

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Norma C</i> NICKNAME LAST SUFFIX <i>Gunzales</i>	OFFICE USE ONLY <div style="border: 2px solid blue; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> <p style="color: blue; font-weight: bold; margin: 0;">RECEIVED</p> <p style="color: blue; font-weight: bold; margin: 0;">Superintendent</p> <p style="color: blue; font-weight: bold; margin: 0;">MAY 3 2013</p> <p style="color: blue; font-weight: bold; margin: 0;">IISD</p> <p style="color: blue; font-weight: bold; margin: 0;">ADMINISTRATIVE SERVICES</p> </div> <p style="margin-top: 10px;">Date Received</p> <p style="margin-top: 10px;">Date Hand-Delivered or Postmarked</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1208 W. 3rd St Irving, Tx 75060</i>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 542 7800</i>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Yara</i> NICKNAME LAST SUFFIX <i>Callejas</i>								
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1208 W. 3rd St. Irving, Tx 75060</i>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(972) 922-4753</i>								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>4 / 12 / 2013 05 / 03 / 2013</i>								
11 ELECTION	ELECTION DATE: Month Day Year <i>05 / 11 / 2013</i> ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <i>IISD SCHOOL BOARD DISTRICT 6</i>								

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Norma C Gonzales

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *150.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *150.00*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *37.56*

4. TOTAL POLITICAL EXPENDITURES

\$ *37.56*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *137.44*

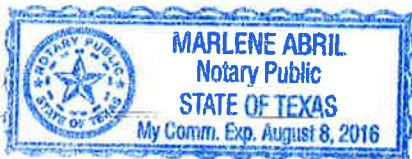
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *-0-*

18 AFFIDAVIT

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



Norma C Gonzales
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Norma C Gonzales*, this the *3rd* day of *May*, 20 *13*, to certify which, witness my hand and seal of office.

Marlene Abril
Signature of officer administering oath

Marlene Abril
Printed name of officer administering oath

Notary Public
Title of officer administering oath

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.			1 Total pages Schedule B:	
2 FILER NAME <i>NORMA C Gonzales</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨				\$
5 Date <i>4-21-13</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GRANT STINCHFIELD</i>	8 Amount of pledge (\$) <i>100.00</i>	9 In-kind description (if applicable)	
	7 Pledgor address; City; State; Zip Code <i>2960 N. Belt Line Rd Irving, TX 75062</i>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)	
Date <i>4-22-13</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Irving Republican Women's Club</i>	Amount of pledge (\$) <i>75.00</i>	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code <i>1401 Colony Dr. Irving TX 75061</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code		(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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME NORMA C Gonzales	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-25-13	5 Payee name WELLS FAREO BANK
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6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code 3535 N. Beltline Rd Irving, TX 75062
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting / Banking	(b) Description (If travel outside of Texas, complete Schedule T) Account FEE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Norma C. Gonzales	Office sought IISD SB DIST 6	Office held
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Date 4-29-13	Payee name Chick-Fil-A
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Amount (\$)	Payee address; City; State; Zip Code 2711 N. Beltline Rd Irving TX 75062
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Volunteer Food / Beverages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Norma C Gonzales	Office sought IISD SB DIST 6	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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