## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Rodolfo	Carlos	OFFICE USE ONLY
	NICKNAME LAST Carlos Gallinar	SUFFIX	1/15/2021 3:59:43 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C 1427 Hawthorne Street El Paso, Texas 79902	CITY; STATE; ZIP CODE	
	AREA CODE PHONE NUMBER		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 915 ) 346-6586	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Michael		Date Processed
	Apodaca		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / SI 2619 Sacramento El Paso, Texas 79930	JITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 252-4520	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	10/25/2020	тнгоидн 12/31,	/2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11/03/2020	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
		Mayor	
	GO TO	PAGE 2	

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## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH **COVER SHEET PG 2**

14 C/OH NAME			1	5 Filer ID (Ethics Commission Filers)
Mr. Rodolfo Carlos	s Gallinar			
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TI	REASURER NAME	
Additional Pages				
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAI ES, LOANS, OR GUARAN IBUTIONS MADE ELECT		\$
		POLITICAL CONTRIBUTE THAN PLEDGES, LOANS	<b>JTIONS</b> 5, OR GUARANTEES OF LOANS)	\$ 8717.15
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL	. EXPENDITURE.	\$
	4. TOTAL	POLITICAL EXPENDIT	\$ 45867.83	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO	DNS MAINTAINED AS OF THE LAST	DAY \$ 0
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF A AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	<sup>THE</sup> \$
18 AFFIDAVIT				
				erjury, that the accompanying report is prmation required to be reported by me
			Carlos Gallinar	
			Signature of Can	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subsci	ribed before me, l	by the said Carlos	Gallinar	, this the 15
<sub>day of</sub> January			ss my hand and seal of office.	
	Jo	hn Glendon		
Signature of officer a	dministering oath	Printed name of	officer administering oath	Title of officer administering oath

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILE	RNAME	20 Filer ID (Ethics Co	mmission Filers)
Mr. Ro	dolfo Carlos Gallinar		-
	EDULE SUBTOTALS E OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8717.15
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <b>0</b>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 45867.83
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

City Clerk Dept. 1/15/2021 4:03:34 PM

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Shari Schwartz		
10/25/2020	6 Contributor address; City;	State; Zip Code	250
	1025 Singing Hills Dr. El Paso, TX 79	9912	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Jim Carrillo		
10/25/2020	Contributor address; City;	State; Zip Code	100
	3501 Lime Kiln Road San Marcos, TX	< 78666	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/25/2020	Cristina Gonzalez Contributor address; City;	State; Zip Code	25
	6712 Camino Fuente El Paso, TX 79	912	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/25/2020	Thao Doan Contributor address; City;	State; Zip Code	20
10/23/2020	2620 Jefferson Austin, TX 78703		20
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

Forms provided by Texas Ethics Commission

MONETARY	POLITICAL	CONTRIBUTIONS
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Carlos Gallinar		18       3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$)
Albert Gonzalez		
6 Contributor address; City;	State; Zip Code	100
26 North Woodland Ave East Brunsv	wick, NJ 08816	
pation / Job title (See Instructions)	9 Employer (See Instruc	l tions)
Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Melissa Barba		
Contributor address; City;	State; Zip Code	150
	Employer (See Instruc	tions)
Full name of contributor	(ID#· )	Amount of contribution (C)
	(10 //)	Amount of contribution (\$)
	State: Zip Code	250
		250
-		· · · · ·
Dation / Job title (See Instructions)	Employer (See Instruc	nions)
Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Stuart Ed		
Contributor address; City;	State; Zip Code	100
11200 Montana Ave El Paso, TX 799	936	
pation / Job title (See Instructions)	Employer (See Instruc	tions)
	26 North Woodland Ave East Brunsy apation / Job title (See Instructions) Full name of contributor	26 North Woodland Ave East Brunswick, NJ 08816         apation / Job title (See Instructions)       9 Employer (See Instructions)         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       Employer (See Instructions)       Employer (See Instructions)         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       Employer (See Instructions)       Employer (See Instructions)         Full name of contributor       out-of-state PAC (ID#:)         Stuart Ed       contributor       out-of-state PAC (ID#:)         Stuart Ed       Contributor address;       City;       State;       Zip Code         11200 Montana Ave El Paso, TX 79936       Employer (See Instructions)       Employer (See Instructions)

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

City Clerk Dept. 1/15/2021 4:03:34 PM

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
	Juana Teixeira		
10/25/2020	<b>6</b> Contributor address; City;	State; Zip Code	25
	711 Tepic El Paso, TX 79912		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Marcia Turner		
10/26/2020	Contributor address; City;	State; Zip Code	25
	5755 Kingsfield ave. El Paso, TX 7991	2	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)
10/27/2020	Jacobo Licona Contributor address; City;	State; Zip Code	50
	520 12th St S, Apt 613 Arlington, VA 2	2202	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/27/2020	Emily Rosales-Baca Contributor address; City;	State; Zip Code	50
10/21/2020	5644 Pebble Beach Dr El Paso, TX 79	912	50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see Instruct		

Forms provided by Texas Ethics Commission

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	-
			18	4
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		<b>3</b> Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC	(ID#:)	7 Amount of contribution (\$)	pt.
	Jesus Corona			( Del
10/27/2020	6 Contributor address; City;	State; Zip Code	25	Clerk
	14617 Gold Fish Pond Ave Austin, T	X 78728		City Clerk Dept.
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	· (ID#:)	Amount of contribution (\$)	1
	Jacqueline Westman			
10/27/2020	Contributor address; City;	State; Zip Code	50	
	6352 Marcellena Dr Huntington Beac	h, CA 92647		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	-
Date	Full name of contributor	· (ID#:)	Amount of contribution (\$)	-
	Ginger Mcintosh			
10/27/2020	Contributor address; City;	State; Zip Code	10	
	13377 N Sandario Road, Marana, Az	Z 85653		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	· (ID#:)	Amount of contribution (\$)	-
	Rose Garcia			
10/27/2020	Contributor address; City;	State; Zip Code	25	
10/21/2020	11042 Marisma Ct. El Paso, TX 7993	36	20	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
				-
				4
	ATTACH ADDITIONAL COPIES O			
	If contributor is out-of-state PAC, please see Instru	uction guide for additional	reporting requirements.	1

## MONETARY POLITICAL CONTRIBUTIONS

The	Instruction Guide explains how to complete th	s form.	1 Total pages Schedule A1: 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	<b>5</b> Full name of contributor	\C (ID#:)	7 Amount of contribution (\$)
	Alma Gonzalez Cardiel	、,	
10/27/2020	6 Contributor address; City;	State; Zip Code	10
10/27/2020	8499 New Haven El Paso, TX 7990	•	10
		1	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	\C (ID#:)	Amount of contribution (\$)
	Katherine Schuette		
10/26/2020	Contributor address; City;	State; Zip Code	100
10,20,2020	7329 Kiowa Creek Dr El Paso, TX 7	9911	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	\C (ID#:)	Amount of contribution (\$)
	Charles Espino		
10/07/0000	Contributor address; City;	State; Zip Code	25
10/27/2020	4748 North Mass Street El Paso	TV 70012	20
	4748 North Mesa Street, El Paso,	TX 79912	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	\C (ID#:)	Amount of contribution (\$)
	Ed Roden Lucero		
10/27/2020	Contributor address; City;	State; Zip Code	100
10/27/2020	4500 Bliss Ave El Paso, TX 79903		100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 18	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
_	Carlos Gallinar			
4 Date	5 Full name of contributor Out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	pt.
	Kalie Quartermane			De
10/27/2020	6 Contributor address; City;	State; Zip Code	10	Clerk
	6770 Edgemere Boulevard El Paso,	TX 79925		City Clerk Dept.
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	l ctions)	
Date	Full name of contributor out-of-state PAG	(ID#-		
Dale		(ID#)	Amount of contribution (\$)	
40/07/0000	Susan Novick Contributor address; City;	State; Zip Code	100	
10/27/2020	5914 Mira Hermosa Dr. El Paso, TX		100	
		1		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	xtions)	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
	Ogechika Alozie			
10/28/2020	Contributor address; City; State; Zip Code		500	
	6521 Isla Del Rey Dr El Paso, TX 79	912		
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor			
Dato		C (ID#:)	Amount of contribution (\$)	
40/00/0000	Maria Del Rio Contributor address; City;	State; Zip Code	50	
10/28/2020	6422 Los Robles Drive El Paso, TX	-	50	
		1		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
	ATTACH ADDITIONAL COPIES			

## MONETARY POLITICAL CONTRIBUTIONS

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	
	Jimmy Waters			
10/28/2020	6 Contributor address; City; State	; Zip Code	25	
	110 S Fox Hall Rd Pearl, MS 39208			
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	
	Sylvia Carreon			
10/28/2020	Contributor address; City; State	; Zip Code	25	
	925 Richard Dr. El Paso, TX 79907			
Principal occup	ation / Job title (See Instructions) Err	ployer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	
10/28/2020	Maria Fernanda Zacarias Contributor address; City; State	; Zip Code	25	
	3100 S Ocean Blvd Apt 316 Highland Bea	ch, FL 33487		
Principal occup	ation / Job title (See Instructions) En	nployer (See Instruct	tions)	
Date	Full name of contributor	)	Amount of contribution (\$)	
10/28/2020	Joaquin Rodriguez Contributor address; City; State	; Zip Code	25	
10/20/2020	802 Cincinnati Ave EL PASO, TX 79902		20	
Principal occup	ation / Job title (See Instructions)	nployer (See Instruct	tions)	
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
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
	James Ward	(12)	
4.0.10.0.10.0.0.0			
10/28/2020	6 Contributor address; City;	State; Zip Code	50
	309 Vista Del Rey Dr. El Paso, TX 7	9912	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributorout-of-state PAG	С //D#-	
Date		о (ID#)	Amount of contribution (\$)
	Diana Duron		
10/28/2020	Contributor address; City;	State; Zip Code	35
	2304 Cumbre Negra St El Paso, TX	79935	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	ztions)
Date	Full name of contributor	C (ID#:)	
Dale		(ID#)	Amount of contribution (\$)
	Derek Turbin		
10/28/2020	Contributor address; City;	State; Zip Code	10
	3221 Carter Ave., #376 Marina Del F	Rey, CA 90292	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)
Date	Full name of contributor out-of-state PAG	C (ID#· )	Amount of contribution (\$)
		(.2	
	Barry Simon Contributor address; City;	State; Zip Code	
10/28/2020		State, Zip Code	100
	800 Prospect El Paso, TX 79902		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instr	uction guide for additional	reporting requirements.

The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 18
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
	Billy Joe Wearmouth		
10/28/2020	6 Contributor address; City;	State; Zip Code	100
	1415 Hawthorne Street El Paso, TX 7	9902	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	Jennifer Hill		
10/28/2020	Contributor address; City;	State; Zip Code	10
10/20/2020	PO Box 751464 Dayton, OH 45475		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	Cesar Martinez		
10/28/2020	Contributor address; City;	State; Zip Code	100
,,	6500 Tama El Paso, TX 79932		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		tions)	
Date	Full name of contributor		
Duic		D#:)	Amount of contribution (\$)
	Maria Carrillo Contributor address; City;	State; Zip Code	
10/28/2020			25
	704 agua caliente El Paso, TX 79912		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see Instruc	tion guide for additional	reporting requirements.

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 18	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
	Kirk Setser			
10/28/2020	<b>6</b> Contributor address; City;	State; Zip Code	25	
	3014 East Fremont Avenue Fresno, C	CA 93710		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Stella Ortega			
10/28/2020	Contributor address; City;	State; Zip Code	100	
10/20/2020	3910 BANCROFT DRIVE EI Paso, TX	( 79902		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Kata Decker			
10/28/2020	Contributor address; City;	State; Zip Code	25	
10/20/2020	2726 San Jose avenue El Paso, TX 7	9930	20	
Principal occur	, pation / Job title (See Instructions)	Employer (See Instruc	tions)	
			·	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Yvonne Daniels			
10/28/2020	Contributor address; City;	State; Zip Code	25	
	1615 Arizona Ave El Paso, TX 79935			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	IEEDED	
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

Forms provided by Texas Ethics Commission

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 18	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Carlos Gallinar			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	pt.
	Tara Hinojosa			Del
10/28/2020	<b>6</b> Contributor address; City;	State; Zip Code	50	llerk
	2810 Memphis Avenue, unit A El Pas	so, TX 79930		City Clerk Dept.
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	David DeMatthews			
10/28/2020	Contributor address; City;	State; Zip Code	5	
10/20/2020	1907 Greenwood Ave, Unit B Austin,	TX 78723	5	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
10/28/2020	Katherine Schuette           Contributor address;         City;	State; Zip Code	50	
. 0, 20, 2020	98 W Rich St Columbus, OH 43215			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
10/28/2020	Laura Escobedo Contributor address; City;	State; Zip Code	25	
10/20/2020	6804 Cancun Ln El Paso, TX 79912		20	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru			

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 18	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	1
	Carlos Gallinar			
4 Date	5 Full name of contributorout-of-state PAC	; (ID#:)	7 Amount of contribution (\$)	City Clerk Dept.
	Hector Zamora			Del
10/28/2020	<b>6</b> Contributor address; City;	State; Zip Code	100	llerk
	6612 Southwind Dr El Paso, TX 799	12		lity C
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	l ctions)	
Date	Full name of contributor 🗌 out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
	Gustavo Reveles			
10/28/2020	Contributor address; City;	State; Zip Code	50	
	3614 O'Keefe Dr. El Paso, TX 79902			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	; (ID#: )	Amount of contribution (\$)	
		,,		
40/00/0000	Paul De La Pena Contributor address; City;	State; Zip Code	20	
10/28/2020	P.O. Box 920628 El Paso, TX 79902		20	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	-
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Emmanuel Martinez			
10/28/2020	Contributor address; City;	State; Zip Code	50	
	506 Prospect St, El Paso, TX 79902			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru			

