

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
NAME

MS / MRS / MR FIRST MI
MR SAUL
NICKNAME LAST SUFFIX
GONZALES

OFFICE USE ONLY

Date Received
City Clerk

JAN 27 2023

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
816 STAGECOACH TRAIL
SAN MARCOS, TEX 78666

City of San Marcos

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 749 -2252

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR CLINTON C
NICKNAME LAST SUFFIX
HOERNER JR

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
810 STAGECOACH TRAIL SAN MARCOS TEX 78666

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 757-7433

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
/ / 1 / 15 / 2023

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
CITY COUNCIL PLACE 2

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

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
Credit Card Payment

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/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 F1:	2 FILER NAME SAUL GONZALES	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/22	5 Payee name SAUL GONZALES	
6 Amount (\$) \$1000.00	7 Payee address; City; State; Zip Code 816 Stagecoach Trail San Marcos Tex 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Repayment towards loan to the campaign for advertising expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/13/22	Payee name DENISE HOERNER	
Amount (\$) \$202.24	Payee address; City; State; Zip Code 810 Stagecoach Trail San Marcos Tex 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage expense Event expenses Postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/9/22	Payee name Campaigners	
Amount (\$) \$52.50	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME SAUL GONZALES 15 Filer ID (Ethics Commission Filers)

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

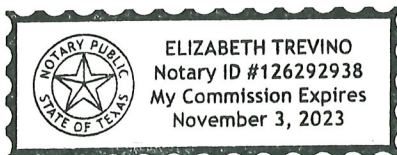
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>—</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1254.74</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2227.34</u>

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Saul Gonzales
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Saul Gonzales, this the 27th day of January, 2023, to certify which, witness my hand and seal of office.

Elizabeth Trevino
Signature of officer administering oath

Elizabeth Trevino
Printed name of officer administering oath

City Clerk
Title of officer administering oath