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

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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: 30

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): 739 McKinley Ave APT / SUITE #: CITY: San Antonio STATE: Texas 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: 1 / 23 / '03 THROUGH Month Day Year: 3 / 31 / '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 Dist 5

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

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14 C/OH NAME: 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. **

NA

☐ additional pages

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	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	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 6562.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 24,578.43

19 AFFIDAVIT

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Ron Segovia, this the 3rd day of Apr, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez	Melinda S. Lopez	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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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: 11

2 FILER NAME: HELEN K. DUTMER

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)
2/28	DEL RIO TORTILLAS FACTORY 1402 GILLETTE BLVD. SAN ANTONIO TEXAS 78224	$500.00	

9 Principal occupation (Optional): OWNER
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)
2/22	MARIA L RODRIGUEZ 308 E. HARLAN SAN ANTONIO TX 78214	250.00	

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)
2/22	LA CHINITAS LYNN 500 KAM 500 1012 AVONDALE SAN ANTONIO, TX 78223	1000	

Principal occupation (Optional): OWNERS
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)
2/22	HENRY + RONNIE DBA H+R #1 1819 GOLIAD ROAD SAN ANTONIO, TX 78223	100	

Principal occupation (Optional): OWNERS
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)
2/22	TONY HERNANDEZ, ATTNY @ LAW 732 CULEBRA SAN ANTONIO, TX. 78201	100	

Principal occupation (Optional):
Employer (Optional):

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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 11

2 FILER NAME: Julian K. Dutmer

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)
2/22	JOHN F. BUKOWSKI 102 IDELL AVE SAN ANTONIO - TX - 78223	10	

9 Principal occupation (Optional) | 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)
2/22	JOSEPHINE M. RODRIGUEZ 338 W HARLAN SAN ANTONIO - TX - 78214	35	

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)
2/22	CHARLES BLACKWOOD 5514 SUMMER GOLD SAN ANTONIO - TX - 78222	25	

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)
2/22	NICHOLAS G. RODRIGUEZ 502 GOLDEN CROWN SAN ANTONIO, TX 78223	25	

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)
2/22	LEROY C ALEX, SR. 3903 S. WALTERS SAN ANTONIO - TX - 78223	25	

Principal occupation (Optional) | Employer (Optional)

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1 Total pages this Schedule A1: 3 of 11

2 FILER NAME: Helen K. Rutmer

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)
2/22	☐ out-of-state PAC (ID#:) SHEILA DIAN RIVAS DBA LEONS ICE HOUSE 1953 SW WHITE Rd SAN ANTONIO - TX 78220	$125.00	

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)
2/22	☐ out-of-state PAC (ID#:) REYES INDUSTRIES 1554 CANTRELL SAN ANTONIO - TX 78221	500	

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)
2/22	☐ out-of-state PAC (ID#:) LORRAINE SEGURA GUERRA 2051 W GRAMERCY SAN ANTONIO - TX 78201	100	

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)
2/22	☐ out-of-state PAC (ID#:) ROBERTA HICKS 4210 VALLEY FIELD SAN ANTONIO - TX - 78222	50	

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)
2/22	☐ out-of-state PAC (ID#:) ANTONIO H. SEGOVIA, JR 1707 SLUMBER PASS SAN ANTONIO - TX - 78258	100	

Principal occupation (Optional) | Employer (Optional)

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4 of 11

2 FILER NAME: Helen K. Dutmer

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)
2/22	MARIO RODRIGUEZ 909 NE LOOP 410 - STE 300 SAN ANTONIO - TX - 78209	75	

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)
2/22	DR. ROBT SOLENBERG 4000 WRIGHT CARPENTER Rd SAN ANTONIO, TX 78221	200	

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)
2/22	JAN RUZZA 4000 WRIGHT CARPENTER RD. SAN ANTONIO - TX - 78221	100	

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)
2/22	GEORGE L VALDILLEZ 18543 TAYLOR RUN SAN ANTONIO TX 78259	40	

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)
2/22	ELIZABETH L MILWARD 4909 WOODSTONE DR. # 1911 SAN ANTONIO - TX - 78230	35	

Principal occupation (Optional) | Employer (Optional)

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The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1: 5 of 11

2 FILER NAME: Helen Dutmer

3 ACCOUNT # (Ethics Commission filers): ~~5 of 11~~

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)
2/22	STEPHANIE G. MERCADO 1611 MERRIFORD LN. SAN ANTONIO - TX 78209	15	

