CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete t		Filer ID (Ethics Comm	nission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRS		мі м		OFFICE US	SE ONLY
NAME	NICKNAME LAS		SUFFIX		Date Received 5/30/2025 5:12:0	зРМ
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX; APT / SUI PO Box 782094 San Antonio TX 78278		STATE; ZIF	CODE		
OFFICEHOLDER PHONE	(210) 598-907		EXTENSION		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRS	ST anie	MI		Receipt #	Amount \$
NAME	NICKNAME LAS		SUFFIX		Date Processed 5/30/2025 5:12:03 Date Imaged	ЗРМ
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO 2 Davenport Lane San Antonio TX 78257 AREA CODE PHONE NUI (210) 323-938	MBER	SUITE#; CITY EXTENSION	; STA	ATE; ZIP CODE	
9 REPORT TYPE	8th Day Before Runoff					
10 PERIOD COVERED	Month Da	y Year		Month	Day Year	
	4/24/20	025	THROUGH	5/2	8/2025	
11 ELECTION	ELECTION DATE Month Day Year 6/7/2025	Primary General	X Runoff Special	CTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any) N/A			ICE SOUGHT uncil Distric		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID) (Ethics Commission Filers)	
Ivalis M Gonzalez						
16 NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEES TO SUF THE CANDIDATE'S	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL	GENERAL COMMITTEE ADDRESS				
	SPECIFIC					
Additional Pages		COMMITTEE CAMPA	IGN TREASURER NAME			
		COMMITTEE CAMPA	IIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 1. PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0				0	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR O			GUARANTEES OF LOANS)	\$	82450.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	0		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	35340.11	
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	60075.16	
OUTSTANDING LOAN TOTALS	0.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	0	
18 AFFIDAVIT						
			I swear, or affirm, under penalty of is true and correct and includes all me under Title 15, Election Code.			
* * * Electronically Certified * * *						
			Signature of Candidat	te or Officeho	older	
AFFIX NOTARY STAM						
Sworn to and subscribe	•	•		this t	he <u>30th</u> day	
of <u>May</u> ,	20 25 , to certify	which, withess my hand	u and seal of office.			
Signature of officer adn	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath	

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission F	Filers)				
	Ivalis M Gonzalez	valis M Gonzalez					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			IBTOTAL IOUNT			
1.	X SCHEDULE A1: MONETARY POLITICAL	AL CONTRIBUTIONS	\$ 824:	50.00			
2.	X SCHEDULE A2: NON-MONETARY (IN-K	KIND) POLITICAL CONTRIBUTIONS	\$ 0				
3.	X SCHEDULE B: PLEDGED CONTRIBUTION	X SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	X SCHEDULE E: LOANS	\$ 0					
5.	X SCHEDULE F1: POLITICAL EXPENDITU	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	X SCHEDULE F2: UNPAID INCURRED OF	BLIGATIONS	\$ 0				
7.	X SCHEDULE F3: PURCHASE OF INVEST	STMENTS MADE FROM POLITICAL CONTRIBUTION	\$ 0				
8.	X SCHEDULE F4: EXPENDITURES MADE	E BY CREDIT CARD	\$ 0				
9.	X SCHEDULE G: POLITICAL EXPENDITU	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	X SCHEDULE H: PAYMENT MADE FROM	// POLITICAL CONTRIBUTIONS TO A BUSINESS OF	*C/OH				
11.	X SCHEDULE I: NON-POLITICAL EXPEND	DITURES MADE FROM POLITICAL CONTRIBUTION	NS \$0				
12.	SCHEDULE K: INTEREST, CREDITS, G RETURNED TO FILER	GAINS, REFUNDS, AND CONTRIBUTIONS	\$ 0				

SCHEDULE A1

	•	The Instruction Guide explains how to complete this t	orm.	1 Total pages Schedule A1: 1 of 64
2	FILER NAME Ivalis M Gonza	lez		3 Filer ID (Ethics Commission Filers)
4	Date 4/24/2025	5 Full name of contributor ut-of-state PA Helen Torres	C (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; S 3959 Currant Lane San Bernardino , CA 92407	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Self employed	actions)
	Date 4/25/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 12555 Valle De Zavala San Antonio, TX 78249	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	actions)
	Date 4/29/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 299 Cooper Street Brooklyn , NY 11237	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru self employed	actions)
	Date 4/29/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 299 Cooper Street Brooklyn , NY 11237	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	actions)

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SCHEDULE A1

	Т	he Instruction Guide explains how t	o complete this	form.		1 Total pages Schedule A1: 2 of 64
2	FILER NAME Ivalis M Gonzal	ez				3 Filer ID (Ethics Commission Filers)
4	Date 5/1/2025	 5 Full name of contributor Castro for Congress 6 Contributor address; PO Box 544 San Antonio, TX 78215 	out-of-state P/) Code	7 Amount of contribution (\$) 500.00
8	Principal occupa Congressman	tion / Job title (See instructions)		9 Employe U.S Con	er (See instru	ctions)
	Date 5/4/2025	Full name of contributor Kay Meyer Contributor address; 3626 Hunters Trail San Antonio, TX 78230	out-of-state P/) Code	Amount of contribution (\$) 50.00
	Principal occupa	tion / Job title (See instructions)		Employe retired	er (See instru	ctions)
	Date 5/4/2025	Full name of contributor Chris Wheat	out-of-state Pr) 	Amount of contribution (\$) 250.00
	Principal occupa Managing Direct	tion / Job title (See instructions) tor			er (See instru nture Fund	ctions)
	Date 5/4/2025	Full name of contributor Lupe Ochoa Contributor address; 4231 Volcano Way San Antonio, TX 78237	out-of-state P/) Code	Amount of contribution (\$) 25.00
	Principal occupa Provider	tion / Job title (See instructions)			er (See instru an Medical	ctions)

Forms provided by Texas Ethics Commission

Revised 01/01/2021

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

SCHEDULE A1

	Ţ	he Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 3 of 64
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/5/2025	5 Full name of contributor ☐ out-of-state Timothy Carrasco	PAC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; 6963 Willow Oak Drive San Antonio, TX 78249	State; Zip Code	
8	Principal occupa Teacher	tion / Job title (See instructions)	9 Employer (See instru UNAM	ictions)
	Date 5/5/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; 5923 Woodridge Rock San Antonio, TX 78249	State; Zip Code	
Principal occupation / Job title (See instructions) Consultant		Employer (See instru	ictions)	
	Date 5/5/2025	Full name of contributor Elizabeth Fauerso Contributor address; City;	PAC (ID#) State; Zip Code	Amount of contribution (\$) 500.00
		216 Carolwood Dr San Antonio, TX 78213		
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/5/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 12726 Cranes Mill San Antonio, TX 78230	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ictions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 64
2	FILER NAME Ivalis M Gonza	alez		3 Filer ID (Ethics Commission Filers)
4	Date 5/5/2025	Frank Burney	C (ID#)	7 Amount of contribution (\$) 500.00
		San Antonio, TX 78205		
8	Principal occup Attorney	pation / Job title (See instructions)	9 Employer (See instru Martin & Drought P.	•
	Date 5/5/2025	•		Amount of contribution (\$) 5.00
		1692 E. Richmond Ave Fresno , CA 93720		
Principal occupation / Job title (See instructions) Emp			Employer (See instru	actions)
	Date 5/5/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 142 Sentinel Dr. S Madera , CA 93636		
	Principal occup Director	pation / Job title (See instructions)	Employer (See instru Fresno Unified Scho	•
	Date 5/5/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 10805 Whisper Valley Street San Antonio, TX 78230	State; Zip Code	
	Principal occup	pation / Job title (See instructions)	Employer (See instru Rise Recovery	ictions)

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SCHEDULE A1

	-	The Instruction Guide explains how to complete this	1 Total pages Schedule A1: 5 of 64		
2	FILER NAME Ivalis M Gonza	lez		3 Filer ID (Ethics Commission Filers)	
4	Date 5/5/2025	5 Full name of contributor ☐ out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 100.00	
		6 Contributor address; City; S 3185 Morning Creek San Antonio, TX 78247	State; Zip Code		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ictions)	
	Date 5/5/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; City; S 179 Paddington Way San Antonio, TX 78209	State; Zip Code		
		Employer (See instru	ictions)		
	Date 5/5/2025	Full name of contributor ut-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; City; S 4523 Echo Grove San Antonio, TX 78259			
	Principal occupa	ation / Job title (See instructions)	Employer (See instructions) retired		
	Date 5/5/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 25.00	
		Contributor address; City; Sin Antonio, TX 78230	State; Zip Code		
	Principal occupa	ation / Job title (See instructions) ker	Employer (See instru self employed	ictions)	

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 6 of 64
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/5/2025	5 Full name of contributor Oliver Smith	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 20.00
		6 Contributor address; 6623 Wager Way San Antonio, TX 78256	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 5/5/2025	Full name of contributor Lupina Vela	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 6011 Elk Valley San Antonio, TX 78249	City;	State; Zip Code	
Principal occupation / Job title (See instructions) retired			Employer (See instru	uctions)	
	Date 5/5/2025	Full name of contributor Carlos Gonzalez	Out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 304 Sadie Street #511 San Antonio, TX 78215	City;		
	Principal occupa	tion / Job title (See instructions)	Employer (See instructions) Oxbow Development		
	Date 5/6/2025	Full name of contributor Ernesto Gomez	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 208 Bentley Mnr San Antonio, TX 78249	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Health Care Administrator			Employer (See instru CentroMed	uctions)	

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 7 of 64	
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)	
4	Date 5/6/2025	5 Full name of contributor Andrew Brown	Out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 5.00	
		6 Contributor address; 3622 Richwood Dr San Antonio, TX 78230	City;	State; Zip Code		
8	Principal occupa Customer Servi	ation / Job title (See instructions)		9 Employer (See instru Walgreens	uctions)	
	Date 5/6/2025	Full name of contributor Ayse Derman	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; 1223 E. Euclid Ave San Antonio, TX 78212	City;	State; Zip Code		
Principal occupation / Job title (See instructions) Business Owner				Employer (See instructions) Niche		
Date Full name of contributor □ out-of-state PAG 5/6/2025 Jamey Sepulveda		AC (ID#)	Amount of contribution (\$) 150.00			
		Contributor address; 11934 Autumn Vista St San Antonio, TX 78249	City;	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Armarino	uctions)	
	Date 5/6/2025	Full name of contributor Lavella Siebenaler	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00	
		Contributor address; 8911 Hanover Frst Helotes, TX 78023	City;	State; Zip Code		
	Principal occupa retired	ation / Job title (See instructions)		Employer (See instru	uctions)	

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8 of 64	
2	FILER NAME Ivalis M Gonza	alez		3 Filer ID (Ethics Commission Filers)	
4	Date 5/6/2025	Charles Gonzalez	AC (ID#)	7 Amount of contribution (\$) 100.00	
8	Principal occup Attroney	pation / Job title (See instructions)	9 Employer (See instru Ogletree Deakins, P	•	
	Date 5/6/2025	Full name of contributor out-of-state Proceedings of Contributor address; City; Stan Antonio, TX 78249	AC (ID#)	Amount of contribution (\$) 50.00	
	Principal occup	pation / Job title (See instructions)	Employer (See instru	uctions)	
	Date 5/6/2025	Full name of contributor Susan Kerhn Contributor address; City; 4231 Shadow Elm Woods San Antonio, TX 78249	AC (ID#)	Amount of contribution (\$) 100.00	
	Principal occup	pation / Job title (See instructions)	Employer (See instructions) retired		
	Date 5/6/2025	Lisa Andrade Gonima	AC (ID#)	Amount of contribution (\$) 100.00	
	Principal occup Owner	oation / Job title (See instructions)	Employer (See instru	ictions)	

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SCHEDULE A1

		The Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 9 of 64	
2	FILER NAME Ivalis M Gonza	alez			3 Filer ID (Ethics Commission Filers)	
4	Date 5/6/2025	5 Full name of contributor IBEW PAC Voluntary Fund	out-of-state P/	AC (ID#_ C00027342)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; 900 Seventh Street, N.W. Washington , DC 20001	City;	State; Zip Code		
8	Principal occup	pation / Job title (See instructions)		9 Employer (See instru	uctions)	
	Date 5/7/2025	Full name of contributor Sonia Gonzalez	out-of-state PAC (ID#)		Amount of contribution (\$) 250.00	
		Contributor address; 5910 Wales Street San Antonio, TX 78223	City;	State; Zip Code		
Principal occupation / Job title (See instructions) Attorney		Employer (See instru Linebarger	uctions)			
	Date 5/7/2025	Full name of contributor Unite Here Tip Campaign Co	☑ out-of-state PAC (ID#_C00004861) Committee		Amount of contribution (\$) 500.00	
		Contributor address; 275 7th Ave. #16 New York, NY 10001	City;	State; Zip Code		
	Principal occup	pation / Job title (See instructions)		Employer (See instructions)		
	Date 5/7/2025	Full name of contributor Daniel Kellum	Out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00	
	Contributor address; City; State; Zip Code 330 E. Summit Ave San Antonio, TX 78212		State; Zip Code			
Principal occupation / Job title (See instructions) Physician		Employer (See instru Kellum Physician Pa		•		

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SCHEDULE A1

	т	he Instruction Guide explains how to c	form.	1 Total pages Schedule A1: 10 of 64	
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/7/2025	5 Full name of contributor Joseph Ferrer	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 3006 Rebel Run St San Antonio, TX 78230	City; S	itate; Zip Code	
8	Principal occupa	ntion / Job title (See instructions) Sales Manager		9 Employer (See instru Syneos Health	ctions)
	Date 5/7/2025	Full name of contributor Melinda Doege	out-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 1724 Fm 471 N Castroville, TX 78009	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Legal Assistant			Employer (See instru Lyons & Lyons	ctions)	
	Date 5/7/2025	Full name of contributor Rebecca Cedillo	out-of-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 306 Huntington Place Shavano Park, TX 78231	City; S	tate; Zip Code	
	Principal occupa Urban Planner	tion / Job title (See instructions)		Employer (See instru University Health	ctions)
	Date 5/7/2025	Full name of contributor Sean Lyons	out-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 434 King Williams Street San Antonio, TX 78204	City; S	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Lyons & Lyons P.C.	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to con	1 Total pages Schedule A1: 11 of 64		
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/7/2025	5 Full name of contributor ☐ ou Nicole Foy	ut-of-state PAC (I	D#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 135 E. Magnolia Ave San Antonio, TX 78212	City; State	e; Zip Code	
8	Principal occupa Comms	tion / Job title (See instructions)	9	Employer (See instru Texas Blomed	ctions)
	Date 5/7/2025	Full name of contributor ☐ ou Rose Kellum	ut-of-state PAC (I	D#)	Amount of contribution (\$) 500.00
		Contributor address; 330 E. Summit Ave San Antonio, TX 78212	City; State	e; Zip Code	
Principal occupation / Job title (See instructions) homemaker				Employer (See instru	ctions)
	Date 5/7/2025	Full name of contributor ☐ o∟ John Kellum	ut-of-state PAC (I	D#)	Amount of contribution (\$) 500.00
		Contributor address; 116 W. Woodlawn San Antonio, TX 78212	City; State	e; Zip Code	
	Principal occupa Physician	tion / Job title (See instructions)		Employer (See instru Kellum Physician P	•
	Date 5/7/2025	Full name of contributor ☐ ou Gina Sandoval	ut-of-state PAC (I	D#)	Amount of contribution (\$) 50.00
		Contributor address; 6963 Willow Oak Drive San Antonio, TX 78249	City; State	e; Zip Code	
Principal occupation / Job title (See instructions) Scrum Master				Employer (See instru USAA	octions)

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SCHEDULE A1

	T	he Instruction Guide explains how to complet	1 Total pages Schedule A1: 12 of 64			
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)		
4	Date 5/7/2025	5 Full name of contributor out-of-s San Antonio Apartment Association	state PAC (ID#)	7 Amount of contribution (\$) 500.00		
		6 Contributor address; City 7525 Babcock Road San Antonio, TX 78249	; State; Zip Code	•		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See inst	ructions)		
	Date 5/8/2025	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 1000.00		
		Contributor address; City 7334 Blanco #200 San Antonio, TX 78216	; State; Zip Code			
	Principal occupa	ttion / Job title (See instructions)	Employer (See inst	ructions)		
	Date 5/8/2025	Bernadette Pena	state PAC (ID#)	Amount of contribution (\$) 100.00		
		Contributor address; City 454 Carroll Street San Antonio, TX 78225	; State; Zip Code			
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See inst Miella Media	ructions)		
	Date 5/8/2025	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 100.00		
		Contributor address; City 9127 Highlands Cove Boerne, TX 78006	; State; Zip Code	•		
	Principal occupa	ation / Job title (See instructions)	Employer (See inst			
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SCHEDULE A1

	Т	he Instruction Guide explains how to con	1 Total pages Schedule A1: 13 of 64		
2	FILER NAME Ivalis M Gonzal	ez.			3 Filer ID (Ethics Commission Filers)
4	Date 5/8/2025	5 Full name of contributor ☐ or Georgina Tijerina	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 4622 La Bahia Way San Antonio, TX 78253	City; Si	tate; Zip Code	
8	Principal occupa Teacher	tion / Job title (See instructions)		9 Employer (See instru NISD	ctions)
	Date 5/8/2025	Full name of contributor	out-of-state PA0	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 13222 Hunters Breeze St San Antonio, TX 78230	City; S	tate; Zip Code	
			Employer (See instru	ctions)	
	Date 5/8/2025	Full name of contributor	out-of-state PA0	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 11315 Cottage Grove San Antonio, TX 78230	City; S	tate; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)		Employer (See instru	ctions)
	Date 5/8/2025	Full name of contributor	out-of-state PA0	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 107 Crofton Ave San Antonio, TX 78210	City; S	tate; Zip Code	
Principal occupation / Job title (See instructions) Physician				Employer (See instru UT Health San Anto	

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

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SCHEDULE A1

		The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 14 of 64
2	FILER NAME Ivalis M Gonza	lez		3 Filer ID (Ethics Commission Filers)
4	Date 5/8/2025	5 Full name of contributor Leticia Van de Putte	AC (ID#)	7 Amount of contribution (\$) 500.00
		222 Herweck Dr San Antonio, TX 78213	State, Zip Godo	
8	Principal occup CEO	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 5/8/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 115 Paloma Dr San Antonio, TX 78212	State; Zip Code	
	Principal occup unemployed	ation / Job title (See instructions)	Employer (See instru unemployed	uctions)
	Date 5/8/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 639 Mission Street San Antonio, TX 78210	State; Zip Code	
	Principal occup Exec. Director	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/8/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 238 West Kings Hwy San Antonio, TX 78212	State; Zip Code	
	Principal occup Physician	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to	1 Total pages Schedule A1: 15 of 64		
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/8/2025	5 Full name of contributor Pablo Escamilla	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1047 W 17th St. Houston, TX 77008	City;	State; Zip Code	
8	Principal occupa Attorney	tion / Job title (See instructions)		9 Employer (See instru Escamilla and Pone	•
	Date 5/9/2025	Full name of contributor Michael L Engel	out-of-state P	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 290 Engel Rd New Braunfels, TX 78132	City;		
	Principal occupa Member	tion / Job title (See instructions)		Employer (See instru Engel Enterprises	ctions)
	Date 5/9/2025	Full name of contributor Marybeth Nelson	out-of-state PA	AC (ID#)	Amount of contribution (\$) 1000.00
		Contributor address; 1250 Lower Seguin Rd Marion , TX 78124	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru self employed	ctions)
	Date 5/9/2025	Full name of contributor Linebarger Goggan Blair & Sa	out-of-state PA		Amount of contribution (\$) 500.00
		Contributor address; PO Box 17428 Austin, TX 78760	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16 of 64
2	FILER NAME Ivalis M Gonzal	ez	3 Filer ID (Ethics Commission Filers)
4	Date 5/9/2025	5 Full name of contributor	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; State; Z 13143 Hunters Spring St San Antonio, TX 78230	Zip Code
8	Principal occupa unemployed		oyer (See instructions) ployed
	Date 5/9/2025	Full name of contributor	Amount of contribution (\$) 100.00
		Contributor address; City; State; Z 217 Carolwood Dr San Antonio, TX 78213	Zip Code
	Principal occupa Public Relation	,	oyer (See instructions) Noise
	Date 5/9/2025	Full name of contributor	Amount of contribution (\$) 500.00
		Contributor address; City; State; Z 3226 Spider Lily San Antonio, TX 78258	Zip Code
	Principal occupa Attorney	tion / Job title (See instructions) Emplo	oyer (See instructions)
	Date 5/9/2025	Full name of contributor	Amount of contribution (\$) 100.00
		Contributor address; City; State; Z 3204 Farmington Dr Chevy Chase, MD 20815	Zip Code
	Principal occupa Attorney	tion / Job title (See instructions) Employ self	oyer (See instructions)

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SCHEDULE A1

	1	he Instruction Guide explains how to co	1 Total pages Schedule A1: 17 of 64		
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/9/2025	5 Full name of contributor □ o Jamie Kowalski	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 21218 Harvest Hills San Antonio, TX 78258	City; S	State; Zip Code	
8	Principal occupa Marketing	tion / Job title (See instructions)		9 Employer (See instru The RK Group	actions)
	Date 5/9/2025	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 13727 Stony Forest Drive San Antonio, TX 78231	City; S		
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	actions)
	Date 5/9/2025	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 246 W. Mandalay Drive San Antonio, TX 78212	City; S	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru Kelly Watkins McPh	•
	Date 5/10/2025	Full name of contributor 🔲 o Rosalinda Cortez Pouya Yasmin	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 9515 Callaghan Road San Antonio, TX 78230	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	actions)

