

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	Date Received	10/5/2020 4:20:06 PM	
NICKNAME		LAST	SUFFIX	Date Hand-delivered or Date Postmarked		
Carlos Gallinar				Receipt #	Amount \$	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Processed		
1427 Hawthorne Street El Paso, Texas 79902				Date Imaged		
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(915) 346-6586						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
Mr. Michael						
NICKNAME		LAST	SUFFIX			
Apodaca						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
3323 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 checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
07/01/2020		THROUGH		09/24/2020		
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 of El Paso		

City Clerk Dept.
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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)	\$ 30086.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 24952.9
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 58271.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

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 5 day of October, 2020, to certify which, witness my hand and seal of office.

Mary Katz

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)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,815.78
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7271.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,952.9
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/01/2020

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

6 Contributor address; City; State; Zip Code
4748 North Mesa St El Paso, TX 79912

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/01/2020

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

Contributor address; City; State; Zip Code
260 South Clark Drive, Apt. B El Paso, TX 79905

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/01/2020

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

Contributor address; City; State; Zip Code
6804 Cancun El Paso, TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/01/2020

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

Contributor address; City; State; Zip Code
777 Camino Real Santa Teresa, NM 88008

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.

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/01/2020

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

6 Contributor address; City; State; Zip Code
241 Brianna Ct Canutillo, TX 79835

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/01/2020

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

Contributor address; City; State; Zip Code
2814 Richmond El Paso, TX 79930

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/01/2020

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

Contributor address; City; State; Zip Code
4300 Hollowview Fairfax, VA 22032

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/01/2020

Full name of contributor out-of-state PAC (ID#: _____)
Chris Chu De Leon

Contributor address; City; State; Zip Code
6302 Scribner Rd Houston, TX 77074

Amount of contribution (\$)

9.15

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

07/01/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Rodrigo Fernandez
.....
6 Contributor address; City; State; Zip Code
500 W. Overland 310 El Paso, TX 79901

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/01/2020

Full name of contributor out-of-state PAC (ID#: _____)
Maria Del Rio
.....
Contributor address; City; State; Zip Code
6422 Los Robles Drive El Paso, TX 79912

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/02/2020

Full name of contributor out-of-state PAC (ID#: _____)
Andrew Geordiadis
.....
Contributor address; City; State; Zip Code
4035 S School Ave Unit D-9 Sarsota, FL 34231

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
Daniel Garcia
.....
Contributor address; City; State; Zip Code
12418 Painted Daisy San Antonio, TX 78253

Amount of contribution (\$)

100

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/03/2020

5 Full name of contributor

Sally Spener

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

6 Contributor address; City; State; Zip Code

239 Rainbow Circle El Paso, TX 79912

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/04/2020

Full name of contributor

Armando Alvarez

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

Contributor address; City; State; Zip Code

3910 N Stanton El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/04/2020

Full name of contributor

Hannah Hollandbyrd

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

Contributor address; City; State; Zip Code

1140 E. Rio Grande Ave Apt. B11 El Paso, TX 79902

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/04/2020

Full name of contributor

Sharing Wittkopp

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

Contributor address; City; State; Zip Code

20 Waterside Plaza, Apt 32B New York, NY 10010

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/06/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Armando Rodriguez
6 Contributor address; City; State; Zip Code
241 Brianna Ct Canutillo, TX 79835

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/09/2020

Full name of contributor out-of-state PAC (ID#: _____)
Blanca O'Leary
Contributor address; City; State; Zip Code
1500 Silver King Drive Aspen, CO 81611

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Alexandra Gallinar
Contributor address; City; State; Zip Code
12013 Castle Keep Cir El Paso, TX 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/12/2020

Full name of contributor out-of-state PAC (ID#: _____)
Yvonne Daniels
Contributor address; City; State; Zip Code
1615 Arizona Ave El Paso, TX 79902

Amount of contribution (\$)

25

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

07/12/2020

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

6 Contributor address; City; State; Zip Code
516 La Cantera El Paso, TX 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/12/2020

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

Contributor address; City; State; Zip Code
6119 La Posta Drive El Paso, TX 79912

Amount of contribution (\$)

9.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/14/2020

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

Contributor address; City; State; Zip Code
14065 Tierra Delfin Dr El Paso, TX 79938

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/14/2020

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

Contributor address; City; State; Zip Code
328 Barbaree Dr. 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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/15/2020

5 Full name of contributor

Irma Hickman

6 Contributor address;

6210 Escondido El Paso, TX 79912

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

City;

State;

Zip Code

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/15/2020

Full name of contributor

Jonathan Ayala

Contributor address;

2630 Adams Mill Road NW #206 Washington, DC 20009

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

City;

State;

Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/15/2020

Full name of contributor

Terrie Martinez

Contributor address;

14266 Peyton Edwards Ave El Paso, TX 79938

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

City;

State;

Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2020

Full name of contributor

Jorge Garcia

Contributor address;

5806 Durrill St Santa Teresa, NM 88008

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

City;

State;

Zip Code

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

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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

07/17/2020

5 Full name of contributor

Armando Alvarez

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

6 Contributor address; City; State; Zip Code

3910 N Stanton St El Paso, TX 79902

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/17/2020

Full name of contributor

Heba Ross

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

Contributor address; City; State; Zip Code

1201 Madeline Dr. El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2020

Full name of contributor

Oscar Gonzalez

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

Contributor address; City; State; Zip Code

741 Cinnamon Teal El Paso, TX 79932

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2020

Full name of contributor

Aaron Cervantes

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

Contributor address; City; State; Zip Code

5739 Willis Ave Sherman Oaks, CA 91411

Amount of contribution (\$)

50

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:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/17/2020

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

Elhiu Dominguez

6 Contributor address; City; State; Zip Code

5293 Pete Payan Dr. El Paso, TX 79912

7 Amount of contribution (\$)

35

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

07/17/2020

Rose Avila

Contributor address; City; State; Zip Code

1025 Mallett St. El Paso, TX 79907

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

07/17/2020

Barry Simon

Contributor address; City; State; Zip Code

800 Prospect El Paso, TX 79902

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

07/17/2020

Laura Escobedo

Contributor address; City; State; Zip Code

6804 Cancun El Paso, TX 79912

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/17/2020

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

Bethany Mata

6 Contributor address; City; State; Zip Code

11713 Chiquis Ln El Paso, TX 79936

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/17/2020

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

Liza Montelongo

Contributor address; City; State; Zip Code

5701 S MoPac Expressway, Austin, TX 78749

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2020

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

Linda Immendorf

Contributor address; City; State; Zip Code

1020 Lynwood Ln. Somerdale, NJ 08083

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/18/2020

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

Monica Riehl

Contributor address; City; State; Zip Code

708 Winter Dr El Paso, Tx, 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/18/2020

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

Rosario Munoz

6 Contributor address; City; State; Zip Code

1115 Apache St El Paso, TX 79925

7 Amount of contribution (\$)

20

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/19/2020

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

Nestor Valencia

Contributor address; City; State; Zip Code

2113 West O'Hara Rd Anthony, NM 88021

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/19/2020

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

Ramon Benavidez

Contributor address; City; State; Zip Code

11505 James Grant Dr El Paso, TX 79936

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/19/2020

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

Laura Foster

Contributor address; City; State; Zip Code

2315 North Octavia Street El Paso, TX 79902

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.

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:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/21/2020

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

6 Contributor address; City; State; Zip Code
413 N. Warwick Rd 30B Somerdale, NJ 08083

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/22/2020

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

Contributor address; City; State; Zip Code
11709 Glendevon Terrace Chesterfield, VA 23838

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/22/2020

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

Contributor address; City; State; Zip Code
3 Avery Drive Old Bridge Township, NJ 08857

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/22/2020

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

Contributor address; City; State; Zip Code
5644 Pebble Beach Dr El Paso, TX 79912

Amount of contribution (\$)

25

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:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/23/2020

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

6 Contributor address; City; State; Zip Code
16 Candlewood Road Laredo, TX 78045

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/25/2020

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

Contributor address; City; State; Zip Code
12504 Carlos Bombach Avenue El Paso, TX 79928

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/25/2020

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

Contributor address; City; State; Zip Code
3120 Mobile Avenue El Paso, TX 79930

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/2020

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

Contributor address; City; State; Zip Code
2315 North Octavia Street El Paso, TX 79902

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/26/2020

5 Full name of contributor

Daniel Ramirez

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

6 Contributor address; City; State; Zip Code

6522 Rolla St Houston, TX 77055

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/27/2020

Full name of contributor

Sylvia Ortega

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

Contributor address; City; State; Zip Code

1305 Lonewood, El Paso, TX 79925

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/27/2020

Full name of contributor

Aurora Broadway

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

Contributor address; City; State; Zip Code

1305 Lonewood Dr El Paso, TX 79925

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/27/2020

Full name of contributor

Jeannette Walker

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

Contributor address; City; State; Zip Code

7128 Portugal Dr El Paso, TX 79912

Amount of contribution (\$)

25

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/27/2020

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

Alan Valle

6 Contributor address; City; State; Zip Code

645 Portillo Ave El Paso, TX 79932

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

07/27/2020

Juanita Carrillo

Contributor address; City; State; Zip Code

1407 Arizona Dr. El Paso, TX 79902

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

07/28/2020

Diana Duron

Contributor address; City; State; Zip Code

2304 Cumbre Negra St El Paso, TX 79935

15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

07/28/2020

Pete Dunavant

Contributor address; City; State; Zip Code

83 N ANGEL FIRE RD #48 ANGEL FIRE, NM 87710

100

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/31/2020

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

6 Contributor address; City; State; Zip Code
1420 Camino Alto El Paso, TX 79902

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/02/2020

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

Contributor address; City; State; Zip Code
11 Garnet Crest Way El Paso, TX 79902

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/14/2020

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

Contributor address; City; State; Zip Code
1500 Lost Padre Mine Dr El Paso, TXX 79902

Amount of contribution (\$)

130

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2020

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

Contributor address; City; State; Zip Code
2400 Frankfort Ave El Paso, TX 79930

Amount of contribution (\$)

200

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

08/07/2020

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

6 Contributor address; City; State; Zip Code
10464 Seawood Dr. El Paso, TX 79925

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/08/2020

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

Contributor address; City; State; Zip Code
1415 Hawthorne Street El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/08/2020

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

Contributor address; City; State; Zip Code
5903 Sage Hollow Ct Sugar Land, TX 77479

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/09/2020

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

Contributor address; City; State; Zip Code
10500 Tomwood El Paso, TX 79925

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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1 Total pages Schedule A1:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

08/09/2020

5 Full name of contributor

Armando Alvarez

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

6 Contributor address; City; State; Zip Code

3910 N Stanton St El Paso, TX 79902

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/09/2020

Full name of contributor

Cathleen Banda

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

Contributor address; City; State; Zip Code

2118 N. Saint Vrain Street El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/10/2020

Full name of contributor

Alexandra Gallinar

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

Contributor address; City; State; Zip Code

12013 Castle Keep Cir el paso, TX 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/10/2020

Full name of contributor

Joe Wearmouth

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

Contributor address; City; State; Zip Code

1415 Hawthorne St El Paso, TX 79902

Amount of contribution (\$)

500

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

08/11/2020

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

Diana Duron

6 Contributor address; City; State; Zip Code

2304 Cumbre Negra St El Paso, TX 79935

7 Amount of contribution (\$)

20

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/12/2020

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

Leticia Quintero

Contributor address; City; State; Zip Code

12049 Greenveil Dr El Paso, TX 79936

Amount of contribution (\$)

9.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/13/2020

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

Arnold Briseno

Contributor address; City; State; Zip Code

709 N. 4th St. Colton, CA 92324

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/13/2020

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

Erica Rosales

Contributor address; City; State; Zip Code

6084 River Park Place El Paso, TX 79932

Amount of contribution (\$)

25

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

08/14/2020

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

6 Contributor address; City; State; Zip Code
1140 E Rio Grande Ave, Apt B11 El Paso, TX 79902

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/14/2020

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

Contributor address; City; State; Zip Code
7105 Villa Hermosa Dr El Paso, TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/14/2020

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 (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/15/2020

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

Contributor address; City; State; Zip Code
6612 Southwind Dr El Paso, TX 79912

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

08/16/2020

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 (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/16/2020

Full name of contributor

Juana Teixeira

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

Contributor address; City; State; Zip Code

848 Via Descanso LN El Paso, TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2020

Full name of contributor

Jorge Garcia

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

Contributor address; City; State; Zip Code

5806 Durrill St Santa Teresa, NM 88008

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2020

Full name of contributor

Armando Alvarez

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

Contributor address; City; State; Zip Code

3910 N Stanton St El Paso, TX 79902

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

08/17/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jorge Reyes
.....
6 Contributor address; City; State; Zip Code
2706 Savannah Ave El Paso, TX 79930

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/17/2020

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)

Date

08/18/2020

Full name of contributor out-of-state PAC (ID#: _____)
Valeria Contreras
.....
Contributor address; City; State; Zip Code
6537 Contessa Ridge El Paso, TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/2020

Full name of contributor out-of-state PAC (ID#: _____)
Laura Foster
.....
Contributor address; City; State; Zip Code
2315 North Octavia Street El Paso, TX 79902

Amount of contribution (\$)

25

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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

08/19/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Scarlett Mercer
6 Contributor address; City; State; Zip Code
1509 Belview Court El Paso, TX 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/21/2020

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 (\$)

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
George Altgelt
Contributor address; City; State; Zip Code
16 Candlewood Road Laredo, TX 78045

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ramon Benavidez
Contributor address; City; State; Zip Code
11505 JAMES GRANT DR EL PASO, TX 79936

Amount of contribution (\$)

50

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

08/23/2020

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

Katherine Schuette

6 Contributor address; City; State; Zip Code

7329 Kiowa Creek Dr El Paso, TX 79911

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/24/2020

Sharon Amastae

Contributor address; City; State; Zip Code

3531 Fort Blvd El Paso, TX 79930

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/24/2020

Susan Urbietta

Contributor address; City; State; Zip Code

1324 Madeline Dr El Paso, TX 79902

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/24/2020

Jesus Bocanegra

Contributor address; City; State; Zip Code

6740 Brisa del Mar Dr El Paso, TX 79912

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

08/24/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jesus Bocanegra
.....
6 Contributor address; City; State; Zip Code
6740 Brisa del Mar Dr El Paso, TX 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Luz Corral
.....
Contributor address; City; State; Zip Code
12504 Carlos Bombach Avenue El Paso, TX 79928

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Dana Deemer
.....
Contributor address; City; State; Zip Code
5055 Ocotillo El Paso, TX 79932

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2020

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

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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

08/25/2020

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

Andrea Gates Ingle

6 Contributor address; City; State; Zip Code

2940 Piedmont El Paso, TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/25/2020

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

Maria Carrillo

Contributor address; City; State; Zip Code

704 Agua Caliente

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2020

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

Floyd Johnson

Contributor address; City; State; Zip Code

1513 Howze St El Paso, TX 79903

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2020

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

Stephanie Acosta

Contributor address; City; State; Zip Code

1401 N. Campbell #3 El Paso, TX 79902

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

08/25/2020

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

Rebecca Krasne

6 Contributor address; City; State; Zip Code

1107 East Baltimore Drive El Paso, TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/25/2020

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

Edgar Lopez

Contributor address; City; State; Zip Code

2308 Wheeling Ave Apt A El Paso, TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2020

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

Chris Villa

Contributor address; City; State; Zip Code

1107 E. Robinson Ave. El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2020

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

Joel Guzman

Contributor address; City; State; Zip Code

1210 Los Angeles Dr 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

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1 Total pages Schedule A1:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

08/25/2020

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

Laura Foster

6 Contributor address; City; State; Zip Code

2315 North Octavia Street El Paso, TX 79902

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/26/2020

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

Esther Hughes

Contributor address; City; State; Zip Code

1018 Blanchard Avenue El Paso, TX 79902

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2020

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

Juanita Carrillo

Contributor address; City; State; Zip Code

1407 Arizona Dr. El Paso, TX 79902

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2020

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

Michelle Savage

Contributor address; City; State; Zip Code

800 Prospect Street, Apt 2 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

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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

08/27/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Cristina Gonzalez
.....
6 Contributor address; City; State; Zip Code
6712 Camino Fuente El Paso, TX 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/27/2020

Full name of contributor out-of-state PAC (ID#: _____)
Laura Rodriguez
.....
Contributor address; City; State; Zip Code
10260 Bermuda Ave, El Paso, TX 79925

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2020

Full name of contributor out-of-state PAC (ID#: _____)
Douglas Scheiner
.....
Contributor address; City; State; Zip Code
5857 Burning Tree Dr El Paso, TX 79912

Amount of contribution (\$)

100.18

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2020

Full name of contributor out-of-state PAC (ID#: _____)
Cathleen Banda
.....
Contributor address; City; State; Zip Code
2118 N. Saint Vrain Street El Paso, TX 79902

Amount of contribution (\$)

100

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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

08/27/2020

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

Karen Barron

6 Contributor address; City; State; Zip Code

1007 Kelly Way El Paso, TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/27/2020

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

Paul Ro

Contributor address; City; State; Zip Code

2209 Pittsburg Ave El Paso, TX 79930

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2020

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

Misty Garcia

Contributor address; City; State; Zip Code

3604 N Stanton El Paso, TX 79902

Amount of contribution (\$)

400

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2020

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

Michelle Cummings

Contributor address; City; State; Zip Code

3923 Las Vegas El Paso, TX 79902

Amount of contribution (\$)

200

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

08/27/2020

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

Michelle Cummings

6 Contributor address; City; State; Zip Code

3923 Las Vegas El Paso, TX 79902

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/28/2020

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

Charlotte O'Rourke

Contributor address; City; State; Zip Code

3820 Hillcrest El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2020

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

Nancy Salazar

Contributor address; City; State; Zip Code

9309 McFall Dr El Paso, TX 79925

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2020

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

Mary Long

Contributor address; City; State; Zip Code

4101 Larchmont Dt. El Paso, TX 79902

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

08/28/2020

5 Full name of contributor

Marisela Bannon

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

6 Contributor address; City; State; Zip Code

1840 Grandview Ave El Paso, TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/28/2020

Full name of contributor

Michael Birckelbach

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

Contributor address; City; State; Zip Code

428 Borealis Ln El Paso, TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2020

Full name of contributor

Brian Kelley

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

Contributor address; City; State; Zip Code

6365 Monarch El Paso, TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2020

Full name of contributor

Patricia Dalbin

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

Contributor address; City; State; Zip Code

2308 Red Bluff El Paso, TX 79930

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

08/28/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Stuart Schwartz
.....
6 Contributor address; City; State; Zip Code
1025 Singing Hills El Paso, TX 79912

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Fred Dalbin
.....
Contributor address; City; State; Zip Code
2308 Red Bluff El Paso, TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Elhiu Dominguez
.....
Contributor address; City; State; Zip Code
5293 Pete Payan Dr. El Paso, TX 79912

Amount of contribution (\$)

35

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2020

Full name of contributor out-of-state PAC (ID#: _____)
Edward Holland
.....
Contributor address; City; State; Zip Code
2701 Louisville Ave El Paso, TX 79930

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

08/28/2020

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

Parul Haribhai

6 Contributor address; City; State; Zip Code

719 Kerbey Ave El Paso, TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/29/2020

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

John Dodson

Contributor address; City; State; Zip Code

1226 Cincinnati Ave El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/29/2020

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

Mauro Monsisvais

Contributor address; City; State; Zip Code

403 E Baltimore Dr El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/29/2020

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

Ben Lopez

Contributor address; City; State; Zip Code

7748 Iroquois El Paso, TX 79912

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

08/29/2020

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

6 Contributor address; City; State; Zip Code
10620 Vista Lomas Dr El paso, TX 79935

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/29/2020

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

Contributor address; City; State; Zip Code
1000 Madeline Dr El Paso, TX 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/29/2020

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 (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/29/2020

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

Contributor address; City; State; Zip Code
3224 Mesa Verde Lane El Paso, TX 79904

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

08/29/2020

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

Blanca O'Leary

6 Contributor address; City; State; Zip Code

1500 Silver King Drive Aspen, CO 81611

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/31/2020

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

Miriam Gallinar

Contributor address; City; State; Zip Code

7053 Red Man Dr El Paso, TX 79934

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/31/2020

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

Annette Gossett

Contributor address; City; State; Zip Code

4212 Larchmont Dr. El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/31/2020

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

Noemi Tovar

Contributor address; City; State; Zip Code

1108 Upson Dr. El Paso, TX 79902

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

09/01/2020

5 Full name of contributor

Rusty Morris

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

6 Contributor address; City; State; Zip Code

708 McKelligon Dr El Paso, TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/01/2020

Full name of contributor

Tatiana Avila

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

Contributor address; City; State; Zip Code

P.O. Box 370601 El Paso, TX 79937

Amount of contribution (\$)

118

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/2020

Full name of contributor

Lee Byrd

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

Contributor address; City; State; Zip Code

2709 Louisville El Paso, TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/2020

Full name of contributor

Tiam Leyva

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

Contributor address; City; State; Zip Code

3700 Preston Rd, Apt 1634 Plano, TX 75093

Amount of contribution (\$)

5

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

09/01/2020

5 Full name of contributor

Analisa Silverstein

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

6 Contributor address; City; State; Zip Code

6900 Rock Canyon Dr El Paso, TX 79912

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/02/2020

Full name of contributor

Diana Ramos

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

Contributor address; City; State; Zip Code

10705 White Sands Dr El Paso, TX 79924

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/2020

Full name of contributor

Elizabeth Howard

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

Contributor address; City; State; Zip Code

2808 Devis Tower El Paso, TX 79904

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/02/2020

Full name of contributor

Mary Bosen

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

Contributor address; City; State; Zip Code

4108 Hueco Ave El Paso, TX 79903

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/01/2020

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

Maria Leon

6 Contributor address; City; State; Zip Code

510 McKelligon Dr. El Paso, TX 79902

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/01/2020

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

Katherine Brennand

Contributor address; City; State; Zip Code

6006 Balcones Ct. #27, El Paso, TX 79912

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/2020

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

Rosaura Zarazua

Contributor address; City; State; Zip Code

7305 Dempsey, El Paso, TX 79925

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/02/2020

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

Lucia Aguirre Barrios

Contributor address; City; State; Zip Code

893 Blue Park Santa Teresa, NM 88008

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/03/2020

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

6 Contributor address; City; State; Zip Code
403 E Baltimore Dr El Paso, TX 79902

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/03/2020

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

Contributor address; City; State; Zip Code
724 Cheltenham Dr El Paso, TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/2020

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)

Date

09/04/2020

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

Contributor address; City; State; Zip Code
12321 Amstater Cr El Paso, TX 79936

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

09/04/2020

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

Maria Casillas

6 Contributor address; City; State; Zip Code

13829 Hartsook St Sherman Oaks, CA 91423

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/04/2020

Alma Gonzalez

Contributor address; City; State; Zip Code

8499 New Haven Dr. El Paso, TX 79907

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/04/2020

Eduardo Rodela

Contributor address; City; State; Zip Code

4628 Luxberry Drive Fairfax, VA 22032

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/04/2020

Anna Hey

Contributor address; City; State; Zip Code

5844 Wrangler Dr. El Paso, TX 79924

25

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

09/04/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Denise Nemiroff
.....
6 Contributor address; City; State; Zip Code
5844 Wrangler Drive El Paso, TX 79924