9 Principal occupation (Optional) | 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)
2/22	FRANCESCA M. GUILLEN 5910 KNOLL KREST SAN ANTONIO - TX - 78242	20	

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)
2/22	CAROLYN S. RODRIGUEZ 330 SERENADE SAN ANTONIO - TX - 78216	15	

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)
2/22	HELEN DUTMER 737 McKINLEY SAN ANTONIO - TX 78210	37	

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)
2/18	CARRIE WILBORN 6514 LAUREL HILL DR. SAN ANTONIO - TX 78229	100	

Principal occupation (Optional) | Employer (Optional)

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SCHEDULE A1
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1 Total pages this Schedule A1: 6 of 11

2 FILER NAME: Helen Dutmer

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: OWNER?)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/17	JOHN B KING 4243 FAMILY TREE #201 SAN ANTONIO-TX 78222	100	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: OWNER?)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/17	FAMILY TREE APTS 4243 Family TREE #201 SAN ANTONIO-TX-78222	100	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#: OWNER?)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/17	JACK V. DRURY FAMILY LTD PARTNERSHIP 4243 Family TREE SAN ANTONIO-TX-78222	100	

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)
2/17	ROGER CABALLERO 6123 SINCLAIR Rd SAN ANTONIO-TX 78222	25	

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)
2/17	JOSÉ RENDON 1123 NAVARRO SAN ANTONIO-TX-78205	25	

Principal occupation (Optional) / Employer (Optional)

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SCHEDULE A1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7-of 11

2 FILER NAME: Julian Gutierrez

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)	9 Principal occupation (Optional)	10 Employer (Optional)
2/18	LA MISSION INFANT CARE LEARNING CENTER 2512 So. HACKBERRY ST SAN ANTONIO-TX-78210	125			
2/20	~~Leon Gold~~ LEON VALLEY GOLD & SILVER 7074 BANDERA SAN ANTONIO-TX 78238	200			
2/26	HEAVYWEIGHT GYM 2115 Goliad Rd. SAN ANTONIO-TX 78223	100			
3/7	ROMULO TREVIÑO SELF SERVE CAR WASH INC ?	500			
3/7	MARIA A GARCIA 4404 TRAVIS COUNTRY CIRCLE #A3 AUSTIN-TX 78735	200			

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1 Total pages this Schedule A1: 8 of 11

2 FILER NAME: Helen Dutmer

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)	9 Principal occupation (Optional)	10 Employer (Optional)
3/7	VICTOR J. RIVERA 9138 PORT HUDSON SAN ANTONIO-TX 78245	$100			
3/7	PSR SECURITY, INC 3700 FREDERICKSBURG #203 SAN ANTONIO-TX 78201	25			
3/7	LARRY RICKETT WILSON COUNTY	100			
3/9	ROBT R BENTLEY 161 OAKVIEW SAN ANTONIO-TX 78209	125			
3/9	RON NEELEY CONSTRUCTION 1265H WOMAN HOLLERING RD SHERTZ TX 78154	125			

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 9 of 11

2 FILER NAME: Helen Dutmer Tres

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)
3/9	OWNER FABIAN'S PAINTING 831 FULTON ST. SAN ANTONIO-TX 78212	$300			
3/12	RUDY + MARY RAMIREZ 5107 ENCANTA, ST SAN ANTONIO-TX-78233	250			
3/13	TILLIE C. MONTALVO 4303 GOLFVIEW SAN ANTONIO-TX-78223	100			
3/13	WALLACE B COOK 1402 GREER SAN ANTONIO-TX 78210	25			
3/19	JOHN B KING 4243 FAMILY TREE SAN ANTONIO-TX 78222	25			

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 10 of 11

2 FILER NAME: Helen Dutmer Treas

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)
3/22	Ms BARTOSH 520 Winship Rd. SAN ANTONIO-TX 78064	100			
3/22	GUADALUPE (LUPITA) BALDERES PEREZ 911 PRADO SAN ANTONIO-TX 78225	50			
3/21	YOLANDA PURSE [redacted] 4510 GUADALAJARA SAN ANTONIO TX 78233	100			
3/22	REBA MALONE PO Bx 23623 SAN ANTONIO-TX-78223	50			
3/22	EWARD C. OVALLE 7115 IRBY 78223	15			

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SCHEDULE A1
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The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 PM 4:58

1 Total pages this Schedule A1: 1 of 1

2 FILER NAME: Helen Dutmer Trell

3 ACCOUNT # (Ethics Commission filers): 0

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)
3/22	JO ANN GUERRO 9311 FERNGLEN DR SAN ANTONIO - TX - 78240	15	

9 Principal occupation (Optional)

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)

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)

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)

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

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SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1 of 1

2 FILER NAME Helen Dutmer Lewis
RONALDO "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan: 1-23-03

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 ($): 7500.00

10 Interest rate: N/A

11 Maturity date: N/A

12 Description of Collateral
☐ none

13 GUARANTOR INFORMATION
☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan: 3/27/03

Is lender a financial institution? Y (N)

Name of lender: RON SEGOVIA JEWELRY + GIFTS ☐ out-of-state PAC (ID#: OWNER)

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

Loan Amount ($): 1000

Interest rate: N/A

Maturity date: N/A

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 PM 4:58

1 Total pages Schedule F: 10

2 FILER NAME: Helen Dutmer Treas

3 ACCOUNT # (Ethics Commission filers)

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-31-03	U. S. POSTAL SERVICE HACKBERRY STATION SAN ANTONIO-TX	19 00

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

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 ($)
1-31-03 2-04-03 3-18-03	U.S. POSTAL SERVICE HACKBERRY & HILLS STATIONS San Antonio TX 78210-78223	204

Purpose of payment (See instructions regarding type of information required.): PO Box-10090-78210 STAMPS

** 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 ($)
2/25	U.S POSTAL SERVICE Highland Hills Station San Antonio TX 78223	54 60

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 ($)
	DEPTAWA'S HDWE 6750 Hwy 87E China Grove 78263	11 21

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

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

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SCHEDULE F

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1 Total pages Schedule F: 2 of 11

2 FILER NAME: Helen Dutmer Pres

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/19	ALLIED ADVERTISING 3700 Blanco Rd San Antonio - TX 78212	629.10

8 Purpose of payment (See instructions regarding type of information required.): 2nd Printing T Shirts

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 ($)
2/7	Allied Advertising 3700 Blanco Rd San Antonio TX 78212	145.84

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

** 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 ($)
2/7 2/8	Allied Advertising 3700 Blanco Rd San Antonio - TX 78212	3200

Purpose of payment (See instructions regarding type of information required.): SIGNS & BANNERS

** 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 ($)
2/7	SARITAS 3023 S W W WHITE Rd San Antonio - TX 78223	850

Purpose of payment (See instructions regarding type of information required.): ~~Sign~~ ANNOUNCE PARTY

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

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 4

2 FILER NAME: Helen Dutmer Treas

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/24	MUNGUIA PRINTERS 2701 Buena Vista San Antonio TX 78207	309.22

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 ($)
2/21	PORTER POULTRY CO. INC. 5475 Hwy 90 W San Antonio, TX 78227	1107.23

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 ($)
2/19	GILBERT Studio 2310 Nogalitos San Antonio - TX 78225	75.51

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 ($)
2/28	OFFICE DEPOT #337 5W Military Hwy San Antonio TX 78214	323.37

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

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

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1 Total pages Schedule F: 11

2 FILER NAME: Helen Dittmer Treas

3 ACCOUNT # (Ethics Commission filers): 407

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/28	WALTER KEILER Co 1211 Pleasanton Rd San Antonio, TX 78214	143.80

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

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: Campaign Use Only
Office sought / Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/26	CITY OF SAN ANTONIO CITY HALL – MILITARY PLAZA San Antonio TX 78205	100

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

** 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 ($)
2/28	ALLIED ADVERTISING 3700 BLANCO Rd. San Antonio - TX 78212	611.03

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

** 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 ($)
2/28	Rou SEQUIA See Public Information Act 552.117	2000

Purpose of payment (See instructions regarding type of information required.): Repay partial Loan

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

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 16

2 FILER NAME: Helen Dutmer Trew

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/19	SPEEDY PRINT 1339 SW Military Dr. San Antonio - TX 78217	51.98 Pd Cash Inv. # 56094

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 ($)
2/21	FREDDY'S Food MKT. 132 Goliad Rd San Antonio - TX 78223	

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 ($)
1/31	LEROY C ALEX (DEPOSIT) 129 GOLIAD SUITE 129 San Antonio - TX 78223	100

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

** 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 ($)
2/1	LEROY C ALEX 109 Goliad Rd San Antonio - TX 78223	2400

Purpose of payment (See instructions regarding type of information required.)
Rent on Hdqt.
FEB 1 thru MAY 1

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

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SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 of 6

2 FILER NAME: Helen Dutmer Treas

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/14	DIRECT COMMUNICATIONS 113A GOLIAD Rd San Antonio Tx 78223	601.70

8 Purpose of payment (See instructions regarding type of information required.): Telephone Motorola Labor

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 ($)
3/12	GREATER SAN ANTONIO CHAMBER OF COMM 602 E. COMMERCE ST San Antonio TX 78205	35.59

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

** 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 ($)
3/13	SPEEDY PRINT 1339 SW Military San Antonio Tx 78227	38.84

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

** 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 ($)
3/2/03 3/26/03	HEB #13 1HR PHOTOS 3000 So NEW BRAUNFELS 1105 GOLIAD Rd	31.55

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

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

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SCHEDULE F

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1 Total Pages Schedule F: 12

2 FILER NAME: Helen Dutmer Treas

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/6	WALTER KELLER 1211 PLEASANTON Rd San Antonio - TX	121.21

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

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 ($)
3/8	ALLIED ADVERTISING 3700 BLANCO Rd San Antonio - TX 78212	629.16

Purpose of payment (See instructions regarding type of information required.): T Shirts - Bumper Stickers

** 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 ($)
3/4	MUNGUIA PRINTERS 2201 Buena Vista San Antonio TX 78207	700.31

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

** 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 ($)
3/6	MUNGUIA PRINTERS 2201 Buena Vista San Antonio - TX 78207	978.16

Purpose of payment (See instructions regarding type of information required.): Letter Heads & Cards

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

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SCHEDULE F

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9 Total pages Schedule F: 5 of 11

2 FILER NAME: Helen Dettmer Trino

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/11	DANIEL GIESLER Unknown - San Antonio TX	$250.00

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

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 ($)
3/18	MUNQUIA PRINTERS 2201 BUENA VISTA San Antonio - TX 78207	302.99

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

** 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 ($)
3/15	Southside Reporter 2203 South Hackberry San Antonio - TX 78210	142.29

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 ($)
3/6	LA PRENSA PO Bx 530768 San Antonio - TX 78283	500.00

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

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SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9 of 11

2 FILER NAME: Helen Dutmer Treas

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/15	GILBERTS PHOTOS 2310 NOGALITOS San Antonio TX 78225	75

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

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 ($)
3/14	SAN ANTONIO NEWS POBX 240022 San Antonio TX 78224	100

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 ($)
3/5	MUNGUIA PRINTERS 2201 BUENA VISTA San Antonio - TEX 78207	959.24

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

** 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 ($)
3/20	OFFICE DEPOT 2321 S W Military Dr San Antonio - TX 78224	149.33

Purpose of payment (See instructions regarding type of information required.): Env - Clip boards & Toner

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

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SCHEDULE F

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1 Total pages Schedule F: 10 of 10

2 FILER NAME: Helen Dutmer Freeo

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-30-03 3-30-03	OFFICE SUPPLIES VARIOUS STORES (Recpts ATTCH.	342.45

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 ($)
2-7-03 2-15-03 2-02-03 2-10-03 2-8-03	HOME DEPOT 527 FAIR AVE (ATTCH) San Antonio - TX 78223	239.35 223.15 263

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

** 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 ($)
3/21	PRINT & COPY - INC 2118 GOLIAD Rd San Antonio TX 78223	421.79

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 ($)
3/18	MONGUIA PRINTERS 2201 Buena Vista San Antonio TX 78207	302.79

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

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

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SCHEDULE F

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Total pages Schedule F: 11011

2 FILER NAME: Helen Dutmer Perez.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	PORTER POULTRY & EGG Co Inc 5475 Hwy 90 W San Antonio TX 78227	910 55

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
	FOOD FOR VOLUNTEERS SEE ATTACH	1701 19

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

•• 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

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SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1 of 1

2 FILER NAME: Helen Quitmeyer Chavez

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 ($)	Reimbursement from political contributions intended
2-'03 thru 3-31-03	VARIOUS STATIONS SEE ATTCH. RECPTS	GASOLINE & AUTOS	468	☐
2/12	ACME LUMBER Co 2020 CASA BLANCO San Antonio - TX 78215		16 77	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE I

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1 of 1

2 FILER NAME: Helen Dutmer, Treas.

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 ($)
3/27	SAN ANTONIO WATER SYSTEMS P O Box 2990 San Antonio Tex 78299-90 Water for Headquarters	79.07
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.	**1** Total pages Schedule H:
2 FILER NAME	**3** ACCOUNT # (Ethics Commission filers)

4 Date	**5** Business name **6** Business address; City; State; Zip Code	**7** Amount ($)

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	Business name Business 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	Business name Business 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	Business name Business 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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CREDITS (optional)

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SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

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