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 18 of 64
2	FILER NAME Ivalis M Gonzale	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/10/2025	5 Full name of contributor Raquel Favela	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 2658 Forest Pebble San Antonio, TX 78232	City;	State; Zip Code	
8	Principal occupa Executive	tion / Job title (See instructions)		9 Employer (See instru Grow America	uctions)
	Date 5/10/2025	Full name of contributor David Albert Canales	☐ out-of-state P/	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 3519 Edge View San Antonio, TX 78259	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Attorney/Former State Judge Employer (See instructions) Self employed		Employer (See instru Self employed	uctions)		
	Date 5/10/2025	Full name of contributor Ross Snyder	or out-of-state PAC (ID#)		Amount of contribution (\$) 20.00
		Contributor address; 5655 Lockhill Road San Antonio, TX 78240	City;	State; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/10/2025	Full name of contributor Maria Cortez	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1023 Kinzig Drive San Antonio, TX 78130	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 19 of 64	
2	FILER NAME Ivalis M Gonza	alez		3 Filer ID (Ethics Commission Filers)	
4	Date 5/10/2025	5 Full name of contributor Ruben Llanes Cortez	PAC (ID#)	7 Amount of contribution (\$) 500.00	
		San Antonio, TX 78130			
8	Principal occup	pation / Job title (See instructions)	9 Employer (See instru	uctions)	
	Date 5/10/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; 8357 Rochelle Road San Antonio, TX 78240	State; Zip Code		
Principal occupation / Job title (See instructions) Therapist			Employer (See instru Martha Wolins	uctions)	
	Date Full name of contributor □ out-of-state PAC (ID#) 5/10/2025 Alma Belfield		PAC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; 8357 Rochelle Road San Antonio, TX 78240	State; Zip Code		
	Principal occup Computer Eng	pation / Job title (See instructions)	Employer (See instructions) DXC Technology		
	Date 5/10/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 150.00	
		Contributor address; City; 17707 Arroyo Gold San Antonio, TX 78232	State; Zip Code		
	Principal occup Judge	pation / Job title (See instructions)	Employer (See instru State of Texas/ Bex	•	

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SCHEDULE A1

	Ţ	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 20 of 64
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/11/2025	Barbara Aguirre		7 Amount of contribution (\$) 100.00
		6 Contributor address; City; S 659 Aurora Ave San Antonio, TX 78228	itate; Zip Code	
8	Principal occupa Administrator	tion / Job title (See instructions)	9 Employer (See instru- Mexican American C	•
	Date 5/11/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 200 E. Myrtle Street San Antonio, TX 78212	itate; Zip Code	
	Principal occupa Restaurant	tion / Job title (See instructions)	Employer (See instru-	ctions)
	Date 5/11/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 3019 Elm Creek PI San Antonio, TX 78230	tate; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru retired	ctions)
	Date 5/12/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 2019 Flint Oak Drive San Antonio, TX 78248	tate; Zip Code	
	Principal occupa Shareholder/Att	tion / Job title (See instructions)	Employer (See instru Ortiz McKnight PLLC	•

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SCHEDULE A1

	т	he Instruction Guide explains how to c	complete this	form.	1 Total pages Schedule A1: 21 of 64
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/12/2025	5 Full name of contributor Rudy Rodriguez	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 6827 Rock Rd San Antonio, TX 78229	City; S	State; Zip Code	
8	Principal occupa President	tion / Job title (See instructions)		9 Employer (See instru Rodriguez Industrie	•
	Date 5/12/2025	Full name of contributor Daniel Ortiz	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 112 E. Pecan St #1350 San Antonio, TX 78205	City; S	State; Zip Code	
			Employer (See instru Ortiz McKnight PLL	•	
	Date Full name of contributor ☐ out-of-state PAC (ID#) 5/12/2025 Cassandra Ortiz		AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 9103 Mellbrook St. San Antonio, TX 78230	City; S	State; Zip Code	
	Principal occupa Shareholder/Att	tion / Job title (See instructions)		Employer (See instru Ortiz McKnight PLL	•
	Date 5/12/2025	Full name of contributor Ernesto Parra	out-of-state PA	NC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 9517 Oakland Drive San Antonio, TX 78240	City; S	State; Zip Code	
	Principal occupa Physician	tion / Job title (See instructions)		Employer (See instru Centromed	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how t	1 Total pages Schedule A1: 22 of 64		
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/12/2025	5 Full name of contributor Heidi Busmail	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 18403 I-10 West San Antonio, TX 78257	City;	State; Zip Code	
8	Principal occupa Mi Familia	tion / Job title (See instructions)		9 Employer (See instru Self employed	uctions)
	Date 5/12/2025	Full name of contributor Michael Cortez	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 18403 I-10 West San Antonio, TX 78257	City;		
	Principal occupa Mi Familia	ation / Job title (See instructions)		Employer (See instru self employed	uctions)
	Date 5/12/2025	Full name of contributor Pat Maloney Jr.	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 239 E. Commerce Street San Antonio, TX 78205	City;		
	Principal occupa Attorney	tition / Job title (See instructions)		Employer (See instructions) Law Offices of Pat Maloney Jr.	
	Date 5/12/2025	Full name of contributor Lacy Hendrick	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 13146 N Hunters Circle San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions) keting		Employer (See instru Hendricks Property	•

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SCHEDULE A1

	1	The Instruction Guide explains how to complete	1 Total pages Schedule A1: 23 of 64		
2	FILER NAME Ivalis M Gonzal	lez		3 Filer ID (Ethics Commission Filers)	
4	Date 5/12/2025	5 Full name of contributor ☐ out-of-sta Kyle Hendricks	ate PAC (ID#)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; City; 13146 N Hunters Circle San Antonio, TX 78230	State; Zip Code		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Hendricks Property	•	
	Date 5/12/2025	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; 210 Cave LN San Antonio, TX 78209	State; Zip Code		
· · · · · · · · · · · · · · · · · · ·			Employer (See instru Brown & McDonald	•	
	Date 5/12/2025	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 200.00	
		Contributor address; City; 5150 Broadway San Antonio, TX 78209	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	Employer (See instructions) Feliz Media	
	Date 5/12/2025	Full name of contributor	ate PAC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; 292 Abrego Lake Drive Floresville, TX 78114	State; Zip Code		
Principal occupation / Job title (See instructions) Vice President of Sales & Marketing			Employer (See instru Lennar	uctions)	

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: 24 of 64
2	FILER NAME Ivalis M Gonzal	ez			3	Filer ID (Ethics Commission Filers)
4	Date 5/12/2025	5 Full name of contributor Frances J Martinez	□ out-of-state P/	AC (ID#)	7	Amount of contribution (\$) 500.00
		6 Contributor address; 292 Abrego Lake Drive Floresville , TX 78114	City;	State; Zip Code		
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ıctio	ons)
	Date 5/12/2025	Full name of contributor Sarah J Baynham	out-of-state P/	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 28502 Benedikt Path Boerne , TX 78006	City;	State; Zip Code		
	Principal occupa Agent	tion / Job title (See instructions)		Employer (See instru Real State	ıctio	ons)
	Date 5/12/2025	Full name of contributor Jerad R Baynham	out-of-state P/	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 28502 Benedikt Path Boerne , TX 78006	City;	State; Zip Code		
	Principal occupa	tion / Job title (See instructions) of Construction		Employer (See instru Lennar	ıctic	ons)
	Date 5/12/2025	Full name of contributor Tilman J Fertitta	out-of-state P/	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 1510 West Loop South Houston , TX 77027	City;	State; Zip Code		
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Fertitta Entertainme		

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

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SCHEDULE A1

	1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25 of 64
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/12/2025	Stonewall Democrats of San Antonio	C (ID#)	7 Amount of contribution (\$) 250.00
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 5/12/2025	Full name of contributor Dylan John Contributor address; City; San Antonio, TX 78209	C (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru self employed	uctions)
	Date 5/13/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru self employed	uctions)
	Date 5/13/2025	Full name of contributor out-of-state PASAN Antonio Fire & Police Pens Assn-Pac Contributor address; City; Since 11603 W. Coker Loop #201A San Antonio, TX 78216	C (ID#)	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Employer (See inst				uctions)
		ATTAOU ADDITIONAL CODITO	E TUIC COUEDUI E 40	NEEDED
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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 26 of 64	
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)	
4	Date 5/13/2025	5 Full name of contributor ☐ out-of-state PA Marc. A Rodriguez	AC (ID#)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; City; S 1122 Colorado Street #2399 Austin, TX 78701	State; Zip Code		
8	Principal occupa Consultant	rincipal occupation / Job title (See instructions) onsultant 9 Employer (See instructions) Marc. A Rodriguez			
	Date 5/13/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; City; S 11315 Cottage Grove San Antonio, TX 78230	State; Zip Code		
Principal occupation / Job title (See instructions) retired			Employer (See instru	ctions)	
	Date 5/13/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 2454 Toftrees San Antonio, TX 78209	State; Zip Code		
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Brown & McDonald	•	
	Date 5/13/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 204 Rigsby San Antonio, TX 78210	State; Zip Code		
Principal occupation / Job title (See instructions) Owner			Employer (See instructions) Clay Jackson Inc.		

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 27 of 64
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/14/2025	5 Full name of contributor ☐ out-of-state PA Patricia Kuentz	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 13031 Hunters Ridge St San Antonio, TX 78230	tate; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	Employer (See instructive retired	ctions)
	Date 5/14/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 326 Big Oak Drive Adkins , TX 78101	tate; Zip Code	
	Principal occupa Retired	ation / Job title (See instructions)	Employer (See instruction Retired	ctions)
	Date 5/14/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 1714 W Summit Ave San Antonio, TX 78201	tate; Zip Code	
	Principal occupa VP	tion / Job title (See instructions)	Employer (See instructions SSE	ctions)
	Date 5/14/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 11703 Bridge Hampton San Antonio, TX 78251	tate; Zip Code	
	Principal occupa Administrator	ation / Job title (See instructions)	Employer (See instruction University Health	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 28 of 64
2	FILER NAME Ivalis M Gonza	lez		3 Filer ID (Ethics Commission Filers)
4	Date 5/14/2025	5 Full name of contributor ☐ out-of-state Fermin Rajunov	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 5 Wayward Oaks San Antonio, TX 78248	State; Zip Code	
8	Principal occup President	ation / Job title (See instructions)	9 Employer (See instru Cultiva Financial	uctions)
	Date 5/14/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 7334 Blanco Rd #200 San Antonio, TX 78216	State; Zip Code	
	Principal occup Real Estate	ation / Job title (See instructions)	Employer (See instru Self Employed	uctions)
	Date 5/14/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 30415 Cibolo Run Boerne, TX 78015	State; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instructions) self employed	
	Date 5/14/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 30415 Cibolo Run Boerne, TX 78015	State; Zip Code	
	Principal occup	ation / Job title (See instructions)	Employer (See instru	uctions)
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SCHEDULE A1

	т	he Instruction Guide explains how t	1 Total pages Schedule A1: 29 of 64		
2	2 FILER NAME Ivalis M Gonzalez			3 Filer ID (Ethics Commission Filers)	
4	Date 5/15/2025	5 Full name of contributor Felix Flores	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		3906 Miho San Antonio, TX 78223	Oity,	State, Zip Code	
8		tion / Job title (See instructions)		9 Employer (See instru TriStone Homes	actions)
	Date 5/15/2025	Full name of contributor Brenda Flores	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 3906 Miho San Antonio, TX 78223	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Homemaker Self		Employer (See instru Self	ictions)		
	Date 5/15/2025	Full name of contributor Katherine Walthall Karam	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 7715 Battle Intense Boerne, TX 78015	City;	State; Zip Code	
	Principal occupa Realtor	tion / Job title (See instructions)		Employer (See instructions) Levi Rogers	
	Date 5/15/2025	Full name of contributor Clifton Karam	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 7715 Battle Intense Boerne, TX 78015	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Lennar	uctions)

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SCHEDULE A1

	1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 30 of 64
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2025	Law Office of Darby Riley	C (ID#)	7 Amount of contribution (\$) 100.00
		320 Lexington Ave San Antonio, TX 78215		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 5/15/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 18619 Paloma Wood San Antonio, TX 78259	State; Zip Code	
	Principal occupa Account Execu	ation / Job title (See instructions) tive	Employer (See instru Televisa Univision	uctions)
	Date 5/15/2025	,		Amount of contribution (\$) 250.00
		Contributor address; City; S 4607 Midnight Woods Street San Antonio, TX 78249	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru Big Tony Injury Law	•
	Date 5/15/2025	Full name of contributor		Amount of contribution (\$) 100.00
		Contributor address; City; S 18619 Paloma Wood San Antonio, TX 78259	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru self employed	uctions)

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SCHEDULE A1

	The Instruction Guide explains how	1 Total pages Schedule A1: 31 of 64		
2 FILER NAME Ivalis M Gonza	lez			3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2025	5 Full name of contributor Filemon Vela	☐ out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 2619 Eastgrove Lane Houston, TX 77027	City; S	State; Zip Code	
8 Principal occup Attorney	ation / Job title (See instructions)		9 Employer (See inst Vela Justice	ructions)
Date 5/15/2025	Full name of contributor Jose Rios	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 11 Eton Green Circle San Antonio, TX 78257	City;	State; Zip Code	
Principal occup Attorney	ation / Job title (See instructions)		Employer (See inst Gamez Law Firm	ructions)
Date 5/15/2025	Full name of contributor Gabriel Farias	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 1122 Par Four San Antonio, TX 78221	City;	State; Zip Code	
Principal occup Managing Part	ation / Job title (See instructions) ner		Employer (See inst Jaeger FC A Cons	·
Date 5/15/2025	Full name of contributor Fernando Reyes	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 200.00
	Contributor address; 123 Lexington Ave #1201 San Antonio, TX 78205	City;	State; Zip Code	
Principal occup Chairman	ation / Job title (See instructions)		Employer (See inst Reyes Hayashi Au	•

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SCHEDULE A1

		The Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1: 32 of 64
2	FILER NAME Ivalis M Gonza	lez			3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2025	5 Full name of contributor □ o Robert Trevino	ut-of-state PA	AC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; 2943 Quail Oak Street San Antonio, TX 78232	City; S	State; Zip Code	
8	Principal occup	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 5/15/2025	Full name of contributor	ut-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 222 Halbart Drive San Antonio, TX 78213	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Capital Partner		•		Employer (See instructions) Linebarger Goggan Blair & Sampson, LLP	
	Date Full name of contributor ☐ out-of-state PAC (ID#) 5/15/2025 Anwar Tahir		AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 13538 Barsan Road San Antonio, TX 78249	City; S	State; Zip Code	
	Principal occup President	ation / Job title (See instructions)		Employer (See instru Association of Conv	uctions) venience Store Retailers San Antonio דא
	Date 5/15/2025	Full name of contributor	ut-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 13538 Barsan Road San Antonio, TX 78249	City; S	State; Zip Code	
	Principal occup retired	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how t	1 Total pages Schedule A1: 33 of 64		
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2025	5 Full name of contributor Irfan Butt	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 9006 Eagle Bend Helotes, TX 78249	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instructions) Self employed		uctions)
	Date 5/15/2025	Full name of contributor Inderjit Mehat	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 11219 Jadestone Blvd San Antonio, TX 78249	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Owner			uctions) s Inc		
	Date 5/15/2025	Full name of contributor Marc Villarreal	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 7267 Brandyridge San Antonio, TX 78250	City;		
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Lone Star Bank	uctions)
	Date 5/15/2025	Full name of contributor CWA-Cope PCC	out-of-state P/	AC (ID#_ C00002089)	Amount of contribution (\$) 500.00
		Contributor address; 501 3rd Street, NW Washington , DC 20001	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

TILER NAME I valis M Gonzal Date 5/15/2025	The Instruction Guide explains how to	to complete this	form.	1 Total pages Schedule A1: 34 of 64
valis M Gonzal Date	ez			
				3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor Malik Abid Farooq	Out-of-state PAC (ID#)		7 Amount of contribution (\$) 500.00
	6 Contributor address; 13306 Concordia Oak San Antonio, TX 78249	City; S	State; Zip Code	
	ation / Job title (See instructions) nce Tester IV		9 Employer (See instr JST	ructions)
Date 5/15/2025	Full name of contributor Naveeda Rehman	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 13306 Concordia Oak San Antonio, TX 78249	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) self employed		Employer (See instructions) self employed		ructions)
Date 5/15/2025	Full name of contributor Jennifer Ramos	out-of-state PA	AC (ID#)	Amount of contribution (\$) 150.00
	Contributor address; 5910 Wales St San Antonio, TX 78223	City; S	State; Zip Code	
			Employer (See instruction Halff Associates, In	•
Date 5/15/2025	Full name of contributor Lillian Riojas	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
	Contributor address; PO Box 90984 San Antonio, TX 78209	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Executive Director		Employer (See instructions) Valero Energy Corporation		•
	Principal occupa	Naveeda Rehman Contributor address; 13306 Concordia Oak San Antonio, TX 78249 Principal occupation / Job title (See instructions) Self employed Date Full name of contributor Jennifer Ramos Contributor address; 5910 Wales St San Antonio, TX 78223 Principal occupation / Job title (See instructions) Lead Client Advisor Date Full name of contributor Si15/2025 Full name of contributor Lillian Riojas Contributor address; PO Box 90984 San Antonio, TX 78209 Principal occupation / Job title (See instructions)	Principal occupation / Job title (See instructions) Contributor address; City; Septimized Contributor Antonio, TX 78249 Principal occupation / Job title (See instructions) Contributor address; City; Septimized Contributor Jeff Ramos Contributor address; City; Septimized Contributor Antonio, TX 78223 Principal occupation / Job title (See instructions) Contributor address; City; Septimized Contributor Job title (See instructions) Contributor address; City; Septimized Contributor Job title (See instructions) Contributor address; City; Septimized Contributor Job title (See instructions) Contributor address; City; Septimized Contributor Job title (See instructions) Contributor address; City; Septimized Contributor Antonio, TX 78209 Contributor address; City; Septimized Contributor Job title (See instructions)	Principal occupation / Job title (See instructions) Contributor address; City; State; Zip Code Principal occupation / Job title (See instructions) Contributor address; City; State; Zip Code Principal occupation / Job title (See instructions) Cottributor address; City; State; Zip Code Principal occupation / Job title (See instructions) Contributor address; City; State; Zip Code Principal occupation / Job title (See instructions) Cottributor address; City; State; Zip Code Principal occupation / Job title (See instructions) Cottributor address; City; State; Zip Code Polate Full name of contributor Out-of-state PAC (ID#) Cottributor address; City; State; Zip Code Polate Full name of contributor Out-of-state PAC (ID#) Cottributor address; City; State; Zip Code Polax 90984 San Antonio, TX 78209 Principal occupation / Job title (See instructions) Employer (See instructions) Employer (See instructions)

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SCHEDULE A1

2 FILER NAME lvalis M Gonzalez	pages Schedule A1: 35 of 64 D (Ethics Commission Filers) Int of contribution (\$) 0
Ivalis M Gonzalez 4 Date 5 Full name of contributor Out-of-state PAC (ID#	int of contribution (\$)
6 Contributor address; City; State; Zip Code 6963 Willow Oak Drive San Antonio, TX 78249	
8 Principal occupation / Job title (See instructions) Teacher 9 Employer (See instructions) UNAM	
Date Full name of contributor □ out-of-state PAC (ID#) Amount of the part of th	nt of contribution (\$)
Contributor address; City; State; Zip Code 4406 Black Walnut Woods San Antonio, TX 78249	
Principal occupation / Job title (See instructions) self employed Employer (See instructions) self employed	
Date Full name of contributor □ out-of-state PAC (ID#) Amount 5/15/2025 Virginia Sandoval 100.0	nt of contribution (\$)
Contributor address; City; State; Zip Code 6963 Willow Oak Street San Antonio, TX 78249	
Principal occupation / Job title (See instructions) Scrum Master Employer (See instructions) USAA	
Date Full name of contributor □ out-of-state PAC (ID#) Amount of the part o	nt of contribution (\$)
Contributor address; City; State; Zip Code 25843 Scenic Rock San Antonio, TX 78255	
Principal occupation / Job title (See instructions) Employer (See instructions) Physician Dominion Family Healthcare	

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 36 of 64
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2025	5 Full name of contributor ☐ out-of-state Particle Helen Coronado	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 2 Victory Grn San Antonio, TX 78257	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	ictions)
	Date 5/15/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 2943 Mossrock San Antonio, TX 78240	State; Zip Code	
			Employer (See instru Gamez Law Firm	ictions)
	Date 5/15/2025	Joe Gamez	AC (ID#)	Amount of contribution (\$) 500.00
		2943 Mossrock San Antonio, TX 78230		
	Principal occupa Personal Injury	ntion / Job title (See instructions) Attorney	Employer (See instru Gamez Law Firm	ıctions)
	Date 5/15/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 214 Blackjack Oak Shavano Park, TX 78230	State; Zip Code	
			Employer (See instru George Salinas Inju	
				.,,

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SCHEDULE A1

	٦	The Instruction Guide explains how to complete this fo	1 Total pages Schedule A1: 37 of 64	
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2025	5 Full name of contributor □ out-of-state PAC (ID#) Mohammad Rana		7 Amount of contribution (\$) 500.00
		6 Contributor address; City; St 13426 Baldwin Ridge San Antonio, TX 78249	ate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru self employed	ctions)
	Date 5/15/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; St 222 Melliff Drive San Antonio, TX 78216	ate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 5/15/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; St 15054 San Pedro San Antonio, TX 78232	ate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 5/15/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		1119 Fresno San Antonio, TX 78201	ate, Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru Gamez Law Firm	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 38 of 64
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/15/2025	5 Full name of contributor □ out-of-state PAC (ID#) R. Laurence Macon		AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; PO Box 120250 San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa Attorney	tion / Job title (See instructions)		9 Employer (See instru The Macon Law Firm	•
	Date 5/15/2025	Full name of contributor Anita Jo Medina	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 8323 Magdalena Run San Antonio, TX 78023	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in Litigation Coordinator VIA			Employer (See instru VIA	ctions)	
	Date 5/16/2025	Full name of contributor Lukin Gilliland Jr.	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 901 NE Loop 410 #909 Alamo Heights, TX 78209	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	ctions)
	Date 5/16/2025	Full name of contributor Linda Lopez-George	out-of-state P/	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 13163 Hunters Brk San Antonio, TX 78230	City;	State; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1: 39 of 64
2	FILER NAME Ivalis M Gonza	lez			3 Filer ID (Ethics Commission Filers)
4	Date 5/16/2025	5 Full name of contributor		AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 13907 Windy Crk Helotes , TX 78023	City; S	State; Zip Code	
8	Principal occup	ation / Job title (See instructions)		9 Employer (See instru	ictions)
	Date 5/16/2025	Full name of contributor Grant Ross Snyder	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 5655 Lockhill Road San Antonio, TX 78240	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Retired			Employer (See instructions) Retired		
	Date Full name of contributor □ out-of-state PAC (ID#		AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 8323 Magdalena Run Helotes, TX 78023	City; S	State; Zip Code	
	Principal occup Engineer	ation / Job title (See instructions)		Employer (See instru United States Air Fo	•
	Date 5/16/2025	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 7 Champions Run San Antonio, TX 78258	City; S	State; Zip Code	
	Principal occup Retired	ation / Job title (See instructions)		Employer (See instru Retired	ictions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 40 of 64				
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)			
4	Date 5/16/2025	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 500.00			
		6 Contributor address; City; S 1939 Ne Loop 410 #300 San Antonio, TX 78217	State; Zip Code				
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	actions)			
	Date 5/16/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00			
		Contributor address; City; S 7 Champions Run San Antonio, TX 78258	State; Zip Code				
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Ocañas Group	actions)			
	Date 5/16/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 300.00			
		Contributor address; City; S 63 Benavidez Rd. Eagle Pass, TX 78852	State; Zip Code				
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	actions)			
	Date 5/16/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 1000.00			
		Contributor address; City; S 13538 Barsan Rd San Antonio, TX 78249	State; Zip Code				
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	actions)			
		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	NEEDED			

Forms provided by Texas Ethics Commission

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SCHEDULE A1

		The Instruction Guide explains how to complete this	1 Total pages Schedule A1: 41 of 64			
2	FILER NAME Ivalis M Gonza	lez		3 Filer ID (Ethics Commission Filers)		
4	Date 5/16/2025	5 Full name of contributor		7 Amount of contribution (\$) 500.00		
		6 Contributor address; City; S 13222 Baldwin Ridge San Antonio, TX 78249	State; Zip Code			
8	Principal occup	ation / Job title (See instructions)	9 Employer (See instru self employed	ctions)		
	Date 5/16/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 13222 Baldwin Ridge San Antonio, TX 78249	State; Zip Code			
Principal occupation / Job title (See instructions) self employed Employer (See in self employed			Employer (See instru	ctions)		
	Date 5/16/2025	PO Box 100455	C (ID#) Ctate; Zip Code	Amount of contribution (\$) 500.00		
	Principal occup	San Antonio, TX 78201 ation / Job title (See instructions)	Employer (See instru	ctions)		
	Date 5/16/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 1187 Via Principale New Braunfels, TX 78132	State; Zip Code			
		ation / Job title (See instructions) of Land Development	Employer (See instru Lennar	ctions)		
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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 42 of 64
2	FILER NAME Ivalis M Gonza	ılez			3 Filer ID (Ethics Commission Filers)
4	Date 5/16/2025	5 Full name of contributor		AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1187 Via Principale New Braunfels, TX 78132	City;	State; Zip Code	
8	Principal occup	eation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 5/16/2025	Full name of contributor Patrick Fylik	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 8118 Datapoint Dr San Antonio, TX 78229	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Attorney			Employer (See instructions) Law Office of Patrick J. Fylik		
	Date Full name of contributor □ out-of-state PAC (ID#		AC (ID#)	Amount of contribution (\$) 50.00	
		Contributor address; 11315 Cottage Grove San Antonio, TX 78230	City;	State; Zip Code	
	Principal occup	nation / Job title (See instructions)		Employer (See instru	uctions)
	Date 5/17/2025	Full name of contributor Raul Lomeli-Azoubel	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 3318 Sable Creek San Antonio, TX 78259	City;	State; Zip Code	
	Principal occup Chairman	ation / Job title (See instructions)		Employer (See instru Welcome Tech, Inc	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how	form.	1 Total pages Schedule A1: 43 of 64		
2	FILER NAME Ivalis M Gonzale	ez			3 Filer ID (Ethics Commission Filers)	
4	Date 5/17/2025	5 Full name of contributor □ out-of-state PAC (ID#) Kay Meyer			7 Amount of contribution (\$) 100.00	
		6 Contributor address; 3626 Hunters Trail San Antonio, TX 78230	City;	State; Zip Code		
8	8 Principal occupation / Job title (See instructions) retired 9 Employer (See instructions) retired				uctions)	
	Date 5/17/2025	Full name of contributor Ernesto Parra	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00	
		Contributor address; 9517 Oakland Drive San Antonio, TX 78240	City;	State; Zip Code		
Principal occupation / Job title (See instructions) Physician				Employer (See instru Centromed	uctions)	
	Date Full name of contributor ☐ out-of-state PAC (ID#) 5/18/2025 Pedro Cortes		AC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; 922 Magnolia Smt San Antonio, TX 78251	City;	State; Zip Code		
	Principal occupa Commercial Ma	ation / Job title (See instructions) intenance		Employer (See instructions) CS Alliance Services LLC		
	Date 5/18/2025	Full name of contributor Mary Lennon	out-of-state P	AC (ID#)	Amount of contribution (\$) 25.00	
		Contributor address; 13022 Chimney Oak Dr San Antonio, TX 78249	City;	State; Zip Code		
Principal occupation / Job title (See instructions) retired				Employer (See instructions) retired		

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this t	1 Total pages Schedule A1: 44 of 64	
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/18/2025	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 411 Mount Vernon Ct San Antonio, TX 78233	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	Employer (See instru retired	ctions)
	Date 5/18/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 8 Cottestmore Court San Antonio, TX 78218	tate; Zip Code	
Principal occupation / Job title (See instructions) Chef		Employer (See instru The Culinary Institut	•	
	Date 5/18/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 6410 View Point San Antonio, TX 78229	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru self employed	ctions)
	Date 5/18/2025	Full name of contributor ut-of-state PA Martha Martinez-Flores	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 319 West Kings Highway San Antonio, TX 78212	tate; Zip Code	
	Principal occupa Creative Directe	or Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to c	complete this	form.	1 Total pages Schedule A1: 45 of 64
2	FILER NAME Ivalis M Gonzale	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/18/2025	5 Full name of contributor Rebecca Rodriguez	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 306 Wood Shadow San Antonio, TX 78216	City; S	State; Zip Code	
8	Principal occupa Marketing	tion / Job title (See instructions)		9 Employer (See instru Whataburger Restau	•
	Date 5/18/2025	Full name of contributor Blanca Benitez	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 8 Cottestmore Court San Antonio, TX 78218	City; S		
	Principal occupa self employed	tion / Job title (See instructions)		Employer (See instru self employed	ctions)
	Date 5/18/2025	Full name of contributor Sol Cortes	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 922 Magnolia Smt San Antonio, TX 78251	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru self employed	ctions)
	Date 5/19/2025	Full name of contributor Jorge Herrera	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 109 Lou Jon Cir San Antonio, TX 78213	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	
	•				

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SCHEDULE A1

	1	The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 46 of 64
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/19/2025	5 Full name of contributor ut-of-sta	te PAC (ID#)	7 Amount of contribution (\$) 50.00
		6 Contributor address; City; 11235 Whisper Willow St San Antonio, TX 78230	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 5/19/2025	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 1602 Hillcrest Dr San Antonio, TX 78226	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/19/2025	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 25534 Vista Bella San Antonio, TX 78260	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru CAARS Inc.	uctions)
	Date 5/19/2025	Full name of contributor	te PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 25534 Vista Bella San Antonio, TX 78260	State; Zip Code	
, ,			Employer (See instru J3	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 47 of 64
2	FILER NAME Ivalis M Gonzal	ez	3 Filer ID (Ethics Commission Filers)
4	Date 5/19/2025	5 Full name of contributor	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; State; Zip Code 25534 Vista Bella San Antonio, TX 78260	•
8	Principal occupa	stion / Job title (See instructions) 9 Employer (See instructions) self employed	structions)
	Date 5/19/2025	Full name of contributor	Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code 25534 Vista Bella San Antonio, TX 78260	
Principal occupation / Job title (See instructions) self employed Employer (See instructions) self employed			structions)
	Date 5/19/2025	Full name of contributor	Amount of contribution (\$) 200.00
		Contributor address; City; State; Zip Code PO Box 761586 San Antonio, TX 78245	
	Principal occupa	tion / Job title (See instructions) Employer (See ins	structions)
	Special Projects	, , , , , , , , , , , , , , , , , , , ,	Mexican Americans, Inc
	Date 5/19/2025	Full name of contributor	Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code 10903 Rindle Ranch San Antonio, TX 78249	
	Principal occupa	tion / Job title (See instructions) Employer (See ins Amn Traders	structions)

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SCHEDULE A1

	т	he Instruction Guide explains how t	1	Total pages Schedule A1: 48 of 64		
2	FILER NAME Ivalis M Gonzal	ez			3	Filer ID (Ethics Commission Filers)
4	Date 5/19/2025	5 Full name of contributor Somia A Ghafoor	☐ out-of-state P/	AC (ID#)	7	Amount of contribution (\$) 500.00
		6 Contributor address; 10903 Rindle Ranch San Antonio, TX 78249	City;	State; Zip Code		
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ıctic	ons)
	Date 5/19/2025	Full name of contributor Muhammad A Choudary	☐ out-of-state P/	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 4535 FM 1516 N Converse, TX 78109	City;	State; Zip Code		
	Principal occupa Manager	tion / Job title (See instructions)		Employer (See instru Mission Wrecker	uctic	ons)
	Date 5/19/2025	Full name of contributor Mrs Khurshid Choudary	out-of-state P/	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 4535 FM 1516 W Converse , TX 78109	City;	State; Zip Code		
	Principal occupa Manager	tion / Job title (See instructions)		Employer (See instructions) Mission Wrecker		
	Date 5/19/2025	Full name of contributor AFSCME People	out-of-state P/	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 816 Camaron St San Antonio, TX 78212	City;	State; Zip Code		
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	ıctic	ons)

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SCHEDULE A1

		The Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 49 of 64
2	FILER NAME Ivalis M Gonza	lez			3 Filer ID (Ethics Commission Filers)
4	Date 5/19/2025	5 Full name of contributor Chris D Alderete	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 1602 Hillcrest Dr. San Antonio, TX 78228	City;	State; Zip Code	
8	Principal occup Owner	ation / Job title (See instructions)		9 Employer (See instru The Rose Boutique	uctions)
	Date 5/19/2025	Full name of contributor Lisa Navarro-Gonzalez	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 132 W Elmview Pl San Antonio, TX 78209	City; S	State; Zip Code	
		Employer (See instru Santana Consulting	•		
	Date 5/19/2025	Full name of contributor Norma Reyes	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 348 Alexander Hamilton Dr San Antonio, TX 78228	City;	State; Zip Code	
	Principal occup retired	ation / Job title (See instructions)		Employer (See instructions) retired	
	Date 5/19/2025	Full name of contributor Barbara Aguirre	□ out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 659 Aurora Ave San Antonio, TX 78228	City;	State; Zip Code	
	Principal occup Administrator	ation / Job title (See instructions)		Employer (See instru Mexican American (uctions) Civil Rights Institute

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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 50 of 64
2	FILER NAME Ivalis M Gonza	lez			3 Filer ID (Ethics Commission Filers)
4	Date 5/19/2025	5 Full name of contributor Catherine Torres-Stahl	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		San Antonio, TX 78256			
8	Principal occup	ation / Job title (See instructions)		9 Employer (See instru 175th Criminal Distr	•
	Date 5/19/2025	Full name of contributor Robert Greenblum	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 11221 Empire Ln Rockville, MD 20852	City;	State; Zip Code	
	Principal occup Consultant	ation / Job title (See instructions)		Employer (See instru Self employed	uctions)
	Date 5/19/2025	Full name of contributor Patricia Stout	out-of-state P	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 13406 Orchard Ridge Dr San Antonio, TX 78231	City;	State; Zip Code	
	Principal occup Businesses Ov	ation / Job title (See instructions) wner		Employer (See instru	uctions)
	Date 5/19/2025	Full name of contributor Victoria Moreno-Herrera	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 109 Lou Jon Cir San Antonio, TX 78213	City;	State; Zip Code	
	Principal occup Self employed	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 51 of 64
2	FILER NAME Ivalis M Gonzale	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/19/2025	5 Full name of contributor Cecilia E. Herrera	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 105 Blackhawk Trl San Antonio, TX 78232	City; S	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ctions)
	Advisory Counc	cil Member		Mexican American C	Civil Rights Institute
	Date 5/19/2025	Full name of contributor Frank Herrera Jr.	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 105 Blackhawk Trl San Antonio, TX 78232	City;	State; Zip Code	
	Principal occupa Owner	tion / Job title (See instructions)		Employer (See instru Herrera Law Firm	ctions)
	Date 5/19/2025	Full name of contributor Ted Santos	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 17707 Arroyo Gold San Antonio, TX 78232	City;	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru Self employed	ctions)
	Date 5/20/2025	Full name of contributor Rene Gonzalez	out-of-state PA	AC (ID#)	Amount of contribution (\$) 300.00
		Contributor address; 207 Arden Grove Street San Antonio, TX 78215	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 52 of 64
2	FILER NAME Ivalis M Gonzale	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/20/2025	5 Full name of contributor Kazim Fahim	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 409 E Olmos Drive #C San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa Associate Creat	tion / Job title (See instructions) tive Director		9 Employer (See instru Chamoy Creative	uctions)
	Date 5/20/2025	Full name of contributor Nicole Navarro	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 634 E Mandalay Drive Olmos Park, TX 78212	City;	State; Zip Code	
	Principal occupa VP	tion / Job title (See instructions)		Employer (See instru Santana Consulting	•
	Date 5/20/2025	Full name of contributor Edward Whitacre Jr	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 155 Bushnell Avenue San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa self employed	tion / Job title (See instructions)		Employer (See instru self employed	uctions)
	Date 5/20/2025	Full name of contributor Daniel T Barrett	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1407 Viewridge Drive San Antonio, TX 78213	City;	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru Barrett Insurance Se	

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SCHEDULE A1

	7	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 53 of 64
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/20/2025	5 Full name of contributor Kristi Garza-Villanueva	AC (ID#)	7 Amount of contribution (\$) 500.00
8	Principal occupa Partner/CEO	ation / Job title (See instructions)	9 Employer (See instru Tru-Matrix Contract	•
	Date 5/20/2025	Guillermo Vazquez Contributor address; City; 16333 Vance Jackson #2134	AC (ID#)	Amount of contribution (\$) 100.00
	Principal occupa	San Antonio, TX 78257 ation / Job title (See instructions) ntative	Employer (See instru	uctions)
	Date 5/20/2025	Full name of contributor Frances Gonzalez Contributor address; 6907 Oakridge Drive San Antonio, TX 78229	AC (ID#)	Amount of contribution (\$) 250.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/20/2025	Full name of contributor John Warren Contributor address; City; 9114 Fairland St San Antonio, TX 78230	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: 54 of 64
2	FILER NAME Ivalis M Gonzale	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/21/2025	5 Full name of contributor □ out-of- Jordan Vexler	f-state PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City 305 W Kings Hwy San Antonio, TX 78212	ty; State; Zip Code	
8	Principal occupa Recycling	tion / Job title (See instructions)	9 Employer (See instru Monterrey Metal Red	•
	Date 5/21/2025	Full name of contributor □ out-of- Mike Warren	f-state PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City 206 E. Locust Street San Antonio, TX 78212	ty; State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in Lawyer Self employed			Employer (See instru Self employed	ctions)
	Date 5/21/2025	Michelle Lugalia Hollon	f-state PAC (ID#)	Amount of contribution (\$) 250.00
	Principal occupa Chief Strategy (San Antonio, TX 78201 ation / Job title (See instructions) Officer	Employer (See instru Alamo Colleges Dist	•
	Date 5/22/2025	Full name of contributor Marisol Perez Contributor address; 120 Cedar St San Antonio, TX 78210	f-state PAC (ID#)	Amount of contribution (\$) 250.00
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to c	complete this	form.	1 Total pages Schedule A1: 55 of 64
2	FILER NAME Ivalis M Gonzal	ez			3 Filer ID (Ethics Commission Filers)
4	Date 5/22/2025	5 Full name of contributor ☐ Emma Guerrero	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 3915 Skylark San Antonio, TX 78210	City; S	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	ctions)
	Date 5/22/2025	Full name of contributor U	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 3014 Whisper Fern St San Antonio, TX 78230	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Employe Manager SACDC		Employer (See instru	ctions)		
	Date Full name of contributor out-of-state PAC (ID#) 5/22/2025 Art Hall		AC (ID#)	Amount of contribution (\$) 250.00	
		Contributor address; 2243 Shady Rock Circle San Antonio, TX 78231	City; S	State; Zip Code	
	Principal occupa Administrator	tion / Job title (See instructions)		Employer (See instru Tidewater Communi	•
	Date 5/22/2025	Full name of contributor C. Edward Barron	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 30829 Man O War Fair Oaks , TX 78015	City; S	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)		Employer (See instru	ctions)

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

SCHEDULE A1

	т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 56 of 64
2	FILER NAME Ivalis M Gonzale	ez	3 Filer ID (Ethics Commission Filers)
4	Date 5/22/2025	5 Full name of contributor	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; State; Zip Code 30829 Man O War Fair Oaks, TX 78015	
8	Principal occupa	tion / Job title (See instructions) 9 Employer (See instructions) self employed	ructions)
	Date 5/22/2025	Full name of contributor	Amount of contribution (\$) 100.00
		Contributor address; City; State; Zip Code 7415 Quail Run Dr San Antonio, TX 78209	
Principal occupation / Job title (See instructions) Employer (See inst Owner Patti Larsen Cons			•
	Date 5/23/2025	Full name of contributor	Amount of contribution (\$) 250.00
		Contributor address; City; State; Zip Code 1361 Harwalt Drive Los Altos, CA 94024	
	Principal occupa	ttion / Job title (See instructions) Employer (See instructions) retired	ructions)
	Date 5/23/2025	Full name of contributor	Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip Code 300 East Basse Road #2127 San Antonio, TX 78209	
	Principal occupa Professor	tion / Job title (See instructions) Employer (See instructions) Trinity University	ructions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 57 of 64
2	FILER NAME Ivalis M Gonza	alez		3 Filer ID (Ethics Commission Filers)
4	Date 5/23/2025	5 Full name of contributor ut-of-state PA Deputy Sheriffs Association of Bexar Cou		7 Amount of contribution (\$) nm 500.00
		6 Contributor address; City; S 9200 Broadway #106 San Antonio, TX 78217	State; Zip Code	
8	Principal occup	pation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 5/23/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City; S 6706 Bella Colina San Antonio, TX 78256	State; Zip Code	
	Principal occup	pation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/23/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 3625 Paesanos Parkway San Antonio, TX 78231	State; Zip Code	
	Principal occup	pation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/24/2025	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 3010 Whisper Fern Street San Antonio, TX 78230	State; Zip Code	
	Principal occup	pation / Job title (See instructions)	Employer (See instru	uctions)
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SCHEDULE A1

	ī	he Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1: 58 of 64
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)
4	Date 5/25/2025	5 Full name of contributor ☐ out-of-s Brian Barron	state PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City 9003 Jodhpur Dr Boerme, TX 78015	; State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 5/25/2025	Full name of contributor □ out-of-s Patti Barron	state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City: 9003 Jodhpur Dr Boerne, TX 78015	; State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/25/2025	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; City 7 Westelm Gardens San Antonio, TX 78230	; State; Zip Code	
	Principal occupa retired	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 5/26/2025	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City 13307 Bow Heights Drive San Antonio, TX 78230	; State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru HEB	uctions)

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SCHEDULE A1

		The Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1: 59 of 64
2	FILER NAME Ivalis M Gonza	ılez			3 Filer ID (Ethics Commission Filers)
4	Date 5/26/2025	5 Full name of contributor	out-of-state PA	C (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 25 Bristol Green San Antonio, TX 78209	City; S	itate; Zip Code	
8	Principal occup Teacher	pation / Job title (See instructions)		9 Employer (See instru	ctions)
	Date 5/26/2025	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 8503 Honiley St San Antonio, TX 78254	City; S	tate; Zip Code	
	Principal occup	eation / Job title (See instructions)		Employer (See instru	ctions)
	Date 5/27/2025	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 329 Mary Louise DR San Antonio, TX 78201	City; S	tate; Zip Code	
	Principal occup	nation / Job title (See instructions)		Employer (See instru	ctions)
	Date 5/27/2025	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 3626 Hunters Trail San Antonio, TX 78230	City; S	itate; Zip Code	
	Principal occup	eation / Job title (See instructions)		Employer (See instru	ctions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 60 of 64						
2	FILER NAME Ivalis M Gonzal	ez		3 Filer ID (Ethics Commission Filers)		
4	Date 5/27/2025	5 Full name of contributor ☐ out-of-state PA Theresa J. Vale	.C (ID#)	7 Amount of contribution (\$) 100.00		
		6 Contributor address; City; S 410 Glenview Dr San Antonio, TX 78228	State; Zip Code			
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ctions)		
	Date 5/27/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 2266 Pinot Blanc New Braunfels , TX 78132	State; Zip Code			
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Linebarger	ctions)		
	Date 5/27/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 200.00		
		Contributor address; City; S 6021 Mike Nesmith St San Antonio , TX 78238	State; Zip Code			
	Principal occupa Educator	tion / Job title (See instructions)	Employer (See instru University of Texas	•		
	Date 5/27/2025	Full name of contributor	C (ID#)	Amount of contribution (\$) 50.00		
		Contributor address; City; S 2302 Wilderness HI San Antonio, TX 78231	State; Zip Code			
	Principal occupa	ation / Job title (See instructions)	Employer (See instru retired	ctions)		

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SCHEDULE A1

	т	he Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 61 of 64		
2	FILER NAME Ivalis M Gonzal	⊋z		3 Filer ID (Ethics Commission Filers)		
4	Date 5/27/2025	5 Full name of contributor	orate	7 Amount of contribution (\$) 500.00		
		6 Contributor address; City; PO Box 2246 Austin, TX 78768	State; Zip Code			
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	ctions)		
	Date 5/28/2025	Full name of contributor		Amount of contribution (\$) 100.00		
		Contributor address; City; 7038 Washita Way San Antonio, TX 78256	State; Zip Code			
	Principal occupa self employed	tion / Job title (See instructions)	Employer (See instru	ctions)		
	Date 5/28/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 100.00		
		Contributor address; City; 6419 Hidden Meadow Dr. San Antonio, TX 78230	State; Zip Code			
	Principal occupa	tion / Job title (See instructions)	Employer (See instru Self employed	ctions)		
	Date 5/28/2025	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 100.00		
	Contributor address; City; State; Zip Code 4803 W Lake Oaks San Antonio, TX 78251					
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	ctions)		
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SCHEDULE A1

	Т	he Instruction Guide explains how to compl	plete this form.	Total pages Schedule A1: 62 of 64
2	FILER NAME Ivalis M Gonzale	ez.	;	3 Filer ID (Ethics Commission Filers)
4	Date 5/28/2025	5 Full name of contributor ☐ out-o	of-state PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; Ci 2214 Meritage New Braunfels , TX 78132	ity; State; Zip Code	
8	Principal occupa Sales	tion / Job title (See instructions)	9 Employer (See instruc Chris Riley - BFS	tions)
	Date 5/28/2025	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; Ci 8251 San Fidel Way San Antonio, TX 78255	ity; State; Zip Code	
, , , , , , , , , , , , , , , , , , , ,			Employer (See instruc	tions)
	Date 5/28/2025	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; Ci 13060 Keller Rd La Coste, TX 78039	ity; State; Zip Code	
	Principal occupa	tion / Job title (See instructions) r	Employer (See instruc Bonick Irrigation	tions)
	Date 5/28/2025	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; Ci 1305 Moss Loop Lake Charles, LA 70605	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instruc	tions)

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

SCHEDULE A1

		The Instruction Guide explains how	1 Total pages Schedule A1: 63 of 64		
2	FILER NAME Ivalis M Gonza	lez			3 Filer ID (Ethics Commission Filers)
4	Date 5/28/2025	5 Full name of contributor Jordan Lyman	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 345 Vista View PI Spring Branch, TX 78070	City; S	State; Zip Code	
8	Principal occup	ation / Job title (See instructions)		9 Employer (See instr self employed	ructions)
	Date 5/28/2025	Full name of contributor Simon Guadalupe Salas	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 125.00
		Contributor address; 515 West Gramercy Place San Antonio, TX 78212	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Good Samaritan Community Services			
	Date 5/28/2025	Full name of contributor Barbara Aguirre	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 659 Aurora Ave San Antonio, TX 78228	City;	State; Zip Code	
	Principal occup	ation / Job title (See instructions)		Employer (See instr	ructions)
	Date 5/28/2025	Full name of contributor Elias Reyna	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 2171 West Kings Highway San Antonio, TX 78201	City; S	State; Zip Code	
	Principal occup self employed	ation / Job title (See instructions)		Employer (See instr self employed	ructions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 64 of 64
2	FILER NAME Ivalis M Gonza	ılez		3 Filer ID (Ethics Commission Filers)
4	Date 5/28/2025	5 Full name of contributor ut-of-state P/ Sonia Gonzalez	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; S 5910 Wales Street San Antonio, TX 78223		
8	Principal occup Attorney	eation / Job title (See instructions)	9 Employer (See instru Linebarger	uctions)
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)
		Contributor address; City; S		
	Principal occup	pation / Job title (See instructions)	Employer (See instru	uctions)
	Date	Full name of contributor ut-of-state PA	AC (ID#)	Amount of contribution (\$)
		Contributor address; City; S		
Principal occupation / Job title (See instructions)			Employer (See instru	uctions)
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)
		Contributor address; City; S		
	Principal occup	pation / Job title (See instructions)	Employer (See instru	uctions)
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1		
2	FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	3	\$ 0		
5	Date 6 Full name of contributor out-of-state PAC (ID#	p Code	8 Amount of Contribution \$ 9 In-kind contribution description		
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (F	Check if travel outside of Texas, complete Schedule T		
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's	s job title (FOR JUDICIAL) (See instructions)		
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of o	contributor's spouse (if any) (FOR JUDICIAL)		
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
	Date Full name of contributor out-of-state PAC (ID#	p Code	Amount of Contribution \$ In-kind contribution description Check if travel outside of Texas, complete Schedule T		
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (F	FOR NON-JUDICIAL) (See instructions)		
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's	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)				
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PLEDGED 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 Gor	nzalez		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF U	JNITEMIZED PLEDGES		\$ 0
5	Date	6 Full name of pledgor out-of-state PAC (ID# 7 Pledgor address; City; State; Zip Code		8 Amount of Pledge \$ 9 In-kind contribution description
10	Principal occu	pation / Job title (See instructions)	Employer (S	Check if travel outside of Texas, complete Schedule Tee instructions)
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of Pledge \$
	Principal occu	pation / Job title (See instructions)	Employer (S	Check if travel outside of Texas, complete Schedule T ee instructions)
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$
	Principal occu	pation / Job title (See instructions)	Employer (So	Check if travel outside of Texas, complete Schedule Tee instructions)
	Date	Full name of pledgor out-of-state PAC (ID# Description: Out-of-state PAC (ID# Out-of-state PAC (ID#)		Amount of Pledge \$
	Principal occu	pation / Job title (See instructions)	Employer (Se	Check if travel outside of Texas, complete Schedule Tee instructions)
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		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE	AS NEEDED

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense	Food/Beverage Expense Polling Exp	pense Travel in District			
Contributions/Donations Made By	Gifts/Awards/Memorials Expense Printing Ex				
Candidate/Officeholder/Political C	Committee Legal Services Salaries/W	ages/Contract Labor Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how to comple	te this form			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
1 of 12	Ivalis M Gonzalez				
4 Date	5 Payee name				
5/6/2025	Tina Acosta				
3/0/2023	Tilla Acosta				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
800.00	1850 Fredericksburg				
	San Antonio, TX 78201				
8	1: , 0 ,	b) Description			
PURPOSE	Salaries/Wages/Contract Labor	Contract labor			
OF					
EXPENDITURE					
	(c) Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense			
O Commisto ONI V if dinest					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought Office held			
expenditure to benefit o/	511				
Date	Payee name				
5/7/2025	Viva Politics LLC				
Amount (\$)	Payee address; City; State; Zip Co				
7000.00	1850 Frederickburg	ue			
1000.00	San Antonio, TX 78201				
	Sail Ailtoillo, 1A 76201				
	Category (See categories listed at the top of this schedule)	Description			
DUDDOOF	Consulting Expense	Consulting			
PURPOSE		· ·			
OF EXPENDITURE					
EXPENDITURE					
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	t Candidate / Officeholder name O	ffice sought Office held			
expenditure to benefit C/0	OH				
Data	Daves name				
Date 5/12/2025	Payee name Prestige Printing				
3/12/2023	Frestige Filliting				
Amount (\$)	Payee address; City; State; Zip Co	de			
776.15	8 Burwood Lane				
	San Antonio, TX 78216				
	Category (See categories listed at the top of this schedule)	Description			
PURPOSE	Printing Expense	Printing			
OF					
EXPENDITURE					
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
experientare to benefit O/C	O.1.				
	ATTACH ADDITIONAL CODIES OF THE COL	EDIN E AC NEEDED			
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)		
1 Total pages Schedule F1: 2 of 12	2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)		
4 Date 5/12/2025	5 Payee name George Sanchez				
6 Amount (\$) 180.00	7 Payee address; City; State; 1850 Fredericksburg San Antonio, TX 78201	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	(b) Description Contract labor			
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date 5/14/2025	Payee name Rose Mary Merino				
Amount (\$) 460.00	Payee address; City; State; 8230 Meadow Sun San Antonio, TX 78251	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	Description Contract labor			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 5/14/2025	Payee name Win with Optimal				
Amount (\$) 5833.52	Payee address; City; State; 113 15th Street NW #800 Washington, DC 20005	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	Description online ads			
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	ED .		

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor / to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 3 of 12	2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)			
4 Date 5/14/2025	5 Payee name Ivalis Gonzalez					
6 Amount (\$) 138.00	7 Payee address; City; State; Zip Code PO Box 782094 San Antonio, TX 78278					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Loan Repayment/Reimbursement	(b) Description Reimbursement	USPS			
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Office sought Office held					
Date 5/15/2025	Payee name Alamo Mailing					
Amount (\$) 3352.21	Payee address; City; State; 13114 Lookout Run San Antoni, TX 78233	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	Description Mailing				
	Check if travel outside of Texas, complete s	schedule T Check if	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
Date 5/19/2025	Payee name Adriana Clay					
Amount (\$) 285.00	Payee address; City; State; 1850 Fredericksburg San Antonio, TX 78201	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Salaries/Wages/Contract Labor	Description Contract labor				
	Check if travel outside of Texas, complete s	schedule T Check if	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED!	E D			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees C Food/Beverage Expense F Gifts/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor O complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1: 4 of 12	2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)				
4 Date 5/19/2025	5 Payee name Melissa Daugh						
6 Amount (\$) 330.00	7 Payee address; City; State; 1850 Fredericksburg San Antonio, TX 78201	Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Salaries/Wages/Contract Labor	(b) Description Contract labor					
	(c) Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense				
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
Date 5/19/2025	Payee name Instantly						
Amount (\$) 87.30	Payee address; City; State; 30 North Gould Street #R Sheridan, WY 82801	Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Advertising Expense	Description Eblast subscripti	on				
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held				
Date 5/19/2025	Payee name HEB						
Amount (\$) 17.78	Payee address; City; State; 12777 IH 10 West San Antonio, TX 78230	Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Event Expense	Description Food					
	Check if travel outside of Texas, complete sch	nedule T Check if A	Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEEDE	ED				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Loan Fees Office Food/Beverage Expense Pollin Gifts/Awards/Memorials Expense Printi	Repayment/Reimbursement c Overhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 5 of 12	2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)		
4 Date 5/21/2025	5 Payee name Rose Mary Merino				
6 Amount (\$) 340.00	7 Payee address; City; State; Zi 8230 Meadow Sun San Antonio, TX 78251	p Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Contract labor			
	(c) Check if travel outside of Texas, complete schedu	lle T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 5/22/2025	Payee name USPS				
Amount (\$) 73.00	Payee address; City; State; Zi 2400 McCullough Ave San Antonio, TX 78212	p Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Postage	Description Postage			
	Check if travel outside of Texas, complete schedu	lle T Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 5/22/2025	Payee name Alamo Mailing				
Amount (\$) 2307.25	Payee address; City; State; Zi 13114 Lookout Run San Antoni, TX 78233	o Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Mailing			
	Check if travel outside of Texas, complete schedu	lle T Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDI	ED		

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political C	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 12	2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/2025	5 Payee name Adriana Clay		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
215.00	1850 Fredericksburg	Zip Oodc	
	San Antonio, TX 78201		
8	(a) Category (See categories listed at the top of this sch		
PURPOSE	Salaries/Wages/Contract Labor	Contract labor	
OF			
EXPENDITURE	(c) Check if travel outside of Texas. complete s	chadula T Chaduif /	Austin TV officeholder living evnence
	, ,		Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
experientiale to beliefit 6/C	211		
Date	Payee name		
5/22/2025	Tina Acosta		
Amount (\$)	Payee address; City; State;	Zip Code	
360.00	1850 Fredericksburg		
	San Antonio, TX 78201		
	Category (See categories listed at the top of this sch	adula) Description	
	Salaries/Wages/Contract Labor	Description Contract labor	
PURPOSE OF	Calarico, Wagoo, Contract Labor	001111111111111111111111111111111111111	
EXPENDITURE			
ZXI ZXIJITOXZ	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C		Omoc sought	Omoc noid
Date	Payee name		
5/22/2025	Ivalis Gonzalez		
Amount (\$)	Payee address; City; State;	Zip Code	
260.00	PO Box 782094	p	
	San Antonio, TX 78278		
	Category (See categories listed at the top of this sch		iau Mangia Hamandar
PURPOSE	Loan Repayment/Reimbursement	Reimbursement	for Maggie Hernandez payment
OF			
EXPENDITURE			
	Check if travel outside of Texas, complete s		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
expenditure to benefit C/C	21.1		
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDE	ED .

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor w to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Ivalis M Gonzalez	·	3 Filer ID (Ethics Commission Filers)			
4 Date 5/23/2025	5 Payee name Frost Bank					
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 111 W Houston St #100 San Antonoio, TX 78205					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Accounting/Banking	(b) Description Returned item				
9 Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Office sought Office held					
Date 5/23/2025	Payee name Facebook					
Amount (\$) 37.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Advertising Expense	Description Social media ads				
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
Date 5/23/2025	Payee name Facebook					
Amount (\$) 37.00	Payee address; City; State 1 Hacker Way Menlo Park, CA 94025	; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Advertising Expense	Description Social media ads				
	Check if travel outside of Texas, complete	schedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED			

SCHEDULE F1

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 8 of 12	2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)			
4 Date 5/27/2025	5 Payee name Facebook					
6 Amount (\$) 41.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s Advertising Expense	(b) Description Social media ads				
9 Complete ONLY if direct expenditure to benefit C/C		e schedule T Check if A Office sought	Austin, TX, officeholder living expense Office held			
Date 5/27/2025	Payee name Facebook					
Amount (\$) 46.00	Payee address; City; State 1 Hacker Way Menlo Park, CA 94025	e; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising Expense	Description Social media ads				
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
Date 5/27/2025	Payee name Facebook					
Amount (\$) 51.00	Payee address; City; State 1 Hacker Way Menlo Park, CA 94025	e; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s Advertising Expense	Description Social media ads				
	Check if travel outside of Texas, complete	e schedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED			

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	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)		
1 Total pages Schedule F1: 9 of 12	2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)		
4 Date 5/27/2025	5 Payee name Facebook				
6 Amount (\$) 57.00	7 Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Advertising Expense	(b) Description Social media ads			
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 5/27/2025	Payee name Facebook				
Amount (\$) 63.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	Description Social media ads			
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 5/27/2025	Payee name Facebook				
Amount (\$) 33.96	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Advertising Expense	Description Social media ads			
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense I Fees (Food/Beverage Expense I Gifts/Awards/Memorials Expense I	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)		
1 Total pages Schedule F1:	2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)		
4 Date 5/27/2025	5 Payee name Prestige Printing				
6 Amount (\$) 3869.94	7 Payee address; City; State; Zip Code 16 Burwood Lane San Antonio, TX 78216				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Printing Expense	(b) Description Printing			
	(C) Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 5/27/2025	Payee name Go Daddy.com				
Amount (\$) 22.17	Payee address; City; State; 2150 E Warner Rd Tempe, AZ 85284	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheol Advertising Expense	Description URL Hosting			
	Check if travel outside of Texas, complete sci	hedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 5/27/2025	Payee name Alamo Mailing				
Amount (\$) 5236.70	Payee address; City; State; 13114 Lookout Run San Antoni, TX 78233	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Advertising Expense	dule) Description mailing			
	Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Offi Food/Beverage Expense Pol Gifts/Awards/Memorials Expense Prir	in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense nting Expense aries/Wages/Contract Labor complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1: 11 of 12	2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)				
4 Date 5/27/2025	5 Payee name Rose Mary Merino						
6 Amount (\$) 635.00	7 Payee address; City; State; 2 8230 Meadow Sun San Antonio, TX 78251	Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Salaries/Wages/Contract Labor	(b) Description Contract labor					
	(c) Check if travel outside of Texas, complete schee	dule T Check if	Austin, TX, officeholder living expense				
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
Date 5/28/2025	Payee name Norma Denham and Associates						
Amount (\$) 600.00	Payee address; City; State; Zip Code 15706 Knoll Cliff San Antonio, TX 78247						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Consulting Expense	Description Fundraising					
	Check if travel outside of Texas, complete sched	dule T Check if	Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held				
Date 5/28/2025	Payee name Text to Survey						
Amount (\$) 1024.92	Payee address; City; State; 2 1527 S Cooper Street Arlington, TX 76010	Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Advertising Expense	Description Text messaging					
	Check if travel outside of Texas, complete schee	dule T Check if	Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	E D				

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)	
1 Total pages Schedule F1: 12 of 12	2 FILER NAME Ivalis M Gonzalez		3 Filer ID (Ethics Commission Filers)	
4 Date 5/28/2025	5 Payee name Go Daddy.com			
6 Amount (\$) 102.21	7 Payee address; City; State; 2150 E Warner Rd Tempe, AZ 85284	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Accounting/Banking	(b) Description Website		
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 5/28/2025	Payee name Facebook			
Amount (\$) 70.00	Payee address; City; State; 1 Hacker Way Menlo Park, CA 94025	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	Description Social media ads		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scho	edule) Description		
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Polling Expense Gifts/Awards/Memorials Expense Printing Expense	Travel in District Travel Out Of District
Candidate/Officeholder/Political Co	· · · · · · · · · · · · · · · · · · ·	
	The Instruction Guide explains how to complete	this form
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 1	Ivalis M Gonzalez	
4 TOTAL OF UNITEMIZ	ED UNPAID INCURRED OBLIGATIONS	\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b)) Description
	(c) Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office OH	sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office	sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

			1 Total pages Schedule F3:							
		ne Instruction Guide explains how to complete this form.		1 of	1					
2	FILER NAME Ivalis M Gonza	alez	3	Filer	ID (E	thics Co	ommis	ssion File	ers)	
4	Date	Name of person from whom investment is purchased								
		6 Address of person from whom investment is purchased; City;	•		•	 State;		 Zip Co	 de	
		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 Cod	 de	
		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 Advertising Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political C	Gifts/Awards/Memorials Expense Printing Expens Committee Legal Services Salaries/Wages	nse Travel Out Of District ss/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to comp	plete this form
Total pages Schedule F4:	2 FILER NAME Ivalis M Gonzalez	3 Filer ID (Ethics Commission Filers
TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
5 Date	6 Payee name	1
7 Amount (\$)	8 Payee address; City; State; Zip Code	le
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
11 Complete <u>ONLY</u> if direct expenditure to benefit C/0		Check if Austin, TX, officeholder living expense fice sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	le
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
EXI ENDITORE	Check if travel outside of Texas, complete schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		fice sought Office held

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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 of 1 Ivalis M Gonzalez 4 Date 5 Payee Name 5/13/2025 **USPS 6** Amount (\$) 7 Payee address; City; State; Zip Code 138.00 2400 McCullough Ave **X** Reimbursement from San Antonio, TX 78212 political contributions intended (a) Category (See categories listed at the top of this schedule) PO Box 8 (b) Description **PURPOSE Advertising Expense** OF **EXPENDITURE** (c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 5/22/2025 **Ivalis Gonzalez** Payee address; City; Zip Code Amount (\$) State; 260.00 PO Box 782094 Reimbursement from San Antonio, TX 78278 political contributions intended Category (See categories listed at the top of this schedule) Maggie Hernandez Description **PURPOSE** Salaries/Wages/Contract Labor OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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

Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

•	The Instruction Guide explains how to complete this form	
1 Total pages Schedule H:	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) Check if travel outside of Texas, complete schedule T Che	eck if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		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	
	Check if travel outside of Texas, complete schedule T	eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		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	
	Check if travel outside of Texas, complete schedule T	eck if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought	Office held

SCHEDULE |

	The Instruction Guide explains how to complete th	nis 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) Descri	ption (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.)	ption (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.)	ption (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.)	iption (See instructions regarding type of information required.)
	ATTACH ADDITIONAL CODIES OF THIS SCHEDING	AC NEEDED

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

SCHEDULE K

The	1 Total pages Schedule K: 1 of 1	
2 FILER NAME Ivalis M Gonzal	ez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code
	7 Purpose for which amount is received	eck 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	eck 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	eck 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 Che	eck if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	S 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 Comm	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee				
5 Contribution / Expendi	ture reported on				-		
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
6 Dates of travel	7 Name of pers	7 Name of person(s) traveling					
	8 Departure cit	8 Departure city or name of departure location					
	9 Destination of	ity or name of destination loca	ation				
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee				
Contribution / Expendi	ture reported on						
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Name of pers	son(s) traveling					
	Departure city or name of departure location						
	Destination of	ity or name of destination loca	ation				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor /	Corporation or L	abor Organization / Pledgor /	Payee				
Contribution / Expendi	ture reported on						
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Name of pers	son(s) traveling					
	Departure cit	y or name of departure locatio	on				
	Destination of	ity or name of destination loca	ation				
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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 Filer ID (Ethics Commission Filers) Ivalis M Gonzalez **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. .. **CAMPAIGN FUNDS** A. 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. В. **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