code
500 E Riverside Dr Apt 228 Austin, TX 78704

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/15/20

Full name of contributor out-of-state PAC (ID#: _____)
April Clark
Contributor address; City; State; Zip Code
618 Lavaca St Ste 7 Austin, TX 78701

Amount of contribution (\$)
\$35.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME Dr. John Mckiernan-Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
09/16/20

5 Full name of contributor out-of-state PAC (ID#: _____)
David King

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1808 Kerr Ave Austin, TX 78704

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/19/20

Full name of contributor out-of-state PAC (ID#: _____)
Natalie Zelt

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1414 Corona Dr Austin, TX 78723

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/20/20

Full name of contributor out-of-state PAC (ID#: _____)
Mary Trahanovsky

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4406 Caswell Ave Austin, TX 78751

\$35.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/20/20

Full name of contributor out-of-state PAC (ID#: _____)
Caroline Sweet

Amount of contribution (\$)

Contributor address; City; State; Zip Code
7213 Garnet Mill Ln Austin, TX 78744

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME Dr. John Mckiernan-Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date 09/20/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M E Menninger	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 2906 Brinwood Ave Austin, TX 78704		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 09/21/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Boswell	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1518 Mohle Dr Austin, TX 78703		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 09/21/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Mims	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3812 Duval St Austin, TX 78751		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 09/25/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dusty Harshman	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4116 Camacho St Austin, TX 78723		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME Dr. John Mckiernan-Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
09/25/20

5 Full name of contributor out-of-state PAC (ID#: _____)
Keri Slater
6 Contributor address; City; State; Zip Code
1708 New York Ave Austin, TX 78702

7 Amount of contribution (\$)
\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/25/20

Full name of contributor out-of-state PAC (ID#: _____)
Victoria Gonzalez-Rivera
Contributor address; City; State; Zip Code
2616 Santa Angela Ct Chula Vista, CA 91914

Amount of contribution (\$)
\$20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/25/20

Full name of contributor out-of-state PAC (ID#: _____)
Jamie Puento
Contributor address; City; State; Zip Code
608 Wainwright St Houston, TX 77002

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/25/20

Full name of contributor out-of-state PAC (ID#: _____)
Amita Vasudeva
Contributor address; City; State; Zip Code
511 Sandlewood St Menlo Park, CA 94025

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME Dr. John Mckiernan-Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
09/25/20

5 Full name of contributor out-of-state PAC (ID#: _____)
John Mckiernan-Gonzalez

7 Amount of contribution (\$)
\$20.00

6 Contributor address; City; State; Zip Code
3000 Matador Dr Austin, TX 78741

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/25/20

Full name of contributor out-of-state PAC (ID#: _____)
Flannery Burke

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
6324 San Bonita Ave St. Louis, MO 63105

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/25/20

Full name of contributor out-of-state PAC (ID#: _____)
Cary Cordova

Amount of contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code
3000 Matador Dr Austin, TX 78741

Principal occupation / Job title (See Instructions)
Associate Professor

Employer (See Instructions)
University of Texas

Date
09/25/20

Full name of contributor out-of-state PAC (ID#: _____)
Gabe Cazares

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
600 Studemont St Apt 1406 Houston, TX 77007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME Dr. John Mckiernan-Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
09/26/20

5 Full name of contributor out-of-state PAC (ID#: _____)
Hannah Linroth

7 Amount of contribution (\$)
\$35.00

6 Contributor address; City; State; Zip Code
3201 Laguna Dr Austin, TX 78741

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/26/20

Full name of contributor out-of-state PAC (ID#: _____)
Jessica Wilson

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
1025 Nile St Austin, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/27/20

Full name of contributor out-of-state PAC (ID#: _____)
Parna Sengupta

Amount of contribution (\$)
\$35.00

Contributor address; City; State; Zip Code
1253 Clark Way Palo Alto, CA 94304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/28/20

Full name of contributor out-of-state PAC (ID#: _____)
Jacqueline Wilks

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
10127 Middle Fiskville Rd Apt 324 Austin, TX 78753

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME Dr. John Mckiernan-Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
09/28/20

5 Full name of contributor out-of-state PAC (ID#: _____)
Jennifer Wilks

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
6810 Bryn Mawr Dr Austin, TX 78723

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/01/20

Full name of contributor out-of-state PAC (ID#: _____)
Tracie Matysik

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
1804 Cedar Ave Austin, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/01/20

Full name of contributor out-of-state PAC (ID#: _____)
Susan Moffat

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
4112 Speedway Austin, TX 78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/05/20

Full name of contributor out-of-state PAC (ID#: _____)
Jill Ramirez

Amount of contribution (\$)
\$75.00

Contributor address; City; State; Zip Code
5309 Presidio Rd Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME Dr. John Mckiernan-Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
10/06/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Laura Yeager

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

501 W 33rd St Austin, TX 78705

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/26/20

Full name of contributor out-of-state PAC (ID#: _____)

Education Austin

Amount of contribution (\$)

\$5,000.00

Contributor address; City; State; Zip Code

8716 MoPac Expy, Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Dr. John Mckiernan-Gonzalez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/6/20	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Education Austin 7 Contributor address; City; State; Zip Code 8716 MoPac Expy Austin TX 78759	8 Amount of Contribution \$ \$2,705.00	9 In-kind contribution description Yard Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Dr. John Mckiernan-Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 9/4/20	5 Payee name NGPVAN, Inc.	
6 Amount (\$) \$162.38	7 Payee address; 1445 New York Ave. NW, Suite 200	City; State; Zip Code Washington DC 20005
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Monthly Fee - September
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/1/20	Payee name NGPVAN, Inc.	
Amount (\$) \$162.38	Payee address; 1445 New York Ave. NW, Suite 200	City; State; Zip Code Washington DC 20005
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Monthly Fee - October
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/5/20	Payee name Austin Chronicle	
Amount (\$) \$825.00	Payee address; 4000 N I H 35 Austin, Texas 78751	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printed advertisement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Dr. John Mckierman-Gonzalez	3 Filer ID (Ethics Commission Filers)
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4 Date 09/03/20	5 Payee name NGPVAN, Inc.
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6 Amount (\$) \$640.00	7 Payee address; 1445 New York Ave. NW, Suite 200	City; Washington	State; DC	Zip Code 20005
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Texas Democratic Party VAN Subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1/20	Payee name QR Code Generator Pro
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Amount (\$) \$71.51	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description QR code generator
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/02/20	Payee name Paragon Solutions
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Amount (\$) \$235.25	Payee address; 2141 East Broadway Rd., Suite 202 Tempe, AZ 85282	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Merchant Fees for NGP Online CC Contributions
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Dr. John Mckieman-Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 07/14/20	5 Payee name Automattic, Inc. - Wordpress	
6 Amount (\$) \$76.75 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 60 29th St. San Francisco, CA 941110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website domain and hosting and e-mail account
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED