## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G                     | uide explains how to complete this form.   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:  |  |  |
|--|--|--|---|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER              | MS (MRS)/ MR FIRST                         | E,MI   | OFFICE USE ONLY   |  |  |
| NAME                                       | NICKNAME LAST GONZALE                      | SUFFIX   | Date Received   |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #;  Redacted | CITY; STATE; ZIP CODE  | OCT 0 5 2020  By 6F   |  |  |
| Change of Address                          |  |  |   |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE      | Redacted PHONE NUMBER                      | EXTENSION  | Date Hand-delivered or Date Postmarked                            |  |  |
| 6 CAMPAIGN                                 | MS / MRS / MR FIRST                        | МІ   | Receipt # Amount \$   |  |  |
| TREASURER<br>NAME                          | NICKNAME LAST                              | SUFFIX   | Date Processed  |  |  |
|  | GONZALE                                    | · S  | Date Imaged   |  |  |
| 7 CAMPAIGN                                 | STREET ADDRESS (NO PO BOX PLEASE); AP      | State of the state | STATE; ZIP CODE   |  |  |
| TREASURER<br>ADDRESS                       | Redacted                                   |  | 3,112   |  |  |
| (Residence or Business)                    |  |  |   |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE           | Redacted PHONE NUMBER                      | EXTENSION  |   |  |  |
| 9 REPORT TYPE                              | January 15 30th day bef                    |  | 15th day after campaign treasurer appointment (Officeholder Only) |  |  |
|  | July 15 8th day before                     | re election Exceeded \$500 limit   | Final Report (Attach C/OH - FR)                                   |  |  |
| 10 PERIOD<br>COVERED                       | Month Day Year                             | THROUGH 9  | Day Year / 24 / 2020  |  |  |
| 11 ELECTION                                | ELECTION DATE  Month Day Year Prin         | Description  |   |  |  |
| 12 OFFICE                                  | OFFICE HELD (if any)                       | 13 OFFICE SOUGHT (If know) SAN Felipe BOARD O  | Del RIO CISD<br>FTRUSTEE PLACE VI                                 |  |  |
| GO TO PAGE 2                               |  |  |   |  |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME   | Tana E. (  | Soprales  | 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 SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTION OF SUCH EXPENDITURES. |   |  |  |  |
|  | COMMITTEE TYPE   | COMMITTEE NAME  |  |  |  |
|  | GENERAL  | -   |  |  |  |
|  | SPECIFIC   | COMMITTEE ADDRESS   |  |  |  |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME   |  |  |  |
| Additional Pages   |  | COMMITTEE CAMBUON TREADURED ADDRESS   |  |  |  |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |  |  |
| 17 CONTRIBUTION<br>TOTALS  | PLEDGI   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH<br>ES, LOANS, OR GUARANTEES OF LOANS, OR<br>BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED |  |  |  |
|  | 1/24-1/10/10/10  | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 130.00                              |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 38,   |   | \$ 38,97                               |  |  |
|  |  |   | \$ 38,97                               |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD   |   | DAY \$ 372.32                          |  |  |
| OUTSTANDING<br>LOAN TOTALS   |  | AL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE T DAY OF THE REPORTING PERIOD \$   |  |  |  |
| 18 AFFIDAVIT   |  |   |  |  |  |
| 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.  **NOTARY PUBLIC - STATE OF TEXAS**  **IDIS** 7 1 7 8 2 5 2  **COMM. EXP. 05-01-2021**  **IDIS** 7 1 7 8 2 5 2  **COMM. EXP. 05 |  |   |  |  |  |
| <b>"</b>   | ***************************************  | Signature of Cano   | didate or Officeholder                 |  |  |
| AFFIX NOTARY STAMP / SEALABOVE   |  |   |  |  |  |
| Sworn to and subscribed before me, by the said Diana E. Gonzales , this the 5th  |  |   |  |  |  |
| Sworn to and subscribed before me, by the said <u>Diana E. Gonzales</u> , this the <u>5th</u> day of <u>October</u> , 20 <u>30</u> , to certify which, witness my hand and seal of office.   |  |   |  |  |  |
| Betty Falcon Betty Falcon Notary Public  |  |   |  |  |  |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath   |  |   |  |  |  |