



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Adela R Segovia 15 ACCOUNT # (Ethics Commission Filers) 078261385

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  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>600.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9557.51</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adela R Segovia, this the 15th day of July, 20 13, to certify which, witness my hand and seal of office.

Alejandra Lopez Printed name of officer administering oath  
Alejandra C Lopez Title of officer administering oath

# 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" \*\*

1 C/OH NAME

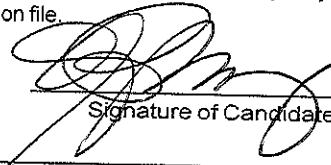
Adela R Segovia

2 ACCOUNT # (Ethics Commission Filers)

078261385

3 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

### 4 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

### 5 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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <i>Adela R Segovia</i>		3 ACCOUNT # (Ethics Commission Filers) <i>078241385</i>	
4 Date <i>5/10/13</i>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>(Walter) Serna, (Baltazar)</i>	7 Amount of contribution (\$) <i>300.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>126 Villita St SAN ANTONIO, TX 78205</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/10/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cesar R. Serna</i>	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>126 Villita St SAN ANTONIO, TX 78205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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: <i>1 of 5</i>	2 FILER NAME <i>Adela R Segovia</i>	3 ACCOUNT # (Ethics Commission Filers) <i>078261385</i>
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4 Date <i>6/28/13</i>	5 Payee name <i>Election Support Services Inc</i>
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6 Amount (\$) <i>5365.00</i>	7 Payee address; City; State; Zip Code <i>2611 Rompel Pass San Antonio, TX 78232</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing/Polling Expense</i>	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>SMD4 Adela R Segovia</i>	Office sought	Office held
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Date <i>7/15/13</i>	Payee name <i>Adela R Segovia</i>
------------------------	--------------------------------------

Amount (\$) <i>2000.00</i>	Payee address; City; State; Zip Code <i>123 Caldwell San Antonio, TX 78223</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>SMD4 Adela R Segovia</i>	Office sought	Office held
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Date <i>7/15/13</i>	Payee name <i>Adela R Segovia</i>
------------------------	--------------------------------------

Amount (\$) <i>579.42</i>	Payee address; City; State; Zip Code <i>123 Caldwell San Antonio, TX 78223</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE Holders Expenses</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Adela R Segovia</i>	Office sought <i>SMD4</i>	Office held
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Date <i>5/4/13</i>	Payee name <i>HEB</i>
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Amount (\$) <i>3.22</i>	Payee address; City; State; Zip Code <i>1601 Nogalitos San Antonio TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Beverages</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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: <i>2 of 4</i>	2 FILER NAME <i>Adela R Segovia</i>	3 ACCOUNT # (Ethics Commission Filers) <i>078261385</i>
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4 Date <i>5-7-13</i>	5 Payee name <i>Bill Millers</i>
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6 Amount (\$) <i>24.64</i>	7 Payee address; City; State; Zip Code <i>3514 S. Zarzamora San Antonio, Tx 78225</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-10-13</i>	Payee name <i>Fed Ex</i>
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Amount (\$) <i>91.80</i>	Payee address; City; State; Zip Code <i>3103 Military Dr San Antonio, Tx 78223</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-6-13</i>	Payee name <i>El Imcate</i>
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Amount (\$) <i>15.28</i>	Payee address; City; State; Zip Code <i>25101 Nogalitos San Antonio, Tx</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-4-13</i>	Payee name <del>DEKS</del> <i>HEB</i>
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Amount (\$) <i>23.43</i>	Payee address; City; State; Zip Code <i>1601 Nogalitos San Antonio, Tx 78204</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>37/4</b>	2 FILER NAME: <b>Adela R Segovia</b>	3 ACCOUNT # (Ethics Commission Filers): <b>078261385</b>
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4 Date: <b>5-4-13</b>	5 Payee name: <b>Valero</b>
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6 Amount (\$): <b>16.09</b>	7 Payee address; City; State; Zip Code: <b>2601 Nogalitos San Antonio, TX 78223</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <b>Food Beverages</b>	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>5-4-13</b>	Payee name: <b>GI ITACATE</b>
------------------------	----------------------------------