## MONETARY POLITICAL CONTRIBUTIONS

The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1: 18		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
Mr. Rodolfo	Carlos Gallinar				
4 Date	5 Full name of contributor	)	7 Amount of contribution (\$)		
	Anna Hey				
10/28/2020	<b>6</b> Contributor address; City; Sta	te; Zip Code	50		
	5844 Wrangler Dr. El Paso, TX 79924				
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instruc	tions)		
•	•		,		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)		
	Rebecca Edwards				
10/28/2020	Contributor address; City; Sta	te; Zip Code	5		
10/20/2020	4630 Vulcan Ave. #10 El Paso, TX 79904	L .	Ū		
Principal occup	eation / Job title (See Instructions)	mployer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)		
	Mayra Macias				
10/28/2020	Contributor address; City; Sta	te; Zip Code	100		
10/20/2020	701 2nd ST Apt 744 Washington, DC 200	102			
Bringing age	· •	mployer (See Instruc	tions)		
Finicipal occup			10115)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)		
	Denise Nemiroff				
10/28/2020		te; Zip Code	100		
10/20/2020	5844 Wrangler Drive El Paso, TX 79924		100		
Principal occup	pation / Job title (See Instructions)	mployer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF TH		IFEDED		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 18	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of contribution (\$)	
	Robert Ardovino		
40/00/0000			
10/28/2020		Code 50	
	2201 N. St. Vrain El Paso, TX 79902		
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	Diana Duron		
4 0 / 0 0 / 0 0 0 0			
10/28/2020		25	
	2304 Cumbre Negra St. El Paso, TX 79935		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)	
	Diego Reyes Contributor address; City; State; Zip	Code 5	
10/28/2020		<sup>Code</sup> 5	
	1011 E. Nevada Ave. EL Paso, TX 79902		
Principal occup	Dation / Job title (See Instructions) Employer	(See Instructions)	
Date	Full name of contributor	) Amount of contribution (\$)	
	Aaron Stough		
4.0.10.0.10.0.0.0	Contributor address; City; State; Zip	Code	
10/28/2020		10	
	1505 W. Woods Dr. Apt. 713 Arlington Heights	, IL 6000 <sup>2</sup>	
Principal occup	bation / Job title (See Instructions) Employer	(See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCH		
	If contributor is out-of-state PAC, please see Instruction guide for		

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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 18	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)		7 Amount of contribution (\$)	
	Victoria Hutchings			
10/28/2020	6 Contributor address; City;	State; Zip Code	10	
10/20/2020	1014 Mack PI Denton, TX 76209	,	10	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)	
Date	Full name of contributor Out-of-state PAC (II	D#:)	Amount of contribution (\$)	
	Simon Jemente			
10/28/2020	Contributor address; City;	State; Zip Code	25	
10/20/2020	328 Barbaree Dr. El Paso, TX 79912		25	
	· · · · · · · · · · · · · · · · · · ·			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor Out-of-state PAC (II	D#:)	Amount of contribution (\$)	
	Brian Colon			
10/20/2020	e e e e e e e e e e e e e e e e e e e	State; Zip Code	100	
10/29/2020 Contributor address; City; State; Zip Code 100 1101 Diamondback Dr. NE Albuquerque, NM 87113				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)	
	James Halinan			
10/29/2020	Contributor address; City;	State; Zip Code	250	
10/29/2020	800 N Central Abe Phoenix, AZ 85004		230	
	1			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			

## MONETARY POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor Out-of-state PAC (IE	D#:)	7 Amount of contribution (\$)	
	Julie Pearson			
10/29/2020	6 Contributor address; City;	State; Zip Code	500	
	916 Park Rd El Paso, TX 79902			
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)	
	Nicholas Tripoli			
10/30/2020	Contributor address; City;	State; Zip Code	8	
10/00/2020	2900 S 1st St, Apt 425 AUSTIN, TX 78	5704	0	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor Out-of-state PAC (IE	D#:)	Amount of contribution (\$)	
Robert Gunn				
11/03/2020 <sup>Contributor address;</sup> City; State; Zip Code 100			100	
	2726 Richmond Avenue El Paso, TX 7	9930		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	Jean Carlos Moldes			
11/11/2020	Contributor address; City;	State; Zip Code 100		
	1431 Hawthorne St El Paso, TX 79902			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES OF		IFFDFD	
	If contributor is out-of-state PAC, please see Instruct			

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
	Leticia Quintero			
11/12/2020	6 Contributor address; City;	State; Zip Code	9.15	
	12049 GREENVEIL Dr El Paso, TX 7	9936		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Latino Victory Fund			
10/30/2020	Contributor address; City;	State; Zip Code	1000	
	700 14th Street NW, Washington DC	20005		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	John and Irma Hickman			
10/25/2020	Contributor address; City;	State; Zip Code	25	
10/20/2020	6210 Escondido Dr., El Paso, TX 799	12		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Anna Hay			
11/04/2020	Contributor address; City;	State; Zip Code	25	
	5844 Wrangler Dr. El Paso, TX 79924	4		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	l	
	ATTACH ADDITIONAL COPIES O			
	If contributor is out-of-state PAC, please see Instru-			

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 18	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)	
	Carmen Portugal	/ (1011)		
44/40/0000				
11/12/2020	6 Contributor address; City;	State; Zip Code	15	
	9015 Belk St El Paso, TX 79904			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
	Frontera Vision			
10/20/2020	Contributor address; City;	State; Zip Code	2000	
10/30/2020	611 Pennsylvania Ave SE #143, Was		3000	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	Full name of contributor Out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
		1		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	Full name of contributorout-of-state PAC	; (ID#: )	Amount of contribution (\$)	
		, (.2		
	Contributor address; City;	State; Zip Code		
	Contributor address, Oity,	State, Zip Gode		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 0		
<sup>2</sup> FILER NAME Mr. Rodolfo Carlos Gallinar		3 Filer ID (Ethics Commission Filers)		
		\$	City Clerk Dept.	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description	y Clerk
	7 Contributor address; City; State;	Zip Code		Cit
<b>10</b> Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;	Zip Code		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF			
	If contributor is out-of-state PAC, please see Instruct			

### PLEDGED CONTRIBUTIONS

#### SCHEDULE B

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	ule B:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Mr. Rodolfo	o Carlos Gallinar				
4 TOTAL O	F 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; S	tate; Zip Code			
			Check if travel outsi	ide of Texas. Complete Schedule T.	
<b>10</b> Principal oc	cupation / 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; S	tate; Zip Code		• • •	
				ide of Texas. Complete Schedule T.	
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution	
	Pledgor address; City; S	tate; Zip Code		· · ·	
			Check if travel outsi	ide of Texas. Complete Schedule T.	
Principal occ	cupation / 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; Stat	e; Zip Code			
Principal acc	upation / Job title (See Instructions)	Employer (See		ide of Texas. Complete Schedule T.	
Filicipal Occ		Employer (Gee	matructionsy		
	ATTACH ADDITIONAL COPIES		-		
I	f contributor is out-of-state PAC, please see Ins	truction guide for	additional reporting	requirements.	

LOANS	
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#### SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 0
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
Mr. Rodolfo Ca	rlos Gallinar		
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state I	PAC (ID#: )	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			<b>11</b> Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	·
14 Description of Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#: )	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	l on / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Description of Coll	ateral	Check if personal fund	ds were deposited into political
🗌 none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

#### SCHEDULE F1

		EXPENDITURE CATE	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment		The Instruction Guide expla	ins how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
9	Mr. Rod	olfo Carlos Gallinar				
4 Date	5 Payee na	ame				
10/26/2020	Tovar P	rinting				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
17787.64	1230 Te	exas Ave, El Paso, T>	K 79901			
8	(a) Categor	y (See Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE	Printing			Mail		
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	a expense
• Complete ONLY if direct		late / Officeholder name		Office sought	, ,	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI				enice cought		
Date	Payee na	ame				
40/00/0000						
10/26/2020	Tovar P	rinting				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
486.04	1230 Te	exas Ave, El Paso, T>	K 79901			
		(See Categories listed at the top of this	schedule)	Description		
PURPOSE	Printing			Literature		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T		in, TX, officeholder livin	
	Candid	ate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF				Once sought		Office field
	1					
Date	Payee n	ame				
10/30/2020	West St	ar Bank				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
15						
	Category Fees	(See Categories listed at the top of this	schedule)	Description Contribution T	ransfer Feo	
PURPOSE OF	1 003					
EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	ΔΤ	TACH ADDITIONAL COPIE	S OF THIS		EDED	
	~ ~ !	INVERTICIAL OUFIE				

#### SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice	Fees         Of           Food/Beverage Expense         Pc           y         Gift/Awards/Memorials Expense         Pr	an Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains he	ow to complete this form.	
<b>1</b> Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
9	Mr. Rodolfo Carlos Gallinar		
4 Date	5 Payee name		
10/30/2020	West Star Bank	0.1	
6 Amount (\$) 15	<b>7</b> Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	Fees	Contribution T	ransfer Fee
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	in, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/26/2020	Stephanie Acosta		
Amount (\$)	Payee address;	City;	State; Zip Code
2000			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Salaries/Contract Labor	Description Campaign Ma	nager
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/26/2020	Southern Radio Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
2296	2100 Trawood, El Paso, TX 7993	35	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising	Radio Advertis	sing
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

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#### SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics	s Commission Filers)
9	Mr. Rod	olfo Carlos Gallinar				
4 Date	5 Payee na					
10/31/2020	El Diario	)				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
600	1801 Te	exas Ave. El Paso, Te	xas 799	01		
8	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE	Advertis	ing		Print Advertisi	ing	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	1 expense
<b>9</b> Complete <u>ONLY</u> if direct	Candic	late / Officeholder name		Office sought		Office held
expenditure to benefit C/OF				embe beught		
	Device no					
Date	Payee na	ame				
10/31/2020	NGP Va	an Inc				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
173.3						
		(See Categories listed at the top of this)	schedule)	Description		
PURPOSE	Fees			Virtual Phone	Bank	
OF EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T		in, TX, officeholder living	
	Candid	· .	Schedule I.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
11/02/2020	NGP Va	n Inc.				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
563.83						
		(See Categories listed at the top of this	schedule)	Description		
PURPOSE	Fees			Robo Call		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	1					
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEI	EDED	

#### SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees C Food/Beverage Expense F g Gift/Awards/Memorials Expense F	oan 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)
Credit Card Payment	The Instruction Guide explains h	now to complete this form.	
<b>1</b> Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
9	Mr. Rodolfo Carlos Gallinar		
4 Date	5 Payee name		
11/03/2020	NGP Van Inc.		
6 Amount (\$) 567.11	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Fees	(b) Description Robo Call	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/04/2020	ActBlue		
Amount (\$)	Payee address;	City;	State; Zip Code
182.58			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Fees	Gule) Description Fundraising F	ees
	Check if travel outside of Texas. Complete Scher	dule T. Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/06/2020	Scale to Win		
Amount (\$)	Payee address;	City;	State; Zip Code
3405.08	13742 Harper St, Santa Ana CA	92703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Fees	dule) Description Texting Fees	
	Check if travel outside of Texas. Complete Scher	dule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

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Forms provided by Texas Ethics Commission

#### SCHEDULE F1

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		EXPENDITURE CAT	EGORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Travel In District Travel Out Of Distri	oment & Related Expense
Credit Card Payment		The Instruction Guide expl	ains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
9	Mr. Rod	olfo Carlos Gallinar				
4 Date	5 Payee na					
11/06/2020	Scale to	Win				
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
3956.72	13742 ⊦	larper St, Santa Ana	a CA 9270	03		
8 PURPOSE OF	(a) Categor Fees	y (See Categories listed at the top of	this schedule)	(b) Description Texting Fees		
EXPENDITURE						
	(c)	Check if travel outside of Texas. Comple	te Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
11/05/2020	Tovar P	rinting				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
9201.25	1230 Te	exas Ave, El Paso, T	X 79901			
		' (See Categories listed at the top of th	nis schedule)	Description		
PURPOSE	Printing			Mail		
OF EXPENDITURE						
		Check if travel outside of Texas. Comple	te Schedule T		n, TX, officeholder livin	
	Candid	ate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF				Once sought		Once heid
Date	Payee na	ame				
11/06/2020	News P	ress & Gazette				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
212.5						
PURPOSE OF EXPENDITURE	Category Advertis	(See Categories listed at the top of th ing	iis schedule)	Description KVIA Advertisi	ng	
		Check if travel outside of Texas. Complete	te Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIE	ES OF THIS	SCHEDULE AS NEE	EDED	

#### SCHEDULE F1

		EXPENDITURE CAT	EGORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Exp		Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment		The Instruction Guide expl	ains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID (Ethic	s Commission Filers)
9	Mr. Rodo	olfo Carlos Gallinar				
4 Date	5 Payee na					
10/26/2020	Hello An	nigo				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
1311.88						
8	(a) Category	(See Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Digital A	dvertising		Digital		
	(c)	Check if travel outside of Texas. Comple	te Schedule T.	Check if Austi	n, TX, officeholder livir	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ne				
11/02/2020	KTSM					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
750						
PURPOSE OF EXPENDITURE	Category Advertisi	(See Categories listed at the top of the $\mathbf{N}$	iis schedule)	Description KTSM Advertis	sing	
		Check if travel outside of Texas. Comple	te Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
11/10/2020	ActBlue					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
263.24						
PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the top of th	is schedule)	Description Fundraising fe	es	
		Check if travel outside of Texas. Comple	te Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS NEE	EDED	

#### SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing Ex		Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment		The Instruction Guide explai	ins how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
9	Mr. Rod	olfo Carlos Gallinar				
4 Date	5 Payee na	me				
11/05/2020	Hello An	nigo				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
800						
8	(a) Categor	/ (See Categories listed at the top of thi	is schedule)	(b) Description		
PURPOSE	Advertis	ing		Digital		
OF EXPENDITURE				_		
EXPENDITORE						
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
11/24/2020	ActBlue					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
50						
PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the top of this	schedule)	Description Fundraising fe	es	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	Ime				
11/30/2020	ActBlue					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
100						
PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the top of this	schedule)	Description Fundraising fe	es	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	ACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	DED	

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#### SCHEDULE F1

	E	XPENDITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/I Gift/Av	Expense Beverage Expense vards/Memorials Expense Services	Office Over Polling Exp Printing Ex		Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment	The	Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethic	s Commission Filers)
9	Mr. Rodolfo	Carlos Gallinar				
4 Date	5 Payee name					
11/10/2020	Stephanie A					
6 Amount (\$)	7 Payee address			City;	State;	Zip Code
1000						
8 PURPOSE OF EXPENDITURE	(a) Category (See ( Salaries/Lab	Categories listed at the top of this	schedule)	(b) Description Campaign Ma	nager	
	(c) Check if	travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name		Office sought		Office held
Date	Payee name					
11/10/2020	Postal Servi	ce				
Amount (\$)	Payee address			City;	State;	Zip Code
99.77						
PURPOSE OF EXPENDITURE	Category (See C Office suppli	ategories listed at the top of this : <b>ES</b>	schedule)	Description Stamps		
	Check if	travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name		Office sought		Office held
Date	Payee name					
12/02/2020	ActBlue					
Amount (\$)	Payee address			City;	State;	Zip Code
4.13						
PURPOSE OF EXPENDITURE	Category (See C. Fees	ategories listed at the top of this a	schedule)	Description Fundraising fe	es	
	Check if	travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

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#### SCHEDULE F1

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	•
<b>1</b> Total pages Schedule F1:	2 EILED N				<b>3</b> Filer ID (Ethics Commission Filers)	
9		olfo Carlos Gallinar				
4 Date	5 Payee n	ame				
12/09/2020	ActBlue					
6 Amount (\$)	7 Payee a	ddress;		City;	State; Zip Code	_
21.76						
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Fees			Fundraising	fees	
OF				j' an an an an ang		
EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if A	ustin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	Office held	
Date	Payee n	ame				
12/31/2020	ActBlue	)				
Amount (\$)	Payee a	ddress;		City;	State; Zip Code	
5						
	Categor	y (See Categories listed at the top of this	schedule)	Description		-
PURPOSE	Fees			Fundraising	fees	
OF				<b>J</b>		
EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct		date / Officeholder name		Office sought	Office held	
expenditure to benefit C/OF	1					
	P					
Date	Payee n	lame				
Amount (\$)	Payee a	ddress;		City;	State; Zip Code	
				1		
	Categor	y (See Categories listed at the top of this s	schedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	ustin, TX, officeholder living expense	
Complete ONLY if direct	Candio	date / Officeholder name		Office sought	Office held	_
expenditure to benefit C/OF	4			-		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INC	URRE	DOBLIGATIO	DNS		SCHEI	DULE F2
		EXPENDITURE CAT	<b>FEGORIES</b> F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
<b>1</b> Total pages Schedule F2:	2 FILER	NAME		-	3 Filer ID (Ethics Co	ommission Filers)
0	Mr. Rod	olfo Carlos Gallinar				,
4 TOTAL OF UNITEN	IZED UN	PAID INCURRED OE	BLIGATION	S	\$	
5 Date	6 Payee	name				
<b>7</b> Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	itical		
10 PURPOSE OF EXPENDITURE	(a) Categor	Y (See Categories listed at the top o	f this schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate / Officeholder name	C	ffice sought	Office hel	ld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Catego	γ (See Categories listed at the top o	f this schedule)	Description		
		Check if travel outside of Texas. Com	plete Schedule T.	Check if A	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate / Officeholder name	C	ffice sought	Office he	ld
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#### LINDAID INCLIDDED OBLIGATIONS

#### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

		4 Total pages Schodula 50:
т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 0
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar	
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

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	EXPENDITURE CAT	EGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME Mr. Rodolfo Carlos Gallinar		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of top of the top of the top of to	his schedule) (b) Description		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date	Candidate / Officeholder name Payee name	Office sought	Office h	eld
2010				
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Political		
EXPENDITORE	Category (See Categories listed at the top of t	this schedule) Description		
PURPOSE OF EXPENDITURE				

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE ${f G}$

City Clerk Dept. 1/15/2021 4:03:34 PM

EXPENDIT	TEOODIE	$20 \times 0(-)$

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G: 0	2 FILER NA	AME DIfo Carlos Gallinar			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	me		I		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this sch	nedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder name		Office sought	(	Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
political contributions intended						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this sch	nedule)	Description		
		Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name		Office sought	(	Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this sch V (See Categories listed at the top of this sch	nedule)	Description		
		Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candio	date / Officeholder name		Office sought	(	Office held
	ATTA	ACH ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEED	ED	

	MADE FROM POLITICAL TIONS TO A BUSINESS O	F C/OH	SCHEDULE H
	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie Credit Card Payment	Fees         Office           Food/Beverage Expense         Polling           By         Gift/Awards/Memorials Expense         Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H: 0	<sup>2</sup> FILER NAME Mr. Rodolfo Carlos Gallinar		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
<b>6</b> Amount (\$)	7 Business address:	Oit ::	
<b>b</b> Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	EDED

City Clerk Dept. 1/15/2021 4:03:34 PM

#### SCHEDULE |

	The Instruction Guide explains how to cor	nplete this form.		
Total pages Schedule I			3 Filer ID (Ethics C	ommission Filers)
	Mr. Rodolfo Carlos Gallinar			
Date	5 Payee name			
Amount (\$)	<b>7</b> Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions regarding type o	f information

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

#### SCHEDULE K

City Clerk Dept. 1/15/2021 4:03:34 PM

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 0
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar	
4 Date	5 Name of person from whom amount is received	<b>8</b> Amount (\$)
	<b>6</b> Address of person from whom amount is received; City; Sta	te; Zip Code
	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

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

SCHEDULE T

The Instru	uction Guide	explains	how to complete	this form.		1 Total pages Schedule T: 0	
2 FILER NAME						<b>3</b> Filer ID (Ethics Commission Filers)	
Mr. Rodolfo Carlo			Organization / Pledgo	or / Payee			<u>ح</u> . ا
			- <u>-</u>				Dept
5 Contribution / Expend	liture reported	l on:					irk I
Schedule A2	Sche	edule B	Schedule B(J	) Schedule	e C2	Schedule D Sched	
Schedule F2	Sche	edule F4	Schedule G	Schedule	Н	Schedule COH-UC Sched	City Clerk Dept.
6 Dates of travel	7 Name of	person(s)	traveling				1
	8 Departu	re city or n	ame of departure loo	cation			
	9 Destinat	ion city or	name of destination	location			
<b>10</b> Means of transportat	ion	11 Purpo	ose of travel (includir	ng name of confere	ence, se	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgo	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Sche	edule B	Schedule B(J	) Schedule	C2	Schedule D Sched	dule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule	н	Schedule COH-UC Sched	dule B-SS
Dates of travel	Name of	f person(s)	) traveling				
	Departu	re city or n	ame of departure loo	cation			
	Destinat	ion city or	name of destination	location			
Means of transportat	ion	Purpo	ose of travel (includir	ng name of confere	ence, se	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgo	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Schedu	ile B	Schedule B(J)	Schedule C	2 [	Schedule D Schedule	e F1
Schedule F2	Schedu	ıle F4 [	Schedule G	Schedule H		Schedule COH-UC Schedule	e B-SS
Dates of travel	Name of	f person(s)	traveling				
	Departu	re city or n	ame of departure loo	cation			
	Destinat	ion city or	name of destination	location			
Means of transportat	ion	Purpo	ose of travel (includir	ng name of confere	ence, se	eminar, or other event)	
	FA		DDITIONAL COPIE	S OF THIS SCH	EDULE	ASNEEDED	

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## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

C/OH	
-	dolfo Carlos Gallinar
SIGN	TURE
ing a i	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file. $\square & Mr. Rodolfo Carlos Gallinar *** Electronically Certified **** Electronically Certified **** Signature of Candidate / Officeholder$
	WHO IS NOT AN OFFICEHOLDER aplete A & B below <i>only</i> if you are not an officeholder. ••
Α.	CAMPAIGN FUNDS
Che	k 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 may not convert unexpended political contributions or unexpended interest or income earned on political contributions 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 fili this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
В.	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after fili this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest
	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after fili this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after fili this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest income earned on political contributions in accordance with the requirements of Election Code, § 254.204. ASSETS
	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after fili this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest income earned on political contributions in accordance with the requirements of Election Code, § 254.204. ASSETS k only one:
	<ul> <li>unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filit this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest income earned on political contributions in accordance with the requirements of Election Code, § 254.204.</li> <li>ASSETS</li> <li>k only one:</li> <li>I do not retain assets purchased with political contributions or interest or other income from political contributions. I understat that I must also or interest or other income from political contributions. I understat that I may not convert assets purchased with political contributions or interest or other income from political contributions.</li> </ul>
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