

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 Mrs.	FIRST Paola Gonzalez	MI -
	NICKNAME	LAST Fusilier	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; 4416 Young St	APT / SUITE #;	CITY; STATE; ZIP CODE Pasadena TX 77504
	AREA CODE (832)	PHONE NUMBER 403-1570	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mrs.	FIRST Theresa	MI A
	NICKNAME	LAST Fusilier	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4416 Young St		CITY; STATE; ZIP CODE Pasadena TX 77504
	AREA CODE (713)	PHONE NUMBER 857-3442	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 2	Day 3	Year 21
		THROUGH	Month 4
			Day 1
			Year 21
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month 5	Day 1	Year 21
		Primary	Runoff
		General	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Pasadena ISD School Board, Position 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	n/a	
		COMMITTEE ADDRESS	
		n/a	
	COMMITTEE CAMPAIGN TREASURER NAME		
SPECIFIC	n/a		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	n/a		

OFFICE USE ONLY

PASADENA ISD

APR 01 2021

ACCOUNTABILITY & COMPLIANCE

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

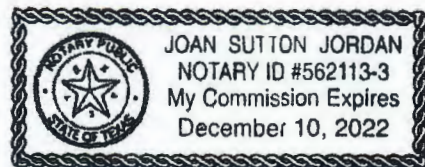
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,070.43
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,109.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4790.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Proba Gonzalez-Jordan this the 1 day of April, 2021, to certify which, witness my hand and seal of office.

[Signature] Joan JORDAN Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/21	5 Full name of contributor out-of-state PAC (ID#: _____) Johnny Fusilier Sr	7 Amount of contribution (\$) 5,000
6 Contributor address; City; State; Zip Code 4416 Young St Pasadena TX 77504		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 3/18/21	Full name of contributor out-of-state PAC (ID#: _____) Robin Howington	Amount of contribution (\$) 300
Contributor address; City; State; Zip Code 4414 Young St Pasadena TX 77504		
Principal occupation / Job title (See Instructions) general manager		Employer (See Instructions) Texas Oilpatch Services Corporation
Date 3/10/21	Full name of contributor out-of-state PAC (ID#: _____) Amy Hinojosa	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 1315 Diamante Pasadena TX 77504		
Principal occupation / Job title (See Instructions) Facilities Engineer		Employer (See Instructions) CHEVRON
Date 3/18/21	Full name of contributor out-of-state PAC (ID#: _____) Louis Wilson	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code 1702 Verdwood Pasadena TX 77504		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/21	5 Full name of contributor out-of-state PAC (ID#: _____) Janelle Anzaldua	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code 23534 Jorgensen Pt Spring TX 77373		
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Sequoia Medical Practice
Date 3/23/21	Full name of contributor out-of-state PAC (ID#: _____) Rohan Patonker	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 1101 Spencer Hwy H South Houston TX 77587		
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) Sequoia Medical Practice
Date 3/22/21	Full name of contributor out-of-state PAC (ID#: _____) Ashley Arredondo	Amount of contribution (\$) 96.80
Contributor address; City; State; Zip Code 1520 Blues Pasadena TX 77506		
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Baytown ISD
Date 3/17/21	Full name of contributor out-of-state PAC (ID#: _____) Theresa Wilding	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5242 Findlay Dr Pasadena TX 77505		
Principal occupation / Job title (See Instructions) office manager		Employer (See Instructions) Southeast Houston Pulmonology
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 10
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/21	5 Full name of contributor out-of-state PAC (ID#: _____) Carla Caballero	7 Amount of contribution (\$) 50
6 Contributor address; City; State; Zip Code 15702 Longview Dr Magnolia, TX 77355		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/21	Full name of contributor out-of-state PAC (ID#: _____) Marcela Ibarra	Amount of contribution (\$) 48.25
Contributor address; City; State; Zip Code 1502 Xenovik Pl Pasadena TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/21	Full name of contributor out-of-state PAC (ID#: _____) Natalie Stgall	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 400 Wrenwood #405 Houston TX 77006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/21	Full name of contributor out-of-state PAC (ID#: _____) Jessica Ballant	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 13814 Millgardin Houston TX 77054		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

Reset Form

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/21	5 Full name of contributor out-of-state PAC (ID#: _____) Priscilla Charles	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code 4303 Comanche Pasadena TX 77504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/21	Full name of contributor out-of-state PAC (ID#: _____) Sarah Jackson	Amount of contribution (\$) 40
Contributor address; City; State; Zip Code 3107 Redwood Pasadena TX 77503		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/21	Full name of contributor out-of-state PAC (ID#: _____) Laura Colorado	Amount of contribution (\$) 20
Contributor address; City; State; Zip Code 735 Gilpin Houston TX 77034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Johnny Fusilier Jr	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 5223 Camarosa Dr Pasadena TX 77504		
Principal occupation / Job title (See Instructions) after school program coordinator		Employer (See Instructions) Pasadena ISD
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/21	5 Full name of contributor out-of-state PAC (ID#: _____) Shahin Martinez	7 Amount of contribution (\$) 10.38
6 Contributor address; City; State; Zip Code 1295 Pineda (1200) Houston TX 77048		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/28/21	Full name of contributor out-of-state PAC (ID#: _____) Nancy Davis	Amount of contribution (\$) 10.38
Contributor address; City; State; Zip Code 2154 Michael Pasadena TX 77501		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Ryan Gill	Amount of contribution (\$) 48.25
Contributor address; City; State; Zip Code 5012 Ponderosa Dr Houston TX 77096		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Dana Ahl	Amount of contribution (\$) 10.38
Contributor address; City; State; Zip Code 1404 Wichita St Pasadena TX 77502		
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.		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/21	5 Full name of contributor out-of-state PAC (ID#: _____) Joann Tamayo	7 Amount of contribution (\$) 21.06
6 Contributor address; City; State; Zip Code 1221A Fleming Middle Houston TX 77089		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Veronica Moza	Amount of contribution (\$) 19.12
Contributor address; City; State; Zip Code 1111 Montrose Houston TX 77052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Anita Canales	Amount of contribution (\$) 19.12
Contributor address; City; State; Zip Code 4464 Dumas Lewis City TX 77571		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Estrella Castilleja	Amount of contribution (\$) 20.00
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/21	5 Full name of contributor out-of-state PAC (ID#: _____) Rachel Andrade	7 Amount of contribution (\$) 22.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Leticia Martinez	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3520 Westside Dr P11210 TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Atanacio Corral	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 2719 Mission View San Antonio, TX 78223		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Debbie Mosley	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/21	5 Full name of contributor out-of-state PAC (ID#: _____) Tiona Jaime	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 10210 Quail Valley Ln Houston, TX 77075		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Samantha Lanni	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3320 Buire #53 Pasadena TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Erica Toskovich	Amount of contribution (\$) 11.00
Contributor address; City; State; Zip Code 9623 Krop Farm Dr Houston, TX 77060		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Norma Lopez	Amount of contribution (\$) 11.00
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/21	5 Full name of contributor out-of-state PAC (ID#: _____) Raidone Lyco	7 Amount of contribution (\$) 11.00
6 Contributor address; City; State; Zip Code 12426 White Plains Dr Houston, TX 77089		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/21	Full name of contributor out-of-state PAC (ID#: _____) Katy Parker	Amount of contribution (\$) 11.00
Contributor address; City; State; Zip Code 1021 Mockingbird Houston TX 77007		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/21	Full name of contributor out-of-state PAC (ID#: _____) Ana Valenzuela	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3203 Jonathan Dr La Porte TX 77571		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Clearhope Counseling + Wellness
Date 3/28/21	Full name of contributor out-of-state PAC (ID#: _____) Michael Anthony	Amount of contribution (\$) 55.00
Contributor address; City; State; Zip Code 211 Hummingbird Ct Pasadena, TX 77506		
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/21	5 Full name of contributor out-of-state PAC (ID#: _____) Normi Farias	7 Amount of contribution (\$) 60.00
6 Contributor address; City; State; Zip Code 5244 Arboles Dr Dallas, TX 75035		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/18/21	Full name of contributor out-of-state PAC (ID#: _____) Komilah Perkins	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 470 Treasport Circle Raleigh, NC 27545		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/21	Full name of contributor out-of-state PAC (ID#: _____) Alexandra Gomez	Amount of contribution (\$) 10.69
Contributor address; City; State; Zip Code 1520 Spruce Hwy #1002 Dallas TX 75207		
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 670	
5 Date 3/14/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felipe Miranda	8 Amount of Contribution \$ 420	9 In-kind contribution description VIDEO JOURNAL
7 Contributor address; City; State; Zip Code 2007 S Mission Creek Frisco, TX 77546		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) realtor		11 Employer (FOR NON-JUDICIAL)(See Instructions) Red Carpet Realty	
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#: _____) Ivonne Gonzalez	Amount of Contribution \$ 250	In-kind contribution description graphic design
Contributor address; City; State; Zip Code 6064 Yale Houston TX 77076		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) self-employed		Employer (FOR NON-JUDICIAL)(See Instructions) Grand Spine Market	
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.			

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Paola Gonzalez Fusilier		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,400.43
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 670
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,104.52
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		\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
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

[Reset Form](#)

[Reset Page](#)

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Paola Gonzalez Fusilier	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/21	5 Payee name VAN vote builder	
6 Amount (\$) 280.00	7 Payee address; 1106 Lovata #100	City; State; Zip Code Austin TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description voter access network
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/23/21	Payee name Vista Print	
Amount (\$) 61.69	Payee address; 275 Wyman St	City; State; Zip Code Waltham MA 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description letterhead
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/25/21	Payee name Sticker Mule	
Amount (\$) 28.08	Payee address; 411 2, Fayette St	City; State; Zip Code New York NY 10003
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description stickers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)	
4 Date 3/2/21		5 Payee name Ford with Running Company			
6 Amount (\$) 2,375		7 Payee address; City; State; Zip Code 4008 Vista Rd #1026 Palestine TX 77604			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other		(b) Description sim card		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/5/21		Payee name J+N Enterprises			
Amount (\$) 985.08		Payee address; City; State; Zip Code 2514 Fairway Park #302 Houston TX 77042			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expenses		Description push cards		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/8/21		Payee name Andrea Lova Photography			
Amount (\$) 50		Payee address; City; State; Zip Code 2104 Plum Grove Ln Proctor TX 77581			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description photo session		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Paola Gonzalez Fusilier	3 Filer ID (Ethics Commission Filers)
4 Date 3/19/21	5 Payee name Wal-Mart	
6 Amount (\$) 34.45	7 Payee address; City; State; Zip Code 1107 Shaver St. Pasadena, TX 77506	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description envelopes/labels
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/19/21	Payee name USPS	
Amount (\$) 192.50	Payee address; City; State; Zip Code 6100 Spivey Hwy Pasadena TX 77505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description postage
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/19/21	Payee name Office Depot	
Amount (\$) 79.26	Payee address; City; State; Zip Code 3931 Fairway Plaza Dr Pasadena TX 77505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description printing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Paola Gonzalez Fusilier		3 Filer ID (Ethics Commission Filers)	
4 Date 3/16/21		5 Payee name J & N Enterprises			
6 Amount (\$) 1022.46		7 Payee address; City; State; Zip Code 2514 Fairway Park #302 Houston, TX 77092			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description 5000		
	(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	
Date		Payee name			
Amount (\$)		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	
Date		Payee name			
Amount (\$)		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	
Date		Payee name			
Amount (\$)		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	

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Reset Form

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