CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR FIRST D/ANA	^{мі} Е.	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI	ITY; STATE; ZIP CODE			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS (MRS) MR FIRST	MIE.	Receipt # Amount \$		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	GONZALE	S.	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	IITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before elec	etion Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year O/ /6 / 2020	Month THROUGH	Day Year ΄ 3σ / 2σ26		
11 ELECTION	ELECTION DATE Month Day Year Primary Month Day Year General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known SAN Felipe School)	Del RIO CISP Board TRUSTER Place VI		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME (2)	IANA E.	GONZALES 1	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
•		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED \$ 360.15		an \$ 360,15		
· 		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 360.15		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 70,37		\$ 70,37		
	4. TOTAL POLITICAL EXPENDITURES \$		\$ 578.86		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 578,86 DAY \$ 281,29		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		HE \$		
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. NOTARY PUBLIC ID# 128795231					
O C	State of Texas comm. Exp. 11-20-2023	Jiane & So.	n zules		
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Diana Espana Gonzales, this the					
/ Ocides and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
			· 1		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERNAME DIANA E. GUNZALES 20 Filer ID (Ethics Co	ommission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500,00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 508.49	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC LINABARGER 2/13/20 GGGGAN/Blain & SIM 6 Contributor address; City; 1/2 E PECAN ST - SAN 54/172 2200	7 Amount of contribution (\$)	
8 Principal occupation / Job title (See Instructions) ATTORNEYS AT LAW	9 Employer (See Instruction Control of Contr	ions) OGGAN, BLAIR, SIMP SON
Date Full name of contributor □ out-of-state PAG Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructi	ons)
Date Full name of contributor out-of-state PAG Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructi	ions)
Date Full name of contributor out-of-state PAC Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructi	ions)
ATTACH ADDITIONAL COPIES		EEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME DIANA E- GONZALES 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 3/15/26 6 Amount (\$) ORANGE Designs

7 Payee address;

City; Zip Code 8377,33 1800 VETERANS BIVD. DEL RED TX 28840 8 (a) Category (See Categories listed at the top of this schedule) (b) Description ADVERTISING EXPENSE (CAMPAIGN SIGNS) **PURPOSE** CAMPAIGN SIGNS **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held DIANA E GONZAles expenditure to benefit C/OH SCHOOL BOARD SFPRCISI Date Payee name CANNON GRAPHICS 3/10/20 Amount (\$) Payee address: City; State: Zip Code \$131.16 712 N. Bedell Del RIO TX 78840 Category (See Categories listed at the top of this schedule) Description **PURPOSE** CAMPAIGN POSTCARDS ADVERTISING expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED