

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	OFFICE USE ONLY		
	Mr. Rodolfo Carlos					
	NICKNAME	LAST	SUFFIX	Date Received		
	Carlos Gallinar			1/15/2021 3:59:43 PM		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	1427 Hawthorne Street El Paso, Texas 79902					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(915)	346-6586				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked		
	Mr. Michael Apodaca					
	NICKNAME	LAST	SUFFIX	Receipt #	Amount \$	
				Date Processed		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	2619 Sacramento El Paso, Texas 79930					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(915)	252-4520				
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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	10/25/2020		THROUGH	12/31/2020		
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	11/03/2020			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				Mayor		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mr. Rodolfo Carlos Gallinar

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 <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8717.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 45867.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Carlos Gallinar
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Gallinar, this the 15 day of January, 2021, to certify which, witness my hand and seal of office.

John Glendon

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

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Mr. Rodolfo Carlos Gallinar

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8717.15
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 45867.83
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/2020

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

Shari Schwartz

6 Contributor address; City; State; Zip Code

1025 Singing Hills Dr. El Paso, TX 79912

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/25/2020

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

Jim Carrillo

Contributor address; City; State; Zip Code

3501 Lime Kiln Road San Marcos, TX 78666

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2020

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

Cristina Gonzalez

Contributor address; City; State; Zip Code

6712 Camino Fuente El Paso, TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2020

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

Thao Doan

Contributor address; City; State; Zip Code

2620 Jefferson Austin, TX 78703

Amount of contribution (\$)

20

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Albert Gonzalez
.....
6 Contributor address; City; State; Zip Code
26 North Woodland Ave East Brunswick, NJ 08816

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Melissa Barba
.....
Contributor address; City; State; Zip Code
3956 Las Vegas Drive El Paso, TX 79902

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Robert O'Rourke
.....
Contributor address; City; State; Zip Code
1100 Los Angeles El Paso, TX 79902

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/2020

Full name of contributor out-of-state PAC (ID#: _____)
Stuart Ed
.....
Contributor address; City; State; Zip Code
11200 Montana Ave El Paso, TX 79936

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/2020

5 Full name of contributor

Juana Teixeira

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

711 Tepic El Paso, TX 79912

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/26/2020

Full name of contributor

Marcia Turner

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

5755 Kingsfield ave. El Paso, TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2020

Full name of contributor

Jacobo Licona

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

520 12th St S, Apt 613 Arlington, VA 22202

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2020

Full name of contributor

Emily Rosales-Baca

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

5644 Pebble Beach Dr El Paso, TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/27/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jesus Corona

6 Contributor address; City; State; Zip Code
14617 Gold Fish Pond Ave Austin, TX 78728

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/27/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jacqueline Westman

Contributor address; City; State; Zip Code
6352 Marcellena Dr Huntington Beach, CA 92647

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ginger McIntosh

Contributor address; City; State; Zip Code
13377 N Sandario Road, Marana, AZ 85653

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rose Garcia

Contributor address; City; State; Zip Code
11042 Marisma Ct. El Paso, TX 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/27/2020

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

Alma Gonzalez Cardiel

6 Contributor address; City; State; Zip Code

8499 New Haven El Paso, TX 79907

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/26/2020

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

Katherine Schuette

Contributor address; City; State; Zip Code

7329 Kiowa Creek Dr El Paso, TX 79911

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2020

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

Charles Espino

Contributor address; City; State; Zip Code

4748 North Mesa Street , El Paso, TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2020

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

Ed Roden Lucero

Contributor address; City; State; Zip Code

4500 Bliss Ave El Paso, TX 79903

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/27/2020

5 Full name of contributor

Kalie Quartermane

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

6770 Edgemere Boulevard El Paso, TX 79925

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/27/2020

Full name of contributor

Susan Novick

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5914 Mira Hermosa Dr. El Paso, TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

Full name of contributor

Ogechika Alozie

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6521 Isla Del Rey Dr El Paso, TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

Full name of contributor

Maria Del Rio

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6422 Los Robles Drive El Paso, TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2020

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

Jimmy Waters

6 Contributor address; City; State; Zip Code

110 S Fox Hall Rd Pearl, MS 39208

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/2020

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

Sylvia Carreon

Contributor address; City; State; Zip Code

925 Richard Dr. El Paso, TX 79907

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

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

Maria Fernanda Zacarias

Contributor address; City; State; Zip Code

3100 S Ocean Blvd Apt 316 Highland Beach, FL 33487

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

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

Joaquin Rodriguez

Contributor address; City; State; Zip Code

802 Cincinnati Ave EL PASO, TX 79902

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
James Ward

6 Contributor address; City; State; Zip Code
309 Vista Del Rey Dr. El Paso, TX 79912

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Diana Duron

Contributor address; City; State; Zip Code
2304 Cumbre Negra St El Paso, TX 79935

Amount of contribution (\$)

35

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Derek Turbin

Contributor address; City; State; Zip Code
3221 Carter Ave., #376 Marina Del Rey, CA 90292

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Barry Simon

Contributor address; City; State; Zip Code
800 Prospect El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2020

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

Billy Joe Wearmouth

6 Contributor address; City; State; Zip Code

1415 Hawthorne Street El Paso, TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/2020

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

Jennifer Hill

Contributor address; City; State; Zip Code

PO Box 751464 Dayton, OH 45475

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

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

Cesar Martinez

Contributor address; City; State; Zip Code

6500 Tama El Paso, TX 79932

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

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

Maria Carrillo

Contributor address; City; State; Zip Code

704 agua caliente El Paso, TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2020

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

Kirk Setser

6 Contributor address; City; State; Zip Code

3014 East Fremont Avenue Fresno, CA 93710

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/2020

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

Stella Ortega

Contributor address; City; State; Zip Code

3910 BANCROFT DRIVE El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

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

Kata Decker

Contributor address; City; State; Zip Code

2726 San Jose avenue El Paso, TX 79930

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

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

Yvonne Daniels

Contributor address; City; State; Zip Code

1615 Arizona Ave El Paso, TX 79935

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2020

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

Tara Hinojosa

6 Contributor address; City; State; Zip Code

2810 Memphis Avenue, unit A El Paso, TX 79930

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/2020

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

David DeMatthews

Contributor address; City; State; Zip Code

1907 Greenwood Ave, Unit B Austin, TX 78723

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

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

Katherine Schuette

Contributor address; City; State; Zip Code

98 W Rich St Columbus, OH 43215

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

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

Laura Escobedo

Contributor address; City; State; Zip Code

6804 Cancun Ln El Paso, TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
18

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2020

5 Full name of contributor

Hector Zamora

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

6612 Southwind Dr El Paso, TX 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/2020

Full name of contributor

Gustavo Reveles

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

3614 O'Keefe Dr. El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

Full name of contributor

Paul De La Pena

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

P.O. Box 920628 El Paso, TX 79902

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

Full name of contributor

Emmanuel Martinez

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

506 Prospect St, El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE A1

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1 Total pages Schedule A1:
18

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2020

5 Full name of contributor

Anna Hey

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

5844 Wrangler Dr. El Paso, TX 79924

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/2020

Full name of contributor

Rebecca Edwards

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

4630 Vulcan Ave. #10 El Paso, TX 79904

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

Full name of contributor

Mayra Macias

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

701 2nd ST Apt 744 Washington, DC 20002

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

Full name of contributor

Denise Nemiroff

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5844 Wrangler Drive El Paso, TX 79924

Amount of contribution (\$)

100

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2020

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

Robert Ardovino

6 Contributor address; City; State; Zip Code

2201 N. St. Vrain El Paso, TX 79902

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/2020

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

Diana Duron

Contributor address; City; State; Zip Code

2304 Cumbre Negra St. El Paso, TX 79935

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

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

Diego Reyes

Contributor address; City; State; Zip Code

1011 E. Nevada Ave. EL Paso, TX 79902

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2020

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

Aaron Stough

Contributor address; City; State; Zip Code

1505 W. Woods Dr. Apt. 713 Arlington Heights, IL 60004

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2020

5 Full name of contributor

Victoria Hutchings

6 Contributor address;

1014 Mack Pl Denton, TX 76209

out-of-state PAC (ID#: _____)

City;

State;

Zip Code

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/2020

Full name of contributor

Simon Jemente

Contributor address;

328 Barbaree Dr. El Paso, TX 79912

out-of-state PAC (ID#: _____)

City;

State;

Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2020

Full name of contributor

Brian Colon

Contributor address;

1101 Diamondback Dr. NE Albuquerque, NM 87113

out-of-state PAC (ID#: _____)

City;

State;

Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2020

Full name of contributor

James Halinan

Contributor address;

800 N Central Ave Phoenix, AZ 85004

out-of-state PAC (ID#: _____)

City;

State;

Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/29/2020

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

Julie Pearson

6 Contributor address; City; State; Zip Code

916 Park Rd El Paso, TX 79902

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/30/2020

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

Nicholas Tripoli

Contributor address; City; State; Zip Code

2900 S 1st St, Apt 425 AUSTIN, TX 78704

Amount of contribution (\$)

8

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2020

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

Robert Gunn

Contributor address; City; State; Zip Code

2726 Richmond Avenue El Paso, TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/2020

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

Jean Carlos Moldes

Contributor address; City; State; Zip Code

1431 Hawthorne St El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Leticia Quintero
.....
6 Contributor address; City; State; Zip Code
12049 GREENVEIL Dr El Paso, TX 79936

7 Amount of contribution (\$)

9.15

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/30/2020

Full name of contributor out-of-state PAC (ID#: _____)
Latino Victory Fund
.....
Contributor address; City; State; Zip Code
700 14th Street NW, Washington DC 20005

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
John and Irma Hickman
.....
Contributor address; City; State; Zip Code
6210 Escondido Dr., El Paso, TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/04/2020

Full name of contributor out-of-state PAC (ID#: _____)
Anna Hay
.....
Contributor address; City; State; Zip Code
5844 Wrangler Dr. El Paso, TX 79924

Amount of contribution (\$)

25

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/2020

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

Carmen Portugal

6 Contributor address; City; State; Zip Code

9015 Belk St El Paso, TX 79904

7 Amount of contribution (\$)

15

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/30/2020

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

Frontera Vision

Contributor address; City; State; Zip Code

611 Pennsylvania Ave SE #143, Washington DC 20003

Amount of contribution (\$)

3000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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: 0	
2 FILER NAME Mr. Rodolfo Carlos Gallinar		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> 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)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

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#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

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#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

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#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
0

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

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

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

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

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
4 Date 10/26/2020	5 Payee name Tovar Printing	
6 Amount (\$) 17787.64	7 Payee address; City; State; Zip Code 1230 Texas Ave, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Mail
	(c) <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 10/26/2020	Payee name Tovar Printing	
Amount (\$) 486.04	Payee address; City; State; Zip Code 1230 Texas Ave, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Literature
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/30/2020	Payee name West Star Bank	
Amount (\$) 15	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution Transfer Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2020	5 Payee name West Star Bank	
6 Amount (\$) 15	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Contribution Transfer Fee
	(c) <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 10/26/2020	Payee name Stephanie Acosta	
Amount (\$) 2000	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Contract Labor	Description Campaign Manager
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/26/2020	Payee name Southern Radio Inc.	
Amount (\$) 2296	Payee address; City; State; Zip Code 2100 Trawood, El Paso, TX 79935	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Radio Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2020	5 Payee name El Diario	
6 Amount (\$) 600	7 Payee address; City; State; Zip Code 1801 Texas Ave. El Paso, Texas 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Print Advertising
	(c) <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 10/31/2020	Payee name NGP Van Inc	
Amount (\$) 173.3	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Virtual Phone Bank
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 11/02/2020	Payee name NGP Van Inc.	
Amount (\$) 563.83	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Robo Call
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9		2 FILER NAME Mr. Rodolfo Carlos Gallinar		3 Filer ID (Ethics Commission Filers)	
4 Date 11/03/2020		5 Payee name NGP Van Inc.			
6 Amount (\$) 567.11		7 Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Robo Call		
	(c) <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	
Date 11/04/2020		Payee name ActBlue			
Amount (\$) 182.58		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fundraising Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/06/2020		Payee name Scale to Win			
Amount (\$) 3405.08		Payee address; City; State; Zip Code 13742 Harper St, Santa Ana CA 92703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Texting Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: 9		2 FILER NAME Mr. Rodolfo Carlos Gallinar		3 Filer ID (Ethics Commission Filers)	
4 Date 11/06/2020		5 Payee name Scale to Win			
6 Amount (\$) 3956.72		7 Payee address; City; State; Zip Code 13742 Harper St, Santa Ana CA 92703			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Texting Fees		
	(c) <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	
Date 11/05/2020		Payee name Tovar Printing			
Amount (\$) 9201.25		Payee address; City; State; Zip Code 1230 Texas Ave, El Paso, TX 79901			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Mail		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/06/2020		Payee name News Press & Gazette			
Amount (\$) 212.5		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description KVIA Advertising		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
4 Date 10/26/2020	5 Payee name Hello Amigo	
6 Amount (\$) 1311.88	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Digital Advertising	(b) Description Digital
	(c) <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		
Date 11/02/2020	Payee name KTSM	
Amount (\$) 750	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description KTSM Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date 11/10/2020	Payee name ActBlue	
Amount (\$) 263.24	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fundraising fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	Gift/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: 9		2 FILER NAME Mr. Rodolfo Carlos Gallinar		3 Filer ID (Ethics Commission Filers)	
4 Date 11/05/2020		5 Payee name Hello Amigo			
6 Amount (\$) 800		7 Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Digital		
	(c) <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					
Date 11/24/2020		Payee name ActBlue			
Amount (\$) 50		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fundraising fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/30/2020		Payee name ActBlue			
Amount (\$) 100		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fundraising fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
4 Date 11/10/2020	5 Payee name Stephanie Acosta	
6 Amount (\$) 1000	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Labor	(b) Description Campaign Manager
	(c) <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		
Date 11/10/2020	Candidate / Officeholder name Postal Service	
Amount (\$) 99.77	Office sought City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office supplies	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date 12/02/2020	Payee name ActBlue	
Amount (\$) 4.13	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fundraising fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
4 Date 12/09/2020	5 Payee name ActBlue	
6 Amount (\$) 21.76	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fundraising fees
	(c) <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		
Date 12/31/2020	Candidate / Officeholder name ActBlue	
Amount (\$) 5	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fundraising fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought Office held	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought Office held	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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: 0	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> 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	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

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 (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | 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 | Gift/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: 0	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 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
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 0	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

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

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
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0	2 FILER NAME Mr. Rodolfo Carlos Gallinar	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) <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	Business name	
Amount (\$)	Business 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
Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address;	City	State	Zip Code
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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
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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
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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
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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:

0

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

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 (\$)
7 Purpose for which amount is received <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer		

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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:
0

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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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

Mr. Rodolfo Carlos Gallinar

2 Filer ID (Ethics Commission Filers)

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.



Mr. Rodolfo Carlos Gallinar
*** Electronically Certified ***

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.



Mr. Rodolfo Carlos Gallinar
*** Electronically Certified ***

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

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