

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Ivalis M Gonzalez

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34715.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7359.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23027.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

***** Electronically Certified *****

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ivalis M Gonzalez, this the 15th day of July, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Ivalis M Gonzalez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 32884.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1831.04
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5519.29
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 920.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 920.00
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.48

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
4/3/2024

5 Full name of contributor out-of-state PAC (ID# _____)
David Adelman

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1221 Broadway #104
San Antonio, TX 78215**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
AREA Real Estate, LLC

Date
4/19/2024

Full name of contributor out-of-state PAC (ID# _____)
Ivalis Gonzalez

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**PO Box 782094
San Antonio, TX 78278**

Principal occupation / Job title (See instructions)
Associate

Employer (See instructions)
Andrade-Van de Putte & Associates

Date
4/24/2024

Full name of contributor out-of-state PAC (ID# _____)
Christian Archer

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**134 W. Mistletoe Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self

Date
5/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Sarah McLornan

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**115 Paloma Dr.
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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 of 30
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 5/1/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Luisa Cesar	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4336 Millstead St San Antonio, TX 78230		
8 Principal occupation / Job title (See instructions) Communication		9 Employer (See instructions) The Gas Leaks Project
Date 5/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald Brinkman	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1305 Moss Loop Lake Charles, LA 70605		
Principal occupation / Job title (See instructions) Engineer		Employer (See instructions) CSRS, LLC
Date 5/3/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Wong	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 722 S. St. Marys St. San Antonio, TX 78205		
Principal occupation / Job title (See instructions) President		Employer (See instructions) Lisas Cafe
Date 5/5/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Meza	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 13707 Cape Bluff San Antonio, TX 78216		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired

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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:
3 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
5/6/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Roger Caballero

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**6123 Sinclair Rd.
San Antonio, TX 78222**

8 Principal occupation / Job title (See instructions)
Executive Director

9 Employer (See instructions)
Madonna Center

Date
5/10/2024

Full name of contributor out-of-state PAC (ID# _____)
Frank Herrera Jr

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**105 Blackhawk Trl
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Herrera Law Firm

Date
5/10/2024

Full name of contributor out-of-state PAC (ID# _____)
Ceilia Herrera

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**105 Blackhawk Trl
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/12/2024

Full name of contributor out-of-state PAC (ID# _____)
Danny Meza

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**929 Florida Ave
Washington, DC 20001**

Principal occupation / Job title (See instructions)
Government Affairs

Employer (See instructions)
Raben Group

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
5/14/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Linebarger Goggan Blair & Sampson, LLP

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
5/15/2024

Full name of contributor out-of-state PAC (ID# _____)
Localism

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2222 San Pedro
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/16/2024

Full name of contributor out-of-state PAC (ID# _____)
Bryan Lopez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1112 E. Quincy
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
CJMA

Date
5/16/2024

Full name of contributor out-of-state PAC (ID# _____)
Summer Greathouse

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**125 West Agarita Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
Bracewell

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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: 5 of 30
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Burney	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 112 E. Pecan #161 San Antonio, TX 78205		
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Martin & Drought, P.C.
Date 5/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martina Hinojosa	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 825 Wiltshire Ave. San Antonio, TX 78209		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Bracewell LLP
Date 5/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sara Villarreal	Amount of contribution (\$) 375.00
Contributor address; City; State; Zip Code 123 Park Drive San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Homemaker		Employer (See instructions) Homemaker
Date 5/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Meza	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 4223 Shavano Woods San Antonio, TX 78249		
Principal occupation / Job title (See instructions) Ritired		Employer (See instructions) Retired

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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:
6 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
5/19/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Jose Villarreal

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**118 Park Hill Dr
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
5/21/2024

Full name of contributor out-of-state PAC (ID# _____)
Jane Velasquez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**5939 Woodridge Rock
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/21/2024

Full name of contributor out-of-state PAC (ID# _____)
Carmen Velasquez-Avila

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**5939 Woodridge Rock
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Director

Employer (See instructions)
Palo Alto College

Date
5/21/2024

Full name of contributor out-of-state PAC (ID# _____)
Kathleen Vale

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**343 Springwood Lane
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
HD116 District Director

Employer (See instructions)
Rep. Trey Martinez Fischer

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
5/21/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Jim Campbell

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**524 King William St
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
Self

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
George Mery

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5157 Blanco Rd. #E
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Elegant Limousine and Charter

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Maximilian Navarro

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**23207 Linwood Ridge
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Operation Technology

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Sonia Gonzalez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**5910 Wales
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Linebarger Goggan Blair & Sampson, LLP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 30
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janie Barrera	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 228 Washington San Antonio, TX 78204		
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See instructions) Webneed
Date 5/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George Long	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 23211 Linwood Ridge San Antonio, TX 78255		
Principal occupation / Job title (See instructions) Financial Professional		Employer (See instructions) Long Life Financial
Date 5/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ralph Domas	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 19307 Atoko Way San Antonio, TX 78256		
Principal occupation / Job title (See instructions) Professor		Employer (See instructions) SAC
Date 5/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda George	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 13163 Hunters Brook San Antonio, TX 78230		
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Self employed

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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:
9 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
5/22/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Ayse Derman

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**14319 Hill Prince
San Antonio, TX 78248**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Niche

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Rose Reyes

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**217 Carolwood Dr.
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Giant Noise

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Geraldine Garcia

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**300 E. Basse #2520
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self employed

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Minerva Sanchez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3711 River Falls
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self employed

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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:
10 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
5/22/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Elizabeth Flores

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**8623 Shady MTN
San Antonio, TX 78254**

8 Principal occupation / Job title (See instructions)
realtor

9 Employer (See instructions)
Self employed

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Albert Carrisalez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**111 W. Huisache Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Government Relations

Employer (See instructions)
UTSA

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Narciso Cano

Amount of contribution (\$)
99.00

Contributor address; City; State; Zip Code
**9202 Standing Creek LN
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Business Owner

Employer (See instructions)
Self employed

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Lynnell Burkett

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**23 Donore Square
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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:
11 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
5/22/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Carmen Puente

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**108 Villa Ann
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Chief Executive Officer

9 Employer (See instructions)
Carmens Cleaning Service

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
John Montford

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1 Buckingham CT
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
President & CEO

Employer (See instructions)
JTM Consulting

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
USAA Employee Potitical Action Committee

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9800 Fredericksburg Rd.
San Antonio, TX 78288**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Catherine Torres-Stahl

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**21715 Chaucer Hill
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)
Judge

Employer (See instructions)
State of Texas

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
5/22/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Yasmeen Agha

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**25843 Scenic Rock
San Antonio, TX 78255**

8 Principal occupation / Job title (See instructions)
Doctor

9 Employer (See instructions)
Dominion family healthcare

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Rashid Atique

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**25843 Scenic Rock
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Dominion Family Healthcare

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Habib Ullah

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3326 Falling Creek
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Sunshine Laundrymat

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Grant T Jacobson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**124 East Edgewood Place
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Momentum Advisory Services

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
5/22/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Blake Yantis

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**6812 West Ave
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Mosaic Land Development

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Cacie Madrid

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**4023 Bentwood St
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)
Director of Policy

Employer (See instructions)
Onyx Political Affairs

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Chris Cox

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**219 Alexander Hamilton Dr
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Director of Business Development

Employer (See instructions)
Aramark

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Ginger Diaz

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**5150 Broadway
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Feliz Modern

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 30
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Val Garcia	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1354 North Loop 1604 East San Antonio, TX 78232		
8 Principal occupation / Job title (See instructions) Chief Executive Officer		9 Employer (See instructions) Trusted Driver Inc.
Date 5/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Perez	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4723 Rollingfield Drive San Antonio, TX 78228		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 5/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Debra Guerrero	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3915 Skylark Ave San Antonio, TX 78210		
Principal occupation / Job title (See instructions) Senior VP of Strategic Partnership		Employer (See instructions) The NRP Group
Date 5/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katie Ferrier	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 13530 Norland St. San Antonio, TX 78232		
Principal occupation / Job title (See instructions) VP		Employer (See instructions) Greater SA Chamber

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
5/24/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Rene Gonzalez

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**7500 Callaghan
San Antonio, TX 78229**

8 Principal occupation / Job title (See instructions)
CPA

9 Employer (See instructions)
The Gonzales Group CPAs

Date
5/25/2024

Full name of contributor out-of-state PAC (ID# _____)
Teresa Nino

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**529 Elsmere Place
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Administrative

Employer (See instructions)
University of Texas at San Antonio

Date
5/28/2024

Full name of contributor out-of-state PAC (ID# _____)
Ayda Gonzalez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4800 Fredericksburg
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Civil Engineer

Employer (See instructions)
AG3

Date
5/29/2024

Full name of contributor out-of-state PAC (ID# _____)
Elizabeth Fauerso

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**216 Carolwood Dr.
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
EBF development and design studio

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 30
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilberto Ocañas 6 Contributor address; City; State; Zip Code 7 Champions Run San Antonio, TX 78258	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Public Affairs		9 Employer (See instructions) Ocabas Group
Date 6/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew Starr Contributor address; City; State; Zip Code 7334 Blanco Rd #200 San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Foresight Asset Management
Date 6/6/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lonna Atkinson Contributor address; City; State; Zip Code 11717 Whisper Dew San Antonio, TX 78230	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Realtor/Property Manager		Employer (See instructions) Lonna Atkinson Sent
Date 6/6/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Joeris Contributor address; City; State; Zip Code PO Box 790086 San Antonio, TX 78279	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Chief Executive Officer		Employer (See instructions) Joeris General Contractors

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 30
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 6/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lillian Riojas	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code PO Box 90984 San Antonio, TX 78209		
8 Principal occupation / Job title (See instructions) Executive Director, Public Relations and Creative Services		9 Employer (See instructions) Valero
Date 6/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martha Martinez	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 319 West Kings Hwy San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Creative Director		Employer (See instructions) MM Creative LLC Sent
Date 6/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erika Gonzalez	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 238 West Kings Hwy San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) STAAMP Allergy Sent
Date 6/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claudia Gonzalez	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 103 Squires Row San Antonio, TX 78213		
Principal occupation / Job title (See instructions) Marketing		Employer (See instructions) STAAMP Allergy Sent



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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/11/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Catarina Velasquez

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**124 Clay
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
Self employed

Date
6/11/2024

Full name of contributor out-of-state PAC (ID# _____)
Norma Rodriguez

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**2101 West Summit Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/11/2024

Full name of contributor out-of-state PAC (ID# _____)
Eduardo Parra

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**28 Grantham Glen
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Civil Engineer

Employer (See instructions)
Parra & Co

Date
6/13/2024

Full name of contributor out-of-state PAC (ID# _____)
Ishmael Abuabara

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**12 Florida Ave NE
Washington, DC 20002**

Principal occupation / Job title (See instructions)
Legislative Assistant

Employer (See instructions)
House of Representatives

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19 of 30
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 6/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christina LeDoux	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 16906 Mt. Everest San Antonio, TX 78232		
8 Principal occupation / Job title (See instructions) Account Manager		9 Employer (See instructions) Unitedhealthcare
Date 6/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monica Balderrama	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8710 Santa Fe Cove Helotes, TX 78023		
Principal occupation / Job title (See instructions) Senior Tax Manager		Employer (See instructions) Kelly S Mathews LLC
Date 6/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian Halderman	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3834 Hunters Hawk San Antonio, TX 78230		
Principal occupation / Job title (See instructions) Sales Management		Employer (See instructions) GivePulse
Date 6/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Louis Escareno	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2717 W. Martin St. San Antonio, TX 78207		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
20 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/18/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Lawrence Barocas

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**215 Annie #E
Olmos Park, TX 78212**

8 Principal occupation / Job title (See instructions)
Financial Advisor

9 Employer (See instructions)
Snowden Lane

Date
6/18/2024

Full name of contributor out-of-state PAC (ID# _____)
Joyce Townsend

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**15662 Robin Ridge
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/19/2024

Full name of contributor out-of-state PAC (ID# _____)
Arthur Campsey

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**323 W. Gramercy Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Physician assistant

Employer (See instructions)
Kellum Physician Partners

Date
6/19/2024

Full name of contributor out-of-state PAC (ID# _____)
Wade Becker

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**323 W. Gramercy Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Texas Institute for Medical Education and Research

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
21 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/20/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Timothy Carrasco

7 Amount of contribution (\$)
40.00

6 Contributor address; City; State; Zip Code
**6963 Willow Oak Drive
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
Part time Teacher

9 Employer (See instructions)
SAISD

Date
6/20/2024

Full name of contributor out-of-state PAC (ID# _____)
Fermin Rajunov

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**5 Wayward Oaks
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Cultiva Financial

Date
6/20/2024

Full name of contributor out-of-state PAC (ID# _____)
Marco Barros

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**14018 Sage Bluff Circle
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Marco Barros Management

Date
6/21/2024

Full name of contributor out-of-state PAC (ID# _____)
Virginia Sandoval

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**6963 Willow Oak Street
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Release Train Engineer

Employer (See instructions)
USAA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
22 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/24/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Jamie Kowalski

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**21218 Harvets Hills
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Corporate Relations

9 Employer (See instructions)
RK Group

Date
6/25/2024

Full name of contributor out-of-state PAC (ID# _____)
Paul Ruiz

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**634 Spacious Sky
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/25/2024

Full name of contributor out-of-state PAC (ID# _____)
Adel Hernandez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**506 Royal Court
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/25/2024

Full name of contributor out-of-state PAC (ID# _____)
Brown & McDonald PLLC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**100 NE Loop 410 #1385
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
23 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/25/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Melanie Tawil

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2 Davenport Ln
San Antonio, TX 78257**

8 Principal occupation / Job title (See instructions)
Business Owner

9 Employer (See instructions)
Swipetrack Solutions LLC

Date
6/25/2024

Full name of contributor out-of-state PAC (ID# _____)
Elisa Bernal

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3010 Whisper Fern Street
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/26/2024

Full name of contributor out-of-state PAC (ID# _____)
Alda Rendon

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**123 Broadcrest Drive
San Antonio, TX 78045**

Principal occupation / Job title (See instructions)
Administrator

Employer (See instructions)
Border Region Behavioral Health Center

Date
6/26/2024

Full name of contributor out-of-state PAC (ID# _____)
Elias Reyna

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**2171 West Kings Highway
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
24 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Blandina Cardenas

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**11185 Coleto Street
Austin, TX 78702**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
6/26/2024

Full name of contributor out-of-state PAC (ID# _____)
Lupe Ochoa

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**4231 Volcano Way
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)
Provider

Employer (See instructions)
American Medical

Date
6/26/2024

Full name of contributor out-of-state PAC (ID# _____)
Larry Garcia

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**367 Saratoga
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Business Owner

Employer (See instructions)
self employe

Date
6/26/2024

Full name of contributor out-of-state PAC (ID# _____)
Michael McChesney

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**403 Circle Street
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
25 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Victoria Salas

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**1315 N. Trinity St.
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)
Director

9 Employer (See instructions)
Interfaith Coalition and Immigrant Resource Center

Date
6/27/2024

Full name of contributor out-of-state PAC (ID# _____)
Joe Meza

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**4334 Shavano Woods
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/27/2024

Full name of contributor out-of-state PAC (ID# _____)
Kevin Matula

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**9800 Fredericksburg Road
San Antonio, TX 78288**

Principal occupation / Job title (See instructions)
Director

Employer (See instructions)
USAA

Date
6/27/2024

Full name of contributor out-of-state PAC (ID# _____)
Laura Vaccaro

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**306 Pershing Avenue
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
Kronkosky Foundation

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
26 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/27/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Robert Gonzalez

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**8524 Burnet Road #223
Austin, TX 78757**

8 Principal occupation / Job title (See instructions)
Government Relations Specialist

9 Employer (See instructions)
Health and Human Services Commission

Date
6/27/2024

Full name of contributor out-of-state PAC (ID# _____)
Hilda Levine

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4406 Black Walnut Woods
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/27/2024

Full name of contributor out-of-state PAC (ID# _____)
Arturo Gallegos

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**6511 Maverick Oak Dr
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
Academia America

Date
6/28/2024

Full name of contributor out-of-state PAC (ID# _____)
Belinda Benavidez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7310 Canterfield
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Director, Estate and Gift Planning

Employer (See instructions)
American Cancer Society

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
27 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/28/2024

5 Full name of contributor out-of-state PAC (ID# _____)
John Aleman

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**717 W. Ashby
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Selrico Services

Date
6/28/2024

Full name of contributor out-of-state PAC (ID# _____)
Christina Aleman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**717 W. Ashby
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Director of Marketing and Business Development

Employer (See instructions)
Selrico Services

Date
6/28/2024

Full name of contributor out-of-state PAC (ID# _____)
Robert Levine

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4406 Black Walnut Woods
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/28/2024

Full name of contributor out-of-state PAC (ID# _____)
Esmeralda Rodriguez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7186 Shady Grove
San Antonio, TX 78227**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
28 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/29/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Jennifer Ramos

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**5910 Wales St
San Antonio, TX 78223**

8 Principal occupation / Job title (See instructions)
Client Advisor

9 Employer (See instructions)
Half

Date
6/29/2024

Full name of contributor out-of-state PAC (ID# _____)
Elva Benavidez

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**63 Benavidez Rd.
Eagle Pass, TX 78852**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
6/30/2024

Full name of contributor out-of-state PAC (ID# _____)
Ana Gonzalez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1218 Butler Rd
Eagle Pass, TX 78852**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/30/2024

Full name of contributor out-of-state PAC (ID# _____)
Kevin Barton

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1 Molas Dr.
Durango, CO 81301**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Pedal the Peaks

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
29 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/30/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Shirley Gonzales

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1 Molas Dr.
Durango, CO 81301**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Pedal the Peaks

Date
6/30/2024

Full name of contributor out-of-state PAC (ID# _____)
Eloise Gonzales

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1 Molas Dr.
Durango, CO 81301**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/30/2024

Full name of contributor out-of-state PAC (ID# _____)
Regina Shattles

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1753 Fox Tree Lane
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Holly D Shull & Associates

Date
6/30/2024

Full name of contributor out-of-state PAC (ID# _____)
Sonia Rodriguez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3859 Tupelo Ln
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
Cowen Rodriguez Peacock

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
30 of 30

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
6/30/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Roger Rodriguez

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**403 Bertetti Drive
San Antonio, TX 78227**

8 Principal occupation / Job title (See instructions)
Architect

9 Employer (See instructions)
KNRG Architects

Date
6/30/2024

Full name of contributor out-of-state PAC (ID# _____)
Yvette Duenas

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**11431 Creekwood Hills Ln
Houston, TX 77070**

Principal occupation / Job title (See instructions)
Partner/Portfolio Manager

Employer (See instructions)
Garcia Hamilton & Associates

Date
6/30/2024

Full name of contributor out-of-state PAC (ID# _____)
Clermont LLC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7334 Blanco Rd #200
San Antonio, TX 78216**

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 2
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 5/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clif Douglass 7 Contributor address; City; State; Zip Code 606 Garraty Rd San Antonio, TX 78209	8 Amount of Contribution \$ 457.76 9 In-kind contribution description Food and drink for fundraiser <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 5/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jane Macon Contributor address; City; State; Zip Code 300 Convent St San Antonio, TX 78205	Amount of Contribution \$ 457.76 In-kind contribution description Food and drink for fundraiser <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 of 2
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 5/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JTM Consulting	8 Amount of Contribution \$ 457.76
	7 Contributor address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257	9 In-kind contribution description Food and drink for fundraiser
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 5/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laddie Denton	Amount of Contribution \$ 457.76
	Contributor address; City; State; Zip Code 11 Lynn Batts San Antonio, TX 78281	In-kind contribution description Food and drink for fundraise
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 6	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
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4 Date 4/30/2024	5 Payee name IHOP
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6 Amount (\$) 20.71	7 Payee address; City; State; Zip Code 3820 Broadway San Antonio, TX 78209
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast with constituent
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/30/2024	Payee name Commonweath Coffee
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Amount (\$) 14.11	Payee address; City; State; Zip Code 118 Davis Ct San Antonio, TX 78209
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Coffee with donor
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/30/2024	Payee name Anedot
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Amount (\$) 20.39	Payee address; City; State; Zip Code 1201 W Peachtree St NW Atlanta, GA 30309
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit card processing fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 6	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 5/1/2024	5 Payee name Pan Dulce Bakery & Cafe	
6 Amount (\$) 7.14	7 Payee address; City; State; Zip Code 8055 West Ave #107 Castle Hills, TX 78213	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Coffee with donor
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 5/3/2024	Payee name Abuelas Mexican Restaurant		
Amount (\$) 28.67	Payee address; City; State; Zip Code 2313 NW Military Hwy San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Breakfast with constituent	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date 5/23/2024	Payee name Go Daddy.com		
Amount (\$) 35.11	Payee address; City; State; Zip Code 2150 E Warner Rd Tempe, AZ 85284		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description URL	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 6	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2024	5 Payee name Go Daddy.com	
6 Amount (\$) 25.46	7 Payee address; City; State; Zip Code 2150 E Warner Rd Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Web hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 5/31/2024	Payee name Anedot		
Amount (\$) 319.10	Payee address; City; State; Zip Code 1201 W Peachtree St NW Atlanta, GA 30309		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit card processing fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 6/4/2024	Payee name Office Depot		
Amount (\$) 54.09	Payee address; City; State; Zip Code 150 N. Crossroads Balcones Heights, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Office Expense	Description Thank you cards	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 6	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 6/4/2024	5 Payee name USPS	
6 Amount (\$) 68.00	7 Payee address; City; State; Zip Code 2400 McCullough Ave San Antonio, TX 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Office Expense	(b) Description Postage
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 6/14/2024	Payee name Hemisfair Garage		
Amount (\$) 2.00	Payee address; City; State; Zip Code 623 Hemisfair Blvd San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Parking	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 6/20/2024	Payee name Kathy Franklin		
Amount (\$) 175.00	Payee address; City; State; Zip Code 1010 Summer Dr San Antonio, TX 78218		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Styling services	Description Styling services for photoshoot	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 6	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 6/20/2024	5 Payee name Siggi Ragnor	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 2903 Larkwood Dr San Antonio, TX 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Photography	(b) Description Photography
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 6/20/2024	Payee name VIVA Politics		
Amount (\$) 4000.00	Payee address; City; State; Zip Code 1850 Fredericksburg Rd San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 6/21/2024	Payee name Walgreens		
Amount (\$) 17.31	Payee address; City; State; Zip Code 3326 Frederiickburg Road San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Water and snacks	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 6	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2024	5 Payee name Anedot	
6 Amount (\$) 432.20	7 Payee address; City; State; Zip Code 1201 W Peachtree St NW Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Credit card processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date 4/20/2024	6 Payee name Texas Democratic Pary
-----------------------------------	---

7 Amount (\$) 920.00	8 Payee address; City; State; Zip Code 314 Highland Blvd Austin, TX 78752
---------------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Voter Data Subscription	(b) Description Voter Data Subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 1 of 1	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2024	5 Payee Name Texas Democratic Pary	
6 Amount (\$) 920.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 314 Highland Blvd Austin, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Voter Data Subscription	(b) Description Voter Data Subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date

6/7/2024

5 Name of person from whom amount is received

Frost Bank

8 Amount (\$)

0.48

6 Address of person from whom amount is received; City; State; Zip Code

111 W Houston St #100
San Antonio, TX 78205

7 Purpose for which amount is received

Interest earned on funds on deposit

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME
Ivalis M Gonzalez

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder