# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH COVER SHEET PG 1**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 25 A 10:21

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MR | FIRST: RONALDO | MI: H.

NICKNAME: RON | LAST: SEGOVIA | SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

See Public Information Act 552.117

5 CAMPAIGN TREASURER NAME

TITLE: MRS | FIRST: HELEN | MI: K.

NICKNAME | LAST: DUTMER | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

739 McKINLEY AVE. SAN ANTONIO, TX 78210

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(210) 534-0987

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 3/30/03 THROUGH Month Day Year: 4/24/03

10 ELECTION

ELECTION DATE Month Day Year: 5/3/03

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): N/A

12 OFFICE SOUGHT (if known): CITY COUNCIL DISTRICT 3

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

RECEIVED
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CITY CLERK
2003 APR 25 A 10 21

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

N/A

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

| | | |
|---|---|---|
| | 1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ |
| | 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 8815.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 14,237.84 |
| OUTSTANDING LOAN TOTALS | 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 13,637.92 |

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
REBA MALONE
Notary Public, State of Texas
My Commission Expires
6-17-05

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.

Ronaldo H Segovia
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronaldo H Segovia this the 24th day of April, 20 03, to certify which, witness my hand and seal of office.

Reba Malone — Signature of officer administering oath
Reba Malone — Printed name of officer administering oath
Notary — Title of officer administering oath

Texas Ethics Commission . Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 25 A 10 21

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 of 8

2 FILER NAME: RONALDO "RON" H. SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/16 | ALVIN R. LINDSEY<br>1022 KAYTON AVE.<br>SAN ANTONIO - TX 78210 | 10.00 | |
| 9 Principal occupation (Optional): ENGINEER | 10 Employer (Optional): SELF | | |
| 4/16 | JESSIE F. JENKINS - JESSIE JR WM J.<br>2644 WALZETKA<br>SAN ANTONIO - TEX 78210 | 50.00 | |
| Principal occupation (Optional): ENGINEER | Employer (Optional): SELF | | |
| 4/16 | MARCELO R. MONTEMAYOR<br>P.O. BX 831657<br>SAN ANTONIO - TX 78283 | 250.00 | |
| Principal occupation (Optional): EDUCATION | Employer (Optional): | | |
| 4/16 | SUSAN GARCIA / HECTOR FRAUSTO<br>926 S. ALAMO<br>SAN ANTONIO - TX 78205 | 150.00 | |
| Principal occupation (Optional): | Employer (Optional): | | |
| 4/16 | LA MISSION INFANT CARE & LEARNING CENTER / VILLEIA FAMILY<br>2512 S. HACKBERRY<br>SAN ANTONIO - TX 78210 | 100.00 | |
| Principal occupation (Optional): OWNERS | Employer (Optional): | | |

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

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Revised 04/03/2000

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
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CITY CLERK
2003 APR 25 A 10:21

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2 of 8

2 FILER NAME: RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/16 | ESEQUIEL ALMAGUER, JR<br>116 CHESTERFIELD<br>SAN ANTONIO - TX 78223 | 100.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/16 | DAVID C. KELLUM, PC<br>7306 MILITARY DR. W.<br>SAN ANTONIO - TX 78227 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/16 | FABIAN CASTILLO<br>124 HARRIETT DR.<br>SAN ANTONIO - TX 78216 | 250.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/16 | ERNEST OR LENORA M. PAZ<br>1424 SHORT HORN ST.<br>SAN ANTONIO - TX 78247 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | CHARLES A. GUAJARDO<br>3203 MORNING CREEK<br>SAN ANTONIO - TX 78247 | 100.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
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2007 APR 25 A 10:21

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3 of 8

2 FILER NAME: RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/19 | JANET RUZZA / COL. ROBT SOLENBERGER<br>GENERAL SURGERY BOX 53<br>FT HOOD - TX 76544 | 100.00 | |

9 Principal occupation (Optional): M.D.
10 Employer (Optional): USAF

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/17 | RALPH OR GLORIA DELEON<br>4306 GOLFVIEW<br>SAN ANTONIO - TX 78223 | 100.00 | |

Principal occupation (Optional):
Employer (Optional):

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/13 | HERMAN SEGOVIA<br>118 E. ASHBY<br>SAN ANTONIO - TX 78212 | 300.00 | |

Principal occupation (Optional): ATTNY
Employer (Optional):

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/9 | K.H. MINTEN<br>P O BX 17825<br>SAN ANTONIO - TX 78217 | 600.00 | |

Principal occupation (Optional):
Employer (Optional):

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | JAMES GONZALES<br>517 E. WOODLAWN<br>SAN ANTONIO - TX 78212 | 400.00 | |

Principal occupation (Optional): RESTURANT OWNER
Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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CITY CLERK
2003 APR 25 A 10:21

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4 of 8

2 FILER NAME: Ronaldo "Ron" Segovia

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) | 9 Principal occupation (Optional) | 10 Employer (Optional) |
|---|---|---|---|---|---|
| 4/14 | Antonio Flores, III<br>2555 Indian Meadows<br>San Antonio - TX 78230 | 60.00 | | ? | |
| 4/14 | Rudy Gonzales<br>12701 West Ave Apt 1827<br>San Antonio - Tex 78216 | 60.00 | | ? | |
| 4/16 | Ron Neeley<br>12654 Woman Hollering Crk<br>Schertz TX 78154 | 400.00 | | Construction Co. Owner | |
| 4/1 | Heavy Weight Gym & Aerobics<br>2115 Goliad Rd<br>San Antonio - TX 78223 | 400.00 | | | |
| 4/10 | Panchitos - Tesoro Mexican Restaurant - Cantina<br>4118 McCullough Ave (Ste 0)<br>San Antonio - TX 78212 | 100.00 | | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 25 A 10:21

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 5 of 8

2 FILER NAME: Ronaldo "Ron" Segovia

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/9 | Rolling Oaks Golf Center<br>5550 Mountain Vista<br>San Antonio - Tx 78247 | 100.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | Path Enterprises<br>9318 E. Valley View Ln.<br>San Antonio - Tx 78217 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/10 | SABCO Surveillence Ltd<br>1500 So Zarzamora (Ste 225)<br>San Antonio - Tx 78207 | 250.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | Terra Klean Solutions Inc.<br>15303 Tradesman Dr.<br>San Antonio - Tx 78249 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/11 | STI, Inc<br>8620 N. New Braunfels<br>San Antonio - Tx 78217 Ste 513 | 450.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 25 A 10 21

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6/8

2 FILER NAME: Ronaldo "Ron" Segovia

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | Rex L. Hartwig<br>429 Jeanette Dr<br>Converse, TX 78109 | 100.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | Fernando Reyes-Norma Reyes<br>2 Davenport La.<br>San Antonio-Tx 78257 | 620.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | Fernando S. Hernandez<br>2 Rossridge<br>San Antonio-Tx 78248 | 100.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | Reyaldo T. Lopez/Evelyn A Lopez<br>2015 ~~Quiet~~ Quiet Ridge Walk<br>San Antonio-Tx 78250 | 100.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31 | Abel M. Canchola/Tommie Canchola<br>2909 No. Cypress St<br>Victoria-Tx 77901-4682 | 400.00 | |

Principal occupation (Optional) | Employer (Optional)

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Texas Ethics Commission P. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 25 A 10:21

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 728

2 FILER NAME: RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | CARMEN BERLANGA<br>1939 NE LOOP 410 # 200<br>SAN ANTONIO-TX 78217 | 640.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | DRS. REIMBURSEMENT SYSTEM<br>6026 RIDGEFIELD<br>SAN ANTONIO-TX 78250 | 400.00 | |

Principal occupation (Optional): MEDICAL | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | GEORGE RIVERA<br>101 W. EUCLID<br>SAN ANTONIO-TX 78212 | 600.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/30 | ARLEAN T. TEMPLETON / JAMES TEMPLETON II<br>3567 LAKE TAHOE<br>SAN ANTONIO-TX 78222 | 135.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | HENRY MARTINEZ / DIANA MARTINEZ<br>8347 RIMLINE ST.<br>SAN ANTONIO-TX 78251 | 135.00 | |

Principal occupation (Optional) | Employer (Optional)

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Revised 04/03/2000

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 25 A 10:21

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8 of 8

2 FILER NAME: RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/25 | CLYDE H. ROSS / CHERYL ROSS<br>219 COBBLE<br>San Antonio - TEX 78216 | 135.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/14 | FABIANS<br>831 FULTON<br>SAN ANTONIO - TX 78212 | 300.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/11 | DAGO'S<br>1925 PLEASONTON<br>SAN ANTONIO - TX 78221 | 300.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/10 | JCB<br>PO BX 460633<br>SAN ANTONIO - TX 78246 | 350.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

Principal occupation (Optional) | Employer (Optional)

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# LOANS

SCHEDULE E

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 25 A 10:21

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME: RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 4-10-03

6 Is lender a financial institution? Y (N)

7 Name of lender: RON SEGOVIA ☐ out-of-state PAC (ID#: )

8 Lender address; City; State; Zip Code: See Public Information Act 552.117

9 Loan Amount ($): 2000.00

10 Interest rate: —

11 Maturity date: —

12 Description of Collateral: NONE ☐ none

13 GUARANTOR INFORMATION: 3/26 ☐ not applicable

14 Name of guarantor: RON SEGOVIA

15 Guarantor address; City; State; Zip Code: See Public Information Act 552.117

16 Amount Guaranteed ($): 2000.00

17 Principal Occupation: RENTON Mdg.

18 Employer:

Date of loan: 3/25 THRU 4/25

Is lender a financial institution? Y (N)

Name of lender: RON SEGOVIA ☐ out-of-state PAC (ID#: )

Lender address; City; State; Zip Code: See Public Information Act 552.117

Loan Amount ($): 2400.00

Interest rate: —

Maturity date: —

Description of Collateral: NONE ☐ none

GUARANTOR INFORMATION: ☐ not applicable

Name of guarantor: RON SEGOVIA

Guarantor address; City; State; Zip Code:

Amount Guaranteed ($): 2400.00

Principal Occupation: OWNER

Employer: —

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

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# POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 25 A 10:21

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1075

2 FILER NAME RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 4/11 | SCREEN RITE<br>1021 DONALDSON<br>SAN ANTONIO TX - 78228 | 375.00 |

8 Purpose of payment (See instructions regarding type of information required.) PRINTING GOLF TOURNAMENT

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4-2<br>4-9 | SPEEDY PRINT<br>P.O BX 171170<br>SAN ANTONIO-TX 78217 | 102.31 |

Purpose of payment (See instructions regarding type of information required.) PRINTING BBQ FUNDRAISER

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4-15 | KINKO'S<br>4418 BROADWAY<br>SAN ANTONIO-TX 78209 | 9.71 |

Purpose of payment (See instructions regarding type of information required.) CUTTING PRINT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/15 | MONGUIA PRINTERS-INC<br>2201 BUENA VISTA<br>SAN ANTONIO-TX 78207 | 1,664.35 |

Purpose of payment (See instructions regarding type of information required.) POSTCARDS PRINTING

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

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Revised 04/04/2000

Texas Ethics Commission P.O. B 2070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL EXPENDITURES

SCHEDULE F

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CITY OF SAN ANTONIO
CITY CLERK
2003 APR 25 A 10:21

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: 1 of 5

2 FILER NAME: Ronaldo "Ron" Segovia

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 3/25 | S A NEWS<br>P O BX 240022<br>San Antonio TX 78224 | 250.00 |

8 Purpose of payment (See instructions regarding type of information required.): ADV

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3/27 | LA PRENSA<br>PO Box 830768<br>San Antonio-Tx 78283 | 200.00 |

Purpose of payment (See instructions regarding type of information required.): ADV

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/14 | So. Side Reporter<br>2203 So. HACKBERRY<br>SAN ANTONIO TX 78210 | 761.15 |

Purpose of payment (See instructions regarding type of information required.): ADV

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/15 16 16 18 19 22 | U.S. POSTOFFICE<br>HIGHLAND HILLS STATION<br>GOLIAD Rd 78223 | 2,053.00 |

Purpose of payment (See instructions regarding type of information required.): MAIL OUTS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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CITY CLERK
2003 APR 25 A 10: 22

# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 5

2 FILER NAME: RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 4/24 | S.B.C. PAUTHER<br>3524 SO N BRAUNFELS AVE<br>SAN ANTONIO - TX 78223 | 443.61 |

8 Purpose of payment (See instructions regarding type of information required.): HEADQUARTERS TELEPHONE SERVICE

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4-14 | WALGREENS<br>1105 GOLIAD RD<br>SAN ANTONIO - TX 78223 | 47.42 |

Purpose of payment (See instructions regarding type of information required.): Photo Development

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/16 | OFFICE DEPOT<br>2321 SW MILITARY DR<br>San ANTONIO - TX 78224 | 71.17 |

Purpose of payment (See instructions regarding type of information required.): OFFICE Supplies

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/12 | HOME DEPOT<br>527 FAIR AVE<br>San ANTONIO - TX 78223 | 21.67 |

Purpose of payment (See instructions regarding type of information required.): Ties for Signs

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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# POLITICAL EXPENDITURES

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SCHEDULE F

2001 APR 25 A 10: 22 Q5

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 4/14 | PECAN VALLEY GOLF CLUB<br>4700 PECAN VALLEY DR.<br>SAN ANTONIO, TX 78223 | 5,585-15 |

8 Purpose of payment (See instructions regarding type of information required.): GOLF TOURNAMENT FUNDRAISER

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/10 | ALLIED ADVERTISING<br>3700 BLANCO Rd.<br>SAN ANTONIO - TX 78212 | 1,781-32 |

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/12 | PABLO RENDON<br>3202 Pitluck<br>SA TEX 78011 | 180.00 |

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKERS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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# POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR 25 A 10: 22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 5

2 FILER NAME Ronaldo "Ron" Segovia

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 4/12 | Dominos Pizza<br>129 Goliad Rd.<br>San Antonio TX 78223 | 14.01 |

8 Purpose of payment (See instructions regarding type of information required.): Food for Workers

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/12 | Bill Millers<br>Bill Miller Ln @ Clark<br>SA Tex 78223 | 16.13 |

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 25 A 10: 22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1 of 1

2 FILER NAME: RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) / Reimbursement from political contributions intended |
|---|---|---|
| MONTH APRIL TAB | LA PANTODO RESTURANT<br>129 GOLIAD ROAD<br>SAN ANTONIO-TX 78223<br>FOOD FOR WORKERS | 184.52<br>☐ Reimbursement from political contributions intended |
| 2-6-03 | PAUL'S TROPHY & ENGRAVING<br>1035-A HOT WELLS BLVD.<br>SAN ANTONIO-TX 78223<br>BADGES | 53.93<br>☐ Reimbursement from political contributions intended |
| 3/15 | DIAMOND SHAMROCK #105<br>?<br>GASOLINE etc | 35.00<br>☐ Reimbursement from political contributions intended |
| 3-25-03 Thru 4-25-03 | RON SEGOVIA<br>See Public Information Act 552.117<br>OUT OF POCKET (SEE LIST) | 159.52<br>☐ Reimbursement from political contributions intended |
| | MI TERRA<br>MARKET SQUARE<br>SAN ANTONIO TX 78207 | 27.75<br>☐ Reimbursement from political contributions intended |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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CITY CLERK
2003 APR 25 A 10:22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages attached to this form: 27

2 FILER NAME: RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers) 0

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) / Reimbursement from political contributions intended |
|---|---|---|
| 4/21 | OFFICE DEPOT<br>5W MILITARY DR (2321)<br>San Antonio TX 78214<br>CASH FOR Supplies | 65.23<br>☒ |
| 4/21 | OFFICE MAX<br>San Antonio TX 782?<br>CASH Supplies | 88.43<br>☒ |
| 4/16 | WALGREENS<br>GOLIAD @ SOCROSS<br>San Antonio TX 78223<br>PRINTER CARTRIDGE + OFF Supplies | 47.46<br>☒ |
| | | |
| | | |

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