Amount (\$): <b>7.16</b>	Payee address; City; State; Zip Code: <b>2501 Nogalitos San Antonio TX 78225</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Food Beverage</b>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>5-11-13</b>	Payee name: <b>HEB</b>
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Amount (\$): <b>52.83</b>	Payee address; City; State; Zip Code: <b>721 Castrovilla Rd San Antonio, TX 78237</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Beverages   Food</b>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>5-3-13</b>	Payee name: <b>Whataburger</b>
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Amount (\$): <b>14.12</b>	Payee address; City; State; Zip Code: <b>1118 Roosevelt Ave San Antonio, TX 78210</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Food   Beverages</b>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>4 of 4</b>	2 FILER NAME <b>Adela R Segovia</b>	3 ACCOUNT # (Ethics Commission Filers) <b>078261385</b>
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4 Date <b>5-11-13</b>	5 Payee name <b>Bobby G</b>
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6 Amount (\$) <b>550.00</b>	7 Payee address; City; State; Zip Code <b>Nogalitos San Antonio, TX 78223</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food Beverages</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-11-13</b>	Payee name <b>Jack's Corner</b>
------------------------	------------------------------------

Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>Nogalitos San Antonio, TX</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food Beverages</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7-15-13</b>	Payee name <b>Adela R Segovia</b>
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Amount (\$) <b>664.52</b>	Payee address; City; State; Zip Code <b>123 Caldwell San Antonio, TX 78223</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office Holders Expenditures</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Adela R Segovia</b>	Office sought <b>SMD24</b>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

**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.

<b>1</b> Total pages Schedule G: 3 of 5	<b>2</b> FILER NAME Adela R Segovia	<b>3</b> ACCOUNT # (Ethics Commission Filers) 078261385
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<b>4</b> Date 5-4-13	<b>5</b> Payee name DQ
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<b>6</b> Amount (\$) 32.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code Fair Ave San Antonio, TX 78223
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Beverage	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	---

Date 5-3-13	Payee name Blue Star
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Amount (\$) 15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Alamo San Antonio, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Parking	Description (if travel outside of Texas, complete Schedule T)
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Date 5-12-13	Payee name Chili's Grill + Bar
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Amount (\$) 70.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 255 E. Basse San Antonio, TX 78209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverages	Description (if travel outside of Texas, complete Schedule T)
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Date 5-8-13	Payee name Valero
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Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1231 Proband San Antonio, TX 78223
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gas/Volunteer	Description (if travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: 175	2 FILER NAME Adela R Segovia	3 ACCOUNT # (Ethics Commission Filers) 078261385
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4 Date 5-7-13	5 Payee name Taco Cabana
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6 Amount (\$) 14.49 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 543 W. Malone San Antonio, Tx 78214
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Beverage	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 5-7-13	Payee name Taco Cabana
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Amount (\$) 7.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 543 W Malone San Antonio, Tx 78214
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverages	Description (if travel outside of Texas, complete Schedule T)
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Date 5-6-13	Payee name EL Itacate
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Amount (\$) 15.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2501 Nogalitos San Antonio, Tx 78223
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverages	Description (if travel outside of Texas, complete Schedule T)
------------------------	--	---

Date 5-6-13	Payee name Subway
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Amount (\$) 16.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1911 Nogalitos San Antonio, Tx 78225
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage	Description (if travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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<br>Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                     |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |   |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>245</b>	2 FILER NAME <b>Adela R Segovia</b>	3 ACCOUNT # (Ethics Commission Filers) <b>078261385</b>
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4 Date <b>5-5-13</b>	5 Payee name <b>Flying Tigers</b>
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6 Amount (\$) <b>49.15</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>2619 SE Military Dr San Antonio, TX 78223</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food Beverage</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date <b>5-4-13</b>	Payee name <b>Stella's House</b>
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Amount (\$) <b>81.71</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>Alamo Blue Star San Antonio, TX 78207</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food Beverage</b>	Description (If travel outside of Texas, complete Schedule T)
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Date <b>5-9-13</b>	Payee name <b>HEB</b>
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Amount (\$) <b>8.60</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6818 Zarramora San Antonio, TX 78224</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food Beverages</b>	Description (If travel outside of Texas, complete Schedule T)
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Date <b>5-10-13</b>	Payee name <b>Taco Cabana</b>
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Amount (\$) <b>34.51</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2347 Southcross San Antonio, TX 78223</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food Beverages</b>	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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<br>Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                     |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |   |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4 of 5	2 FILER NAME Adela R Segovia	3 ACCOUNT # (Ethics Commission Filers) 078261385
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4 Date 5-8-13	5 Payee name Chilis
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6 Amount (\$) 91.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2210 Military Dr. San Antonio, Tx 78224
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverages	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 5-8-13	Payee name Subway Sandwich & Salad
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Amount (\$) 19.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3227 SW Military Dr San Antonio, Tx 78211
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverages	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date 5-6-13	Payee name Valero
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Amount (\$) 251.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2601 Nogalitos San Antonio
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gas/Volunteer	Description (If travel outside of Texas, complete Schedule T)
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Date 5-7-13	Payee name Taco Cabana
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Amount (\$) 58.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 543 W. Malone San Antonio, Tx 78214
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED