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: **31**

OFFICE USE ONLY

Date Received: **7/13/2026 5:20:08PM**

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed: **7/13/2026 5:20:08PM**

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: **Ivalis** | MI: **M**

NICKNAME | LAST: **Gonzalez** | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 782094
San Antonio TX 78278

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(210)** | PHONE NUMBER: **598-9079** | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: **Melanie** | MI

NICKNAME | LAST: **Tawil** | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2 Davenport Lane
San Antonio TX 78257

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(210)** | PHONE NUMBER: **323-9382** | EXTENSION

9 REPORT TYPE

July 15: Semi-Annual

10 PERIOD COVERED

Month Day Year: **1/1/2026** THROUGH Month Day Year: **6/30/2026**

11 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): **City Council District 8**

13 OFFICE SOUGHT (if known): **Council District 8**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Ivalis M Gonzalez

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS / EXPENDITURE TOTALS / CONTRIBUTION BALANCE / OUTSTANDING LOAN TOTALS

1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	**$ 0**
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$ 14000.00**
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES.	**$ 0**
4.	**TOTAL POLITICAL EXPENDITURES**	**$ 12289.23**
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	**$ 10400.75**
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$ 0**

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*** * * Electronically Certified * * ***
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Ivalis M Gonzalez**. this the **13th** day of **July**, 20**26**, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	**20** Filer ID (Ethics Commission Filers)
Ivalis M Gonzalez	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$ 13500.00**
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$ 500.00**
3.	[X]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$ 0**
4.	[X]	SCHEDULE E: LOANS	**$ 0**
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 12289.23**
6.	[X]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$ 0**
7.	[X]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
8.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$ 0**
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	**$ 0**
10.	[X]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$ 0**
11.	[X]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
12.	[X]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$ 0.15**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 9**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date
1/9/2026

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

6 Contributor address; City; State; Zip Code
2700 Via Fortuna #500
Austin, TX 78760

7 Amount of contribution ($)
500.00

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/9/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
William D Balthrope

Contributor address; City; State; Zip Code
4242 N Pan Am Expressway
San Antonio, TX 78218

Amount of contribution ($)
250.00

Principal occupation / Job title (See instructions)
Businessman

Employer (See instructions)
Self-employed

Date
2/2/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Trey S.

Contributor address; City; State; Zip Code
5435 Redwing Dr
San Antonio, TX 78240

Amount of contribution ($)
50.00

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Gauntlet

Date
3/2/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Trey S.

Contributor address; City; State; Zip Code
5435 Redwing Dr
San Antonio, TX 78240

Amount of contribution ($)
50.00

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
Gauntlet

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2 of 9**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
3/18/2026	**Gilberto Ocanas** **6** Contributor address; City; State; Zip Code **7 Champions Run** **San Antonio, TX 78258**	**500.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Public Strategy	**Ocanas Group**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/3/2026	**David Zachry** Contributor address; City; State; Zip Code **PO Box 33240** **San Antonio, TX 78266**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
CEO	**Zachry Corporation**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/1/2026	**Sonia Rodriguez** Contributor address; City; State; Zip Code **3859 Tupelo Ln** **San Antonio, TX 78229**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Attorney	**Cowen Rodriguez Peacock**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/14/2026	**Christopher Cox** Contributor address; City; State; Zip Code **219 Alexander Hamilton Drive** **San Antonio, TX 78228**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Director	**Frontier Waste Solutions**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 9**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
5/18/2026	**Rashid Atique** **6** Contributor address; City; State; Zip Code **18022 Cantera Golf** **San Antonio, TX 78256**	**500.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Physician	**Dominion Health**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/18/2026	**Bryan Lopez** Contributor address; City; State; Zip Code **1112 East Quincy** **San Antonio, TX 78212**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Attorney	**CJMA**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/18/2026	**Rob Killen** Contributor address; City; State; Zip Code **29 Winthrop Downs** **San Antonio, TX 78216**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Attorney	**Killen, Griffin & Farrimond**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/18/2026	**Gregory Pena** Contributor address; City; State; Zip Code **530 W Ware Blvd** **San Antonio, TX 78221**	**100.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Manager	**Naturaleza Celestial**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4 of 9**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
5/18/2026	**Sarah McLornan** **6** Contributor address; City; State; Zip Code **115 Paloma Dr** **San Antonio, TX 78212**	**250.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
homemaker	**homemaker**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/19/2026	**Sonia Gonzalez** Contributor address; City; State; Zip Code **1723 Fawn Gate Street** **San Antonio, TX 78248**	**250.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Attorney	**Linebarger**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/21/2026	**Jason Arechiga** Contributor address; City; State; Zip Code **22603 Impala Bend** **San Antonio, TX 78259**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Real estate developer	**The NRP Group**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/22/2026	**Debra Guerrero** Contributor address; City; State; Zip Code **3915 Skylark** **San Antonio, TX 78210**	**250.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Real Estate	**The NRP Group**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5 of 9**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
5/22/2026	**John Nicholas** **6** Contributor address; City; State; Zip Code **13211 N Hunters Cir** **San Antonio, TX 78230**	**500.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
retired	**retired**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/26/2026	**Leticia Van de Putte** Contributor address; City; State; Zip Code **222 Herweck Dr** **San Antonio, TX 78213**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Business Owner	**Andrade Van de Putte**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/26/2026	**Daniel Ortiz** Contributor address; City; State; Zip Code **9103 Mellbrook** **San Antonio, TX 78230**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Attorney	**Ortiz and McKnight**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/26/2026	**Blanca A Aldaco** Contributor address; City; State; Zip Code **13202 George Road** **San Antonio, TX 78230**	**150.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Business Owner	**Aldaco's**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6 of 9**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
5/26/2026	**Clif Douglass** **6** Contributor address; City; State; Zip Code **606 Garraty Rd** **San Antonio, TX 78209**	**500.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Attorney	**Linebarger Goggan Blair & Sampson, LLP**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/26/2026	**Albert Carrisalez** Contributor address; City; State; Zip Code **111 W. Huisache Ave** **San Antonio, TX 78212**	**50.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Government Relations	**UTSA**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/26/2026	**John Montford** Contributor address; City; State; Zip Code **1 Buckingham CT** **San Antonio, TX 78257**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Businessman	**Self-employed**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/26/2026	**James McKnight** Contributor address; City; State; Zip Code **2019 Flint Oak Drive** **San Antonio, TX 78248**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Attorney	**Ortiz and McKnight**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7 of 9**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
5/26/2026	**Caroline Brown** **6** Contributor address; City; State; Zip Code **210 Cave LN** **San Antonio, TX 78209**	**500.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Attorney	**Brown and McDonald**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/26/2026	**Kenneth Brown** Contributor address; City; State; Zip Code **2454 Toftrees** **San Antonio, TX 78209**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Attorney	**Brown and McDonald**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/26/2026	**Daniel T Barrett** Contributor address; City; State; Zip Code **1407 Viewridge Drive** **San Antonio, TX 78213**	**100.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
President	**Barrett Insurance Services**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/28/2026	**Jorge Herrera** Contributor address; City; State; Zip Code **1800 West Commerce st** **San antonio, TX 78207**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Attorney	**The herrera law firm**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8 of 9**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

---

4 Date
6/19/2026

5 Full name of contributor ☐ out-of-state PAC (ID#_____)
Debra Guerrero

6 Contributor address; City; State; Zip Code
3915 Skylark
San Antonio, TX 78210

7 Amount of contribution ($)
250.00

8 Principal occupation / Job title (See instructions)
Real Estate

9 Employer (See instructions)
The NRP Group

Date
6/29/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Gina Luree Ramos

Contributor address; City; State; Zip Code
822 Avant Ave
San Antonio, TX 78210

Amount of contribution ($)
250.00

Principal occupation / Job title (See instructions)
Billing manager

Employer (See instructions)
Unified women,Äôs healthcare

Date
6/29/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
John J Shields

Contributor address; City; State; Zip Code
325 Wildrose Ave
San Antonio, TX 78209

Amount of contribution ($)
500.00

Principal occupation / Job title (See instructions)
Executive Vice President

Employer (See instructions)
McCombs Enterprises

Date
6/29/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Andrea M Shields

Contributor address; City; State; Zip Code
325 Wildrose Ave
San Antonio, TX 78209

Amount of contribution ($)
500.00

Principal occupation / Job title (See instructions)
Artist

Employer (See instructions)
Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9 of 9**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
6/29/2026	**Jana Falic**	**500.00**
	6 Contributor address; City; State; Zip Code **176 Bal Bay Dr** **Bal Harbour, FL 33154**	

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Business Owner	**Duty Free Americas**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
6/29/2026	**Jerome Falic**	**500.00**
	Contributor address; City; State; Zip Code **6100 Hollywood Boulevard** **Hollywood, FL 33024**	

Principal occupation / Job title (See instructions)	Employer (See instructions)
Business Owner	**Duty Free Americas**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
6/29/2026	**Cinco Developers LP**	**500.00**
	Contributor address; City; State; Zip Code **8008 W Military Drive** **San Antonio, TX 78227**	

Principal occupation / Job title (See instructions)	Employer (See instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See instructions)	Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1 of 1**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS — **$ 0**

5 Date
5/18/2026

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

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

8 Amount of Contribution $ **500.00**

9 In-kind contribution description
Food and beverage for fundraiser

☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)
Government Relations Director

11 Employer (FOR NON-JUDICIAL) (See instructions)
USAA

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Contributor address; City; State; Zip 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 (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Gonzalez**	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED 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 ☐ Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_______________) Pledgor address; City; State; Zip Code	Amount of Pledge $ In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_______________) Pledgor address; City; State; Zip Code	Amount of Pledge $ In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_______________) Pledgor address; City; State; Zip Code	Amount of Pledge $ In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1 of 1**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS — **$ 0**

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#_____)

8 Lender address; City; State; Zip Code

6 Is lender a financial institution?

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION
☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#_____)

Lender address; City; State; Zip Code

Is lender a financial institution?

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **1 of 7**	**2** FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)

4 Date **1/6/2026**

5 Payee name **Mailchimp**

6 Amount ($) **303.81**

7 Payee address; City; State; Zip Code
405 N Angier Ave NE
Atlanta, GA 30308

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Advertising Expense**

(b) Description **Eblast subscription**

(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 — Candidate / Officeholder name — Office sought — Office held

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Date **1/28/2026**

Payee name **Viva Politics LLC**

Amount ($) **8000.00**

Payee address; City; State; Zip Code
1850 Frederickburg
San Antonio, TX 78201

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Consulting Expense**

Description **Consulting**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date **1/29/2026**

Payee name **Mailchimp**

Amount ($) **106.60**

Payee address; City; State; Zip Code
405 N Angier Ave NE
Atlanta, GA 30308

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Advertising Expense**

Description **Eblast subscription**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **2 of 7**

2 FILER NAME **Ivalis M Gonzalez**

3 Filer ID (Ethics Commission Filers)

4 Date **2/6/2026**

5 Payee name **Mailchimp**

6 Amount ($) **303.81**

7 Payee address; City; State; Zip Code
405 N Angier Ave NE
Atlanta, GA 30308

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Advertising Expense**

(b) Description **Eblast subscription**

(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 — Candidate / Officeholder name — Office sought — Office held

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Date **2/11/2026**

Payee name **The Original Blanco Cafe**

Amount ($) **34.94**

Payee address; City; State; Zip Code
201 W Commerce St
San Antonio, TX 78205

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Food/Beverage Expense**

Description **Staff lunch**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date **3/2/2026**

Payee name **Mailchimp**

Amount ($) **106.60**

Payee address; City; State; Zip Code
405 N Angier Ave NE
Atlanta, GA 30308

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Advertising Expense**

Description **Eblast subscription**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **3 of 7**

2 FILER NAME **Ivalis M Gonzalez**

3 Filer ID (Ethics Commission Filers)

4 Date **3/5/2026**

5 Payee name **MetalPromo**

6 Amount ($) **890.62**

7 Payee address; City; State; Zip Code
1700 S Lamar Blvd #338M
Austin, TX 78704

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Advertising Expense**

(b) Description **Fiesta medals**

(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 — Candidate / Officeholder name — Office sought — Office held

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Date **3/6/2026**

Payee name **Frost Bank**

Amount ($) **8.00**

Payee address; City; State; Zip Code
111 W Houston St #100
San Antonoio, TX 78205

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Accounting/Banking**

Description **Service charge**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date **3/6/2026**

Payee name **Mailchimp**

Amount ($) **303.81**

Payee address; City; State; Zip Code
405 N Angier Ave NE
Atlanta, GA 30308

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Advertising Expense**

Description **Eblast subscription**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **4 of 7**	**2** FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)
4 Date **3/11/2026**	**5** Payee name **North East Bexar County Democrats**	
6 Amount ($) **250.00**	**7** Payee address; City; State; Zip Code **6521 San Pedro Ave San Antonio, TX 78216**	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Advertising Expense**	**(b)** Description **Sponsorship**
	(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	Candidate / Officeholder name	Office sought / Office held

Date **3/30/2026**	Payee name **Mailchimp**	
Amount ($) **106.60**	Payee address; City; State; Zip Code **405 N Angier Ave NE Atlanta, GA 30308**	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Advertising Expense**	Description **Eblast subscription**
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date **4/6/2026**	Payee name **Mailchimp**	
Amount ($) **303.81**	Payee address; City; State; Zip Code **405 N Angier Ave NE Atlanta, GA 30308**	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Advertising Expense**	Description **Eblast subscription**
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **5 of 7**	**2** FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)
4 Date **4/8/2026**	**5** Payee name **Chick-Fil-A**	
6 Amount ($) **29.01**	**7** Payee address; City; State; Zip Code **10503 NW Military Hwy San Antonio, TX 78231**	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Food/Beverage Expense**	**(b)** Description **Staff lunch**
	(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	Candidate / Officeholder name	Office sought / Office held

Date **4/29/2026**	Payee name **Mailchimp**	
Amount ($) **106.60**	Payee address; City; State; Zip Code **405 N Angier Ave NE Atlanta, GA 30308**	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Advertising Expense**	Description **Eblast subscription**
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date **5/6/2026**	Payee name **Mailchimp**	
Amount ($) **303.81**	Payee address; City; State; Zip Code **405 N Angier Ave NE Atlanta, GA 30308**	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Advertising Expense**	Description **Eblast subscription**
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **6 of 7**	**2** FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)
4 Date **5/19/2026**	**5** Payee name **Mi Tierra Cafe**	
6 Amount ($) **476.01**	**7** Payee address; City; State; Zip Code **218 Produce Row San Antonio, TX 78207**	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Solicitation/Fundraising Expense**	**(b)** Description **Fundraiser**
	(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	Candidate / Officeholder name	Office sought / Office held

Date **5/26/2026**	Payee name **Go Daddy.com**	
Amount ($) **23.19**	Payee address; City; State; Zip Code **2150 E Warner Rd Tempe, AZ 85284**	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Advertising Expense**	Description **URL**
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date **5/28/2026**	Payee name **Go Daddy.com**	
Amount ($) **115.00**	Payee address; City; State; Zip Code **2150 E Warner Rd Tempe, AZ 85284**	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Advertising Expense**	Description **Website hosting**
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **7 of 7**	**2** FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)

4 Date **5/29/2026**

5 Payee name **Mailchimp**

6 Amount ($) **106.60**

7 Payee address; City; State; Zip Code
405 N Angier Ave NE
Atlanta, GA 30308

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Advertising Expense**

(b) Description **Eblast subscription**

(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 — Candidate / Officeholder name — Office sought — Office held

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Date **6/8/2026**

Payee name **Mailchimp**

Amount ($) **303.81**

Payee address; City; State; Zip Code
405 N Angier Ave NE
Atlanta, GA 30308

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Advertising Expense**

Description **Eblast subscription**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date **6/29/2026**

Payee name **Mailchimp**

Amount ($) **106.60**

Payee address; City; State; Zip Code
405 N Angier Ave NE
Atlanta, GA 30308

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Advertising Expense**

Description **Eblast subscription**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: **1 of 1**	**2** FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED 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/OH	Candidate / Officeholder name Office 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/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule F3: **1 of 1**
2 FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Name of person from whom investment is purchased **6** Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment ($)

Date	Name of person from whom investment is purchased Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: **1 of 1**	**2** FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		**$ 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/OH	Candidate / Officeholder name	Office 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/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: **1 of 1**	**2** FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)

4 Date

5 Payee Name

6 Amount ($)

☐ Reimbursement from political contributions intended

7 Payee 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 ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date

Payee name

Amount ($)

☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date

Payee name

Amount ($)

☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule H: **1 of 1**	**2** FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)
4 Date	**5** Business name	
6 Amount ($)	**7** Business address; City; State; Zip Code	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description
	(c) ☐ 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	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1 of 1**

2 FILER NAME
Ivalis M Gonzalez

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Name of person from whom amount is received / **6** Address of person from whom amount is received; City; State; Zip Code	**8** Amount ($)
1/8/2026	**Frost Bank** **111 W Houston St #100** **San Antonoio, TX 78205**	**0.08**
	7 Purpose for which amount is received: **Interest earned on funds in the account** ☐ Check if political contribution returned to filer	
Date **2/6/2026**	Name of person from whom amount is received: **Frost Bank** Address of person from whom amount is received; City; State; Zip Code **111 W Houston St #100** **San Antonoio, TX 78205**	Amount ($) **0.05**
	Purpose for which amount is received: **Interest earned on funds in the account** ☐ Check if political contribution returned to filer	
Date **6/5/2026**	Name of person from whom amount is received: **Frost Bank** Address of person from whom amount is received; City; State; Zip Code **111 W Houston St #100** **San Antonoio, TX 78205**	Amount ($) **0.02**
	Purpose for which amount is received: **Interest earned on funds in the account** ☐ Check if political contribution returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule T: **1 of 1**
2 FILER NAME **Ivalis M Gonzalez**	**3** Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ 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 person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	**11** Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ 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

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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure 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 person(s) traveling
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	Destination city or name of destination location

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. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

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

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

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

Signature of Candidate

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

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

Signature of Officeholder