

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Tony Gonzales for Congress			
ADDRESS (number and street) 11613 Huebner			
CITY San Antonio		STATE TX	ZIP CODE 78248
2. NAME OF CANDIDATE Gonzales, Ernest, Anthony Tony, , II		3. OFFICE SOUGHT (State and District) House TX 23	
4. FEC IDENTIFICATION NUMBER C00706614			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME KEVIN MCCARTHY FOR CONGRESS			
MAILING ADDRESS PO BOX 12667		Name of Employer Date (month, day, year) 10/31/2022	
CITY BAKERSFIELD		STATE CA	ZIP CODE 93389-2667
		Transaction ID : TX103373	
		Occupation	
B. FULL NAME AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)			
MAILING ADDRESS 1120 CONNECTICUT AVENUE NW SUITE 600		Name of Employer Date (month, day, year) 10/31/2022	
CITY WASHINGTON		STATE DC	ZIP CODE 20036-3971
		Transaction ID : TX103375	
		Occupation	
C. FULL NAME DELL TECHNOLOGIES, INC. POLITICAL ACTION COMMITTEE			
MAILING ADDRESS 440 FIRST ST, NW SUITE 820		Name of Employer Date (month, day, year) 10/31/2022	
CITY WASHINGTON		STATE DC	ZIP CODE 20001-3033
		Transaction ID : TX103376	
		Occupation	
D. FULL NAME ACKERMAN, FLOYD, , ,			
MAILING ADDRESS 6000 LAKE FORREST DR STE 420		Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Date (month, day, year) 10/31/2022	
CITY ATLANTA		STATE GA	ZIP CODE 30328-3896
		Transaction ID : TX103377	
		Occupation INFORMATION REQUESTED PER BI	
E. FULL NAME CHESTER, DALTON, , ,			
MAILING ADDRESS 25207 CALLAWAY		Name of Employer TRANSPORTATION INSURANCE SERVICES Date (month, day, year) 10/31/2022	
CITY SAN ANTONIO		STATE TX	ZIP CODE 78260-7260
		Transaction ID : TX104360	
		Occupation PRINCIPAL	
SIGNATURE (optional) HOBBS, CABELL, , ,		DATE 10/31/2022	
<i>[Electronically Filed]</i>		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

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<i>continuation page</i>			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE HINE, GILBERT, , , 25702 APACHE CREEK ROAD SAN ANTONIO TX 78260-7025	Name of Employer RETIRED Transaction ID : TX104362 Occupation RETIRED	Date (month, day, year) 10/31/2022	Amount 5000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE JOHNSON, DAVID, M., , PO BOX 36 VICTORIA TX 77902-0036	Name of Employer SELF-EMPLOYED Transaction ID : TX103374 Occupation	Date (month, day, year) 10/31/2022	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE RANDALL, CHARLES, , , 2 WHITECHURCH LN SAN ANTONIO TX 78257-1233	Name of Employer GCSA Transaction ID : TX104358 Occupation PHYSICIAN	Date (month, day, year) 10/31/2022	Amount 2500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE RANDALL, CHARLES, , , 2 WHITECHURCH LN SAN ANTONIO TX 78257-1233	Name of Employer GCSA Transaction ID : TX104359 Occupation PHYSICIAN	Date (month, day, year) 10/31/2022	Amount 2500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE RODRIGUEZ, MARC A., , , 1122 COLORADO, SUITE 2399 AUSTIN TX 78701-	Name of Employer MARC A. RODRIGUEZ Transaction ID : TX104356 Occupation LOBBYIST	Date (month, day, year) 10/31/2022	Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE THURMOND, JIMMIE, , , 415 LAMONT AVE. SAN ANTONIO TX 78209-	Name of Employer SYNERGENX HEALTH HOLDINGS Transaction ID : TX104357 Occupation PARTNER	Date (month, day, year) 10/31/2022	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount