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

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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: 4403 | APT / SUITE #: GOLFVIEW | CITY: SAN ANTONIO | STATE: TX | 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: 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

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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

N/A

☐ additional pages

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, 2003, to certify which, witness my hand and seal of office.

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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: 1 of 8

2 FILER NAME: RONALDO "RON" H. 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	ALVIN R. LINDSEY 1022 KAYTON AVE. SAN ANTONIO - TX 78210	10.00	
Principal occupation (Optional): ENGINEER	Employer (Optional): SELF		
4/16	JESSIE F. JENKINS · JESSIE JR. WM J. 2644 WALZETKA SAN ANTONIO - TEX 78210	50.00	
Principal occupation (Optional): ENGINEER	Employer (Optional): SELF		
4/16	MARCELO R. MONTEMAYOR P.O. BX 831657 SAN ANTONIO - TX 78283	250.00	
Principal occupation (Optional): EDUCATION	Employer (Optional):		
4/16	SUSAN GARCIA/HECTOR FRAUSTO 926 S. ALAMO SAN ANTONIO - TX 78205	150.00	
Principal occupation (Optional):	Employer (Optional):		
4/16	LA MISSION INFANT CARE & LEARNING CENTER 2512 S. HACKBERRY/VILLIA FAMILY SAN ANTONIO - TX 78210	100.00	
Principal occupation (Optional): OWNERS	Employer (Optional):		

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(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: 2078

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)
4/16	EZEQUIEL ALMAGUER, JR 116 CHESTERFIELD SAN ANTONIO - TX 78223	100.00			
4/16	DAVID C. KELLUM, PC 7306 MILITARY DR. W. SAN ANTONIO - TX 78227	50.00			
4/16	FABIAN CASTILLO 124 HARRIETT DR. SAN ANTONIO - TX 78216	250.00			
4/16	ERNEST OR LENORA M. PAZ 14214 SHORT HORN ST. SAN ANTONIO - TX 78247	20.00			
	CHARLES A. GUAJARDO 3203 MORNING CREEK SAN ANTONIO - TX 78247	100.00			

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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 GENERAL SURGERY BOX 53 FT HOOD - TX 76544	100.00	
Principal occupation (Optional): M.D.	Employer (Optional): USAF		
4/17	RALPH OR GLORIA DELEON 4306 GOLFVIEW SAN ANTONIO - TX 78223	100.00	
Principal occupation (Optional):	Employer (Optional):		
4/13	HERMAN SEGOVIA 118 E. ASHBY SAN ANTONIO - TX 78212	300.00	
Principal occupation (Optional): ATTNY	Employer (Optional):		
4/9	K.H. MINTEN P O BX 17825 SAN ANTONIO - TX 78217	600.00	
Principal occupation (Optional):	Employer (Optional):		
4/14	JAMES GONZALES 517 E. WOODLAWN SAN ANTONIO - TX 78212	400.00	
Principal occupation (Optional): RESTURANT OWNER	Employer (Optional):		

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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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/14	ANTONIO FLORES, III 2555 INDIAN MEADOWS SAN ANTONIO - TX 78230	60.00	

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	RUDY GONZALES 12701 WEST AVE APT 1822 San Antonio - TEX 78216	60.00	

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	RON NEELEY 12654 WOMAN HOLLERING CRK SCHERTZ TX 78154	400.00	

Principal occupation (Optional): CONSTRUCTION CO. OWNER

Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/1	HEAVY WEIGHT GYM & AEROBICS 2115 GOLIAD RD SAN ANTONIO - TX 78223	400.00	

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	PANCHITOS - TESORO MEXICAN RESTAURANT CANTINA 4118 McCULLOCH AVE (STE 10) SAN ANTONIO - TX 78212	100.00	

Principal occupation (Optional):

Employer (Optional):

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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 5550 MOUNTAIN VISTA 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 9318 E. VALLEY VIEW LN. 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 1500 SO ZARZAMORA (STE 225) 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. 15303 TRADESMAN DR. 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 8620 N. NEW BRAUNFELS SAN ANTONIO - TX 78217 STE 513	450.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 678

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)
4/14	REX L. HARTWIG 429 JEANETTE DR CONVERSE, TX 78109	100.00	

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)
4/14	FERNANDO REYES-NORMA REYES 2 DAVENPORT LA. SAN ANTONIO-TX 78257	620.00	

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	FERNANDO S. HERNANDEZ 2 ROSSRIDGE SAN ANTONIO-TX 78248	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)
4/14	REYALDO T. LOPEZ/EVELYN A LOPEZ 2015 ~~Quiet~~ QUIET RIDGE WALK SAN ANTONIO-TX 78250	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)
3/31	ABEL M. CANCHOLA/TOMMIE CANCHOLA 2909 No. CYPRESS ST VICTORIA-TX 77901-4687	400.00	

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: 728

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)
4/14	CARMEN BERLANGA 1939 NE LOOP 410 # 200 SAN ANTONIO-TX 78217	640.00	

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)
4/14	DRS. REIMBURSEMENT SYSTEM 6026 RIDGEFIELD SAN ANTONIO-TX 78250	400.00	

Principal occupation (Optional): MEDICAL | 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	GEORGE RIVERA 101 W. EUCLID SAN ANTONIO-TX 78212	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)
3/30	ARLEAN T. TEMPLETON / JAMES TEMPLETON II 3567 LAKE TAHOE SAN ANTONIO-TX 78222	135.00	

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)
	HENRY MARTINEZ / DIANA MARTINEZ 8347 RIMLINE ST. SAN ANTONIO-TX 78251	135.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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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 (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/25	CLYDE & ROSS / CHERYL ROSS 219 COBBLE San Antonio - TEX 78216	135.00	

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)
4/14	FABIANS 831 FULTON SAN ANTONIO - TX 78212	300.00	

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)
4/11	DAGO'S 1925 PLEASONTON SAN ANTONIO - TX 78221	300.00	

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)
4/10	JCB P O BX 460633 SAN ANTONIO - TX 78246	350.00	

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

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 6

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: N

7 Name of lender: 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 ☐ none

13 GUARANTOR INFORMATION: 3/26 ☐ not applicable

14 Name of guarantor: RON SEGOVIA

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

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: N

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

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

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: 4403 GOLFVIEW

Amount Guaranteed ($): 2400.00

Principal Occupation: OWNER

Employer: —

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 5

2 FILER NAME RODALDO "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 1021 DONALDSON 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 4-9	SPEEDY PRINT P.O BX 171170 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 4418 BROADWAY 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 2201 BUENA VISTA 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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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: 2 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	5 A NEWS P O BX 240022 San Antonio TX 78224	250.00

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
ADV	

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

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
ADV	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/14	So. SIDE REPORTER 2203 So. HACKBERRY SAN ANTONIO TX 78210	761.15 VA

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
ADV	

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

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
MAIL OUTS	

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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. Pd at HEB 3524 So N BRAUNFELS AVE 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 1105 GOLIAD RD 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 2321 SW MILITARY DR 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 527 FAIR AVE 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

SCHEDULE F

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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 4700 PECAN VALLEY DR. 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 3700 BLANCO Rd. 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 3202 PITLUCK 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

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 129 Goliad Rd. 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 Bill Miller Ln @ Clark 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

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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 129 Goliad Road San Antonio-TX 78223 Food for Workers	184.52 ☐
2-6-03	Paul's Trophy & Engraving 1035-A Hot Wells Blvd. San Antonio-TX 78223 Badges	53.93 ☐
3/15	Diamond Shamrock #105 ? Gasoline etc	35.00 ☐
3-25-03 Thru 4-25-03	Ron Segovia 4403 Golfview San Antonio TX 78223 Out of Pocket (See List)	159.52 ☐
	Mi Terra Market Square San Antonio TX 78207	27.75 ☐

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages attached to 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 ($) / Reimbursement from political contributions intended
4/21	Office Depot SW Military Dr (2321) San Antonio TX 78214 Cash for Supplies	65.23 ☒ Reimbursement from political contributions intended
4/21	Office Max San Antonio TX 782? Cash Supplies	88.43 ☒ Reimbursement from political contributions intended
4/16	Walgreens Golinda @ Socross San Antonio TX 78223 Printer Cartridge + Off Supplies	47.46 ☒ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ 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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