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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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: 4403 APT / SUITE: GOLFVIEW CITY: SAN ANTONIO STATE: TEX ZIP CODE: 78223

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): 739 McKINLEY AVE. APT / SUITE #: CITY: SAN ANTONIO STATE: TX ZIP CODE: 78210

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) PHONE NUMBER: 534-0987 EXTENSION:

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: 4/24/03 THROUGH Month Day Year: 5/17/03

10 ELECTION

ELECTION DATE Month Day Year: 5/27/03

ELECTION TYPE: ☐ Primary ☒ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): CITY COUNCIL DIST 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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME RONALDO "RON" SEGOVIA

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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

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	$ 145.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4410.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 895.38
	4. **TOTAL POLITICAL EXPENDITURES**	$ 4400.58
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 20,137.92

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 19 day of MAY, 2003, 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 Public — Title of officer administering oath

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Revised 05/11/2000

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 4

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)
5/7	GLEN TURPIN NO ADDRESS SAN ANTONIO, TX 782—	100.00	
Principal occupation (Optional): 7	Employer (Optional):		
5/8	WALLACE B. COOK 1402 GREER SAN ANTONIO, TX 78210	25.00	
Principal occupation (Optional): INSURANCE	Employer (Optional):		
5/6	BURNETTE & ASSOC. 15600 SAN PEDRO #301 SAN ANTONIO, TX 78232	100.00	
Principal occupation (Optional): CONSULTANT	Employer (Optional):		
5/5	LAW OFFICE ALBERT A. FLORES 603 URBAN LOOP SAN ANTONIO-TX 78204	300.00	
Principal occupation (Optional): ATTNY	Employer (Optional):		
5/12	M&M CHAS. TOUDOUZE 150 ELYNWOOD SAN ANTONIO-TX 78212	100.00	
Principal occupation (Optional): MERCHANTS	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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 4

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)
5/6	LEROY GARCIA Address unknown	Cash 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)
5/13	DAMA, INC 10919 Wurzbach SAN ANTONIO-TX 78230	500.00	

Principal occupation (Optional): BBQ PLATES Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/13	DAMA, INC 10919 WURZBACH SAN ANTONIO-TX 78230	600.00	

Principal occupation (Optional): BBQ PLATES Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/13	DEL RIO TORTILLAS 1402 GILLETTE SAN ANTONIO-TX 78230	100.00	

Principal occupation (Optional): MFG Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/16	ANNALISA PEACE 247 ARMY SAN ANTONIO-TX 78215	50.00	

Principal occupation (Optional): CLEAN Company 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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3 of 4

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)
5/16	ALEJANDRO L ORTIZ 2713 W CRAIG SAN ANTONIO-TX 78228	400.00	

9 Principal occupation (Optional): CITIZEN

10 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)
5/13	DAVID C KELLUM 7306 MILITARY DRW SAN ANTONIO-TX 78227	100.00	

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)
5/15	QUALITY CHRYSLER 10216 LOOP 106 ADKINS, TX 78101	1500.00	

Principal occupation (Optional): 3 TEAMS GOLF TOURNEY

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)
5/9	ALFRED W. ROHDE, JR 85 NE LOOP 410 #100 SAN ANTONIO-TX 78216	200.00	

Principal occupation (Optional): REALTOR

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)
5/15	JESSE GAMEZ PO BOX 1356 SAN ANTONIO-TX 78295	300.00	

Principal occupation (Optional): CITIZEN

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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4 of 4

2 FILER NAME: RONALDO 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)
4/24	PRICILLANO GALLEGOS 115 GREER SAN ANGELO-TX 76903	50.00	

9 Principal occupation (Optional): PERSONAL FRIEND

10 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)
2/7	EMMA GUERRO 3918 SKYLARK SAN ANTONIO-TX 78210	20.00	

Principal occupation (Optional): CITIZEN

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)
5/14	LOYD CORTEZ PO BX 40274 SAN ANTONIO-TX 78229	10.00	

Principal occupation (Optional): CITIZEN

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)
5/16	NATIONAL PEST CONTROL 1526 No PANAM SAN ANTONIO-TX 78208	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)

Principal occupation (Optional):

Employer (Optional):

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1 of 1

2 FILER NAME: REYNALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan: 5/1

6 Is lender a financial institution? Y (N)

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

8 Lender address; City; State; Zip Code: 4403 GOLFVIEW SAN ANTONIO TX 78223

9 Loan Amount ($): 2000.00

10 Interest rate

11 Maturity date

12 Description of Collateral: NONE PERSONAL LOAN ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor: X

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan: 5/12

Is lender a financial Institution? Y (N)

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

Lender address; City; State; Zip Code: 4403 GOLFVIEW SAN ANTONIO TX 78223

Loan Amount ($): 2000.00

Interest rate

Maturity date

Description of Collateral: NONE Personal Loan ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

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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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-85

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 4

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 ($)
5/15	Munquia Printers, Inc 2201 Buena Vista San Antonio-TX 78207	~~1175.69~~ 1268.28

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

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 ($)
5/8	Time Warner PO Box 460849 San Antonio-TX 78246	727.84

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

** 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	SAWS PO Box 2990 San Antonio-TX 78299	79.07

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

** 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 ($)
5/5	La Puente De Restaurant 129 Goliad Rd San Antonio Tx 78223	327.48

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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Revised 04/04/2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 4

2 FILER NAME Reynaldo Ron Sequoia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/7	SAWS P O BX 2990 SAN ANTONIO-TX 78299	34.70

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

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 ($)
5/7	SBC P O Box 1780 HOUSTON-TX 77251	253.19

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 ($)
5/7	MUNGUIA PRINTERS 2701 BUENA VISTA SAN ANTONIO-TX 78207	133.57

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 ($)
5/12	U.S. POSTAL SERVICE	120.00

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

MAILOUT

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

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Revised 04/0

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 4

2 FILER NAME: RONALDO RON SEGOVIA

3 ACCOUNT # (Ethics Commission files):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/12	SOUTHSIDE REPORTER 2203 S. HACKBERRY ST SAN ANTONIO-TX 78210	604.80

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 ($)
4/8	ELIZANDO'S PRINT SHOP 4418 SO PRESA SAN ANTONIO-TX 78223	22.65

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

** 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 ($)
4/21	SOUTHSIDE REPORTER 2203 S. HACKBERRY SAN ANTONIO-TX 78210	604.80

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 ($)
4-12	PABLO RENDON	180.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 4

2 FILER NAME: Reynaldo "Ron" Segovia

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/30	Thelma Segovia — Barnsley San Antonio, TX 782 —	$435.00

8 Purpose of payment (See instructions regarding type of information required.): Repayment of Cash paid by Thelma Segovia

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 ($)
5/2	Radio Unica KADC San Antonio, Texas	300.00

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 ($)
5/2	Expressions Design Graphic 3115 Mayfair Dr San Antonio TX 78217	142.37

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1 of 2

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
4/29	MACIAS FRANCISCO SAN ANTONIO-TX	Food for BLOCKWALKERS	18.87	☐
Various dates 5/	RON SEGOVIA LILLIE SEGOVIA	Repay	249.63	☐
Various 5/dates	RON SEGOVIA 4401 GOLFVIEW SAN ANTONIO-TX 78223	GASOLINE ATTACHED	190.00	☐
5/17 4/9 5/12 5/16	RON SEGOVIA 4401 GOLFVIEW SAN ANTONIO TX 78223	Food for Volunteers ATTACHED	87.00	☐
4/28 5/6 5/1 4/23 4/25 4/29	RON SEGOVIA 4401 GOLFVIEW SAN ANTONIO-TX 78223	VARIOUS SMALL RECEIPTS ATTACHED	406.00	☐

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2 of 2

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 ($)
4/28	Allied Advertising 3700 Blanco Rd San Antonio-TX 78212 Signs	256.75 ☐ Reimbursement from political contributions intended
5/15	Allied Advertising 3700 Blanco Rd. San Antonio-TX 78212 Purpose of expenditure (See instructions regarding type of information required.)	256.75 ☐ Reimbursement from political contributions intended
5/15	B+Z Strategies 10710 Horn Road San Antonio-TX Purpose of expenditure (See instructions regarding type of information required.)	775.00 ☐ Reimbursement from political contributions intended
5/17	Ron Segovia 4401 Golfview San Antonio TX 78223 Purpose of expenditure (See instructions regarding type of information required.) David Martin Sign	282 ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

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