

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms</i> NICKNAME	FIRST <i>Shirley</i> LAST	MI  SUFFIX	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 2em; font-weight: bold; transform: rotate(90deg); display: inline-block;">15 JUL 15 PM 5:00</div>  RECEIVED  CITY OF SAN ANTONIO  CITY CLERK </div>
	Gonzales			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2723 Buena Vista San Antonio, Texas 78207</i>			
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(210) 601-1536</i>			
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR  NICKNAME	FIRST <i>Kevin</i> LAST	MI  SUFFIX	Date Hand-delivered or Date Postmarked
	Barton			Receipt # Amount \$
				Date Processed
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2723 Buena Vista San Antonio, Texas 78207</i>			Date Imaged
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(210) 317-5703</i>			
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month Day Year <i>4 / 30 / 2015</i> THROUGH			Month Day Year <i>6 / 30 / 2015</i>
<b>11</b> ELECTION	ELECTION DATE Month Day Year <i>05 / 09 / 2015</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <i>City Council D5</i>		<b>13</b> OFFICE SOUGHT (if known) <i>City Council D5</i>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 15 PM 5:00

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 60.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6010.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 250.00

4. TOTAL POLITICAL EXPENDITURES

\$ 250.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

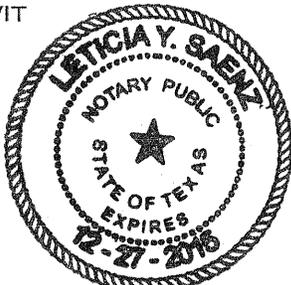
\$ 7,464.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SHIRLEY GONZALES, this the 15TH day of JULY, 20 15, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

LETICIA Y. SAENZ  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME *Shirley Gonzales* 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6010. <sup>00</sup>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0. <sup>00</sup>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0. <sup>00</sup>
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0. <sup>00</sup>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0. <sup>00</sup>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0. <sup>00</sup>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0. <sup>00</sup>
8. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0. <sup>00</sup>
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0. <sup>00</sup>
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0. <sup>00</sup>
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0. <sup>00</sup>

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 15 PM 5:00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

~~John Clary~~ Shirley Gonzales

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

John Clary

7 Amount of contribution (\$)

200.<sup>00</sup>

6 Contributor address; City; State; Zip Code

111 1st St. SA, TX 78217

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

SA Flag Football Assoc.

Amount of contribution (\$)

50.<sup>00</sup>

Contributor address; City; State; Zip Code

109 Berwick SA, Tx 78201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Alfredo de la Fuente

Amount of contribution (\$)

250.<sup>00</sup>

Contributor address; City; State; Zip Code

6202 Cherrywest Circle SA, Tx 78240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

The Gonzalez Group CPA

Amount of contribution (\$)

500.<sup>00</sup>

Contributor address; City; State; Zip Code

7800 IH 10 West SA, Tx 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 15 PM 5:00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Shirley Gonzales*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Maximo Diaz*

7 Amount of contribution (\$)

*100.<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*25411 Flint Creek SA, Tx 28255*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Martha Nicholas*

Amount of contribution (\$)

*50.<sup>00</sup>*

Contributor address; City; State; Zip Code

*3615 Ticonderoga Dr. SA, Tx 78230*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Laura N. Narvaez*

Amount of contribution (\$)

*20.<sup>00</sup>*

Contributor address; City; State; Zip Code

*10310 Charter Grove SA, Tx 78230*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Norma Flores*

Amount of contribution (\$)

*40.<sup>00</sup>*

Contributor address; City; State; Zip Code

*12106 Aronel St SA, Tx 78231*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RECEIVED  
 CITY OF SAN ANTONIO  
 CITY CLERK

15 JUL 15 PM 5:00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Shirley Gonzales

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Eloise Gonzales

7 Amount of contribution (\$)

500.<sup>00</sup>

6 Contributor address; City; State; Zip Code

2710 Buena Vista SA, TX 78207

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bill Fitzgibbons

Amount of contribution (\$)

300.<sup>00</sup>

Contributor address; City; State; Zip Code

203 Stuffed SA, TX 78213

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Edward C. Collin III

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

114 Camp St Unit SA, TX 78204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Boyan Kalusevic

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

326 Adrian SA, TX 78213

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 15 PM 5:00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Shirley Gonzales*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Magdalena Rodriguez*

7 Amount of contribution (\$)

*500.<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*6110 Meadow Pleasant SA, Tx 78222*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Boyan Kalusevic*

Amount of contribution (\$)

*100.<sup>00</sup>*

Contributor address; City; State; Zip Code

*326 Adair Dr. SA, Tx 78213*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Maria C Rodriguez*

Amount of contribution (\$)

*500.<sup>00</sup>*

Contributor address; City; State; Zip Code

*2623 Barney Ave SA, Tx 78237*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Eugene Rodriguez*

Amount of contribution (\$)

*200.<sup>00</sup>*

Contributor address; City; State; Zip Code

*6410 Viewpoint SA, Tx 78229*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RECEIVED  
 CITY OF SAN ANTONIO  
 CITY CLERK  
 15 JUL 15 PM 5:00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Shirley Gonzales*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Nily Falic*

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

*9999 Collins Ave Bal Harbour, FL 33154*

*500.<sup>00</sup>*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Gilda S. Falic*

Amount of contribution (\$)

Contributor address; City; State; Zip Code

*145 Biscoy Dr BAL HARBOUR 33154*

*500.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*TRE PAC / Tx Assoc. of Realtors*

Amount of contribution (\$)

Contributor address; City; State; Zip Code

*P.O. Box 2246 Austin, TX 78768*

*500.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Peter Holt*

Amount of contribution (\$)

Contributor address; City; State; Zip Code

*2191 Little Blanco SA, TX 78606*

*500.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

15 JUL 15 PM 5:00

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Shirley Gonzales*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Juliana Holt*

7 Amount of contribution (\$)

*500.<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*2191 Little Blanco SA, Tx 78606*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RECEIVED  
 CITY OF SAN ANTONIO  
 CITY CLERK  
 15 JUL 15 PM 5:01

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