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/04/2020

Full name of contributor out-of-state PAC (ID#: _____)
Liza Monteleugno
.....
Contributor address; City; State; Zip Code
5701 S MoPac Expressway, Austin, TX 78749

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/05/2020

Full name of contributor out-of-state PAC (ID#: _____)
Roberto Ortega
.....
Contributor address; City; State; Zip Code
1305 Lonewood Dr. El Paso, TX 79925

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/05/2020

Full name of contributor out-of-state PAC (ID#: _____)
Michelle Ortega
.....
Contributor address; City; State; Zip Code
551 Regency El Paso, TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/05/2020

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

Michelle Ortega

6 Contributor address; City; State; Zip Code

551 Regency Drive El Paso, TX 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/05/2020

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

Maria Robert

Contributor address; City; State; Zip Code

1292 Cypress Ridge Drive El Paso, TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/05/2020

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

William Lockhart

Contributor address; City; State; Zip Code

7105 Villa Hermosa Dr El Paso, TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/05/2020

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

Lilliana Fierro

Contributor address; City; State; Zip Code

12349 Chelmsford Ave Horizon, TX 79928

Amount of contribution (\$)

50

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

09/06/2020

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

Gloria Amber

6 Contributor address; City; State; Zip Code

1125 Baltimore El Paso, TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/07/2020

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

John Dodson

Contributor address; City; State; Zip Code

1226 Cincinnati Ave El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/07/2020

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

09/08/2020

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

Walter Lujan

Contributor address; City; State; Zip Code

6444 Calle Vista Dr El Paso, TX 79912

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

09/08/2020

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

6 Contributor address; City; State; Zip Code
1305 Lonewood Dr. El Paso, TX 79925

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/08/2020

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

Contributor address; City; State; Zip Code
P.O. Box 26432 El Paso, TX 79926

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/08/2020

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 (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/09/2020

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

Contributor address; City; State; Zip Code
1432 Hawthorne El Paso, TX 79902

Amount of contribution (\$)

25

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

09/09/2020

5 Full name of contributor

Cesar Martinez

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

6 Contributor address; City; State; Zip Code

6500 Tama El Paso, TX 79932

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/09/2020

Full name of contributor

Maria Carrillo

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

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)

Date

09/09/2020

Full name of contributor

Colleen Danaher

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

Contributor address; City; State; Zip Code

6868 Enid Ct, Apt 38 El Paso, TX 79912

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/09/2020

Full name of contributor

Barry Laskowski

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

Contributor address; City; State; Zip Code

3604 Stanton St. El Paso, TX 79902

Amount of contribution (\$)

50

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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/09/2020

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

Mariah Savage

6 Contributor address; City; State; Zip Code

800 Prospect St, Apt 1 El Paso, TX 79902

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/09/2020

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

Amy Lechuga

Contributor address; City; State; Zip Code

1216 Backus St El Paso, TX 79925

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/09/2020

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

Ailbhe Cormack

Contributor address; City; State; Zip Code

905 Cincinnati El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/09/2020

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

Marisela Huerta

Contributor address; City; State; Zip Code

3707 Laguna Pl El Paso, TX 79902

Amount of contribution (\$)

50

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/09/2020

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

6 Contributor address; City; State; Zip Code
411 RIO ESTANCIA DR. EL PASO, TX 79932

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/09/2020

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

Contributor address; City; State; Zip Code
2209 Pittsburg Ave El Paso, TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/09/2020

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

09/10/2020

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

Contributor address; City; State; Zip Code
12013 Castle Keep Cir 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/10/2020

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

Michelle Savage

6 Contributor address; City; State; Zip Code

4200 N. Stanton St. El Paso, TX 79902

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/10/2020

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

Michelle Savage

Contributor address; City; State; Zip Code

4200 N. Stanton St. El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/2020

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

Emmanuel Martinez

Contributor address; City; State; Zip Code

506 1/2 Prospect St. El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/11/2020

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

Suzi Davidoff

Contributor address; City; State; Zip Code

808 Blacker Ave. El Paso, TX 79902

Amount of contribution (\$)

50

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:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/11/2020

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

6 Contributor address; City; State; Zip Code
1140 E Rio Grande Ave, Apt B11 El Paso, TX 79902

7 Amount of contribution (\$)

15

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/11/2020

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)

Date

09/11/2020

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

Contributor address; City; State; Zip Code
5267 Santa Elena Dr El Paso, TX 79932

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2020

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

Contributor address; City; State; Zip Code
12049 GREENVEIL Dr El Paso, TX 79936

Amount of contribution (\$)

9.15

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:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/12/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Katherine Schuette
.....
6 Contributor address; City; State; Zip Code
7329 Kiowa Creek Dr El Paso, TX 79911

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
Martha Gutierrez
.....
Contributor address; City; State; Zip Code
7748 Iroquois Drive El Paso, TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jean Figueroa
.....
Contributor address; City; State; Zip Code
2308 Nancy McDonald Dr El Paso, TX 79936

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Juana Teixeira
.....
Contributor address; City; State; Zip Code
711 Tepic 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
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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/12/2020

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

Laura Elma Fierro

6 Contributor address; City; State; Zip Code

5456 Cactus Hill Dr. El Paso, TX 79912

7 Amount of contribution (\$)

1500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/17/2020

Jorge Garcia

Contributor address; City; State; Zip Code

5806 Durrill St Santa Teresa, NM 88008

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/17/2020

Armando Alvarez

Contributor address; City; State; Zip Code

3910 N Stanton St El Paso, TX 79902

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/17/2020

Salvador Nieto

Contributor address; City; State; Zip Code

PO Box 987353 El Paso, TX 79996

25

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/18/2020

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

Diana Duron

6 Contributor address; City; State; Zip Code

2304 Cumbre Negra St El paso, TX 79935

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/19/2020

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

Ramon Benavidez

Contributor address; City; State; Zip Code

11505 JAMES GRANT DR EL PASO, TX 79936

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/19/2020

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

Laura Foster

Contributor address; City; State; Zip Code

2315 North Octavia Street El Paso, TX 79902

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/19/2020

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

Sally Spener

Contributor address; City; State; Zip Code

239 Rainbow Circle 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/19/2020

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

6 Contributor address; City; State; Zip Code
239 Rainbow Circle El Paso, TX 79912

7 Amount of contribution (\$)

1

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/19/2020

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

Contributor address; City; State; Zip Code
520 12th St S, Apt 613 Arlington, VA 22202

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/20/2020

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

Contributor address; City; State; Zip Code
5-I Butterfield Trail Blvd. El Paso, TX 79906

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/20/2020

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

Contributor address; City; State; Zip Code
1916 Happer Street El Paso, TX 79903

Amount of contribution (\$)

10

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:
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2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/20/2020

5 Full name of contributor

Richard Ahn

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

6 Contributor address; City; State; Zip Code

3121 Colorado Ave, Unit J Santa Monica, CA 90404

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/23/2020

Full name of contributor

George Algelt

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

Contributor address; City; State; Zip Code

16 Candlewood Road Laredo, TX 78045

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/2020

Full name of contributor

Kevin Taggart

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

Contributor address; City; State; Zip Code

1209 Prospect Street El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/2020

Full name of contributor

Melissa O'Rourke

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

Contributor address; City; State; Zip Code

6041 Torrey Pines Dr. El Paso, TX 79912

Amount of contribution (\$)

250

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:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/23/2020

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

Diana Llanas

6 Contributor address; City; State; Zip Code

916 Centennial Dr El Paso, TX 79912

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/23/2020

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

09/23/2020

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

Nestor Valencia

Contributor address; City; State; Zip Code

2113, West O'HARA Road Anthony, NM 88021

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/2020

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

Benjamin Saenz

Contributor address; City; State; Zip Code

1717 N. Stanton Apt. C

Amount of contribution (\$)

1000

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:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/24/2020

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

6 Contributor address; City; State; Zip Code
2101 N Stanton El Paso, TX 79902

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/24/2020

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

Contributor address; City; State; Zip Code
6564 Julianna Lane EL PASO, TX 79932

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2020

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

Contributor address; City; State; Zip Code
1414 17th Street NW, Apt. 305 Washington, DC 20036

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2020

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

Contributor address; City; State; Zip Code
3030 Stonebrook Cv Austell, GA 30106

Amount of contribution (\$)

50

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:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/24/2020

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

6 Contributor address; City; State; Zip Code
1608 E 25th Ave Denver, CO 80205

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/24/2020

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

Contributor address; City; State; Zip Code
7427 Mule Team Drive El Paso, TX 79911

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2020

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

Contributor address; City; State; Zip Code
2500 Scenic Crest Circle, El Paso, TX 79930

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2020

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

Contributor address; City; State; Zip Code
1156 First Street NW Washington D.C., DC 20001

Amount of contribution (\$)

25

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:
59

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/24/2020

5 Full name of contributor

Michelle Esparza

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

6 Contributor address; City; State; Zip Code

4901 N Mesa St, 4206 El Paso, TX 79912

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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:
2

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$7271

5 Date

07/05/2020

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

Patrick Gabaldon

7 Contributor address; City; State; Zip Code

500 West University, El Paso, TX

8 Amount of Contribution \$

300

9 In-kind contribution description
Artwork design

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

07/06/2020

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

Christ Chavez

Contributor address; City; State; Zip Code

3004 Savannah Ave, El Paso, TX 79930

Amount of Contribution \$

250

In-kind contribution description
Photography

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)

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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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$7271

5 Date

07/06/2020

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

Noemi Tovar

7 Contributor address; City; State; Zip Code

1108 Upson, El Paso, TX 79902

8 Amount of Contribution \$

1521

9 In-kind contribution description

Printing

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

08/05/2020

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

Jorge Garcia

Contributor address; City; State; Zip Code

5806 Durrill St Santa Teresa, NM 88008

Amount of Contribution \$

5200

In-kind contribution description

Videography

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)

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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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 07/03/2020	5 Payee name ActBlue	
6 Amount (\$) 281.71	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising 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 07/07/2020	Payee name US Postal Service	
Amount (\$) 277	Payee address; 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 07/09/2020	Payee name ActBlue	
Amount (\$) 474.17	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising 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 07/14/2020	5 Payee name US Postal Service	
6 Amount (\$) 255	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office supplies	(b) Description Stamps
	(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 07/01/2020	Payee name Stephanie Acosta	
Amount (\$) 2000	Payee address; City; State; Zip Code 1401 N. Campbell, El Paso, 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries	Description Campaign staff
	<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 07/01/2020	Payee name Hello Amigo	
Amount (\$) 1000	Payee address; City; State; Zip Code 1002 Arizona, Suite 2 El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital Advertising	Description Digital 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 07/09/2020	5 Payee name Juan Josue Martinez	
6 Amount (\$) 500	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries	(b) Description Campaign Staff
	(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 07/10/2020	Payee name Michael Apodaca	
Amount (\$) 250	Payee address; City; State; Zip Code 3323 Sacramento, El Paso, TX 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries	Description Campaign staff
	<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 07/31/2020	Payee name Hello Amigo	
Amount (\$) 1082.5	Payee address; City; State; Zip Code 1002 Arizona, Suite 2 El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital Advertising	Description Digital 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 08/01/2020		5 Payee name Stephanie Acosta			
6 Amount (\$) 2500		7 Payee address; City; State; Zip Code 1401 N. Campbell, El Paso, Tx 79902			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries		(b) Description Campaign staff		
	(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 08/02/2020		Payee name Michael Apodaca			
Amount (\$) 2000		Payee address; City; State; Zip Code 3323 Sacramento, El Paso, TX 79930			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries		Description Campaign staff		
	<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 08/01/2020		Payee name Michael Herzberg			
Amount (\$) 1500		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries		Description Campaign staff		
	<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 08/03/2020	5 Payee name Vistago Print	
6 Amount (\$) 3910.5	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yard Signs
	(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 08/05/2020	Payee name ActBlue	
Amount (\$) 89.06	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising 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 08/05/2020	Payee name ActBlue	
Amount (\$) 225	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising 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 08/11/2020		5 Payee name ActBlue			
6 Amount (\$) 40.85		7 Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising 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		Candidate / Officeholder name		Office sought	
Date 08/19/2020		Payee name City of El Paso			
Amount (\$) 500		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Candidate filing 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	
Date 08/20/2020		Payee name US Postal Service			
Amount (\$) 310		Payee address; 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		
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 08/27/2020	5 Payee name US Postal Service	
6 Amount (\$) 117.75	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office supplies	(b) Description Stamps
	(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 09/03/2020	Payee name ActBlue	
Amount (\$) 120.6	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising 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 Office held		
Date 09/03/2020	Payee name Rulis International Kitchen	
Amount (\$) 580.22	Payee address; City; State; Zip Code 4176 N. Mesa, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food
	<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 09/03/2020		5 Payee name Juan Josue Martinez			
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		(b) Description Campaign staff		
	(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 09/07/2020		Payee name Michael Apodaca			
Amount (\$) 1500		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries		Description Campaign staff		
	<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 09/07/2020		Payee name Stephanie Acosta			
Amount (\$) 2500		Payee address; City; State; Zip Code 1401 N. Campbell, El Paso TX 79902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries		Description Campaign staff		
	<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 09/17/2020	5 Payee name Zapa Graphics	
6 Amount (\$) 585.41	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yard signs
	(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 09/17/2020	Payee name Hello Amigo	
Amount (\$) 1353.13	Payee address; City; State; Zip Code 1002 Arizona, Suite 2, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital Advertising	Description Digital 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

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

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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)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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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
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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
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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 | 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 F4: 0	2 FILER NAME Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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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
------------------------------	------------------------------------	--

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
	<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
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)
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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
-------------	----------------	------	-------	----------

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.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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