

# 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	<b>OFFICE USE ONLY</b>		
	Mr.	Rodolfo	Carlos			
	NICKNAME	LAST	SUFFIX	Date Received		
	Carlos	Gallinar		<b>10/26/2020 4:19:21 PM</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked		
<input type="checkbox"/> Change of Address	1427 Hawthorne Street El Paso, Texas 79902					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #		
	( 915 )	346-6586		Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed		
	Mr.	Michael		Date Imaged		
	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 type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	09	25	2020	10	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		

**GO TO PAGE 2**

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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	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,131.3
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 31,001.62
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 37,150.68
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**

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

Carlos Gallinar  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Gallinar, this the 26 day of October, 2020, to certify which, witness my hand and seal of office.

**Adriana Rosas**

---

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

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# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

Mr. Rodolfo Carlos Gallinar

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9881.30
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 31,001.62
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
09/25/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

William Lockhart

**6** Contributor address; City; State; Zip Code

7105 Villa Hermosa Dr El Paso, TX 79912

**7** Amount of contribution (\$)  
  
50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
09/25/2020

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

Luz Corral

Contributor address; City; State; Zip Code

12504 Carlos Bombach Ave. El Paso, TX 79928

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/25/2020

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

Rebecca Krasne

Contributor address; City; State; Zip Code

1107 East Baltimore Drive El Paso, TX 79902

Amount of contribution (\$)  
  
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/25/2020

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 (\$)  
  
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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
09/25/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

John DiMucci

**6** Contributor address; City; State; Zip Code

176 Millburn Ave., Apt 8 Millburn, NJ 07041

**7** Amount of contribution (\$)  
  
30

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
09/26/2020

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)

Date  
  
09/26/2020

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

Kyle Jacquez

Contributor address; City; State; Zip Code

1369 Vista Granada El Paso, TX 79936

Amount of contribution (\$)  
  
3

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/26/2020

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

Susan Schurtz

Contributor address; City; State; Zip Code

10108 Trinidad El Paso, TX 79925

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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  
  
09/26/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lorenzo Payan

**6** Contributor address; City; State; Zip Code  
3345 Edgerock Dr El Paso, TX 79935

**7** Amount of contribution (\$)  
  
50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
09/26/2020

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  
  
09/26/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Simon Jimente Jr.

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)

Date  
  
09/26/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carol Weston

Contributor address; City; State; Zip Code  
7029 Casa Loma Cir El Paso, TX 79912

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  
  
09/27/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Juanita Carrillo

**6** Contributor address; City; State; Zip Code

1407 Arizona Dr. El Paso, TX 79902

**7** Amount of contribution (\$)  
  
25

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
09/27/2020

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

Emily Rosales-Baca

Contributor address; City; State; Zip Code

5644 Pebble Beach Dr El Paso, TX 79912

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/28/2020

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

Melissa Villalon

Contributor address; City; State; Zip Code

1601 Rock Dove El Paso, TX 79911

Amount of contribution (\$)  
  
10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/27/2020

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

Tiffany Schirmer

Contributor address; City; State; Zip Code

4259 La Adelita El Paso, TX 79922

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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
09/30/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Marcos Velarde

**6** Contributor address; City; State; Zip Code

1369 Sabrina Lyn Dr. El Paso, TX 79936

**7** Amount of contribution (\$)

50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/01/2020

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

Aurora Rubalcava

Contributor address; City; State; Zip Code

10832 Poza Rica ct El Paso, TX 79935

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/01/2020

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

David Parish

Contributor address; City; State; Zip Code

4660 Robert Acosta Dr El Paso, TX 79934

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/02/2020

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

Robert Marble

Contributor address; City; State; Zip Code

5617 Valley Laurel St. El Paso, TX 79932

Amount of contribution (\$)

20

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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/03/2020

**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  
  
10/05/2020

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

Anna Hey

Contributor address; City; State; Zip Code

5844 Wrangler Dr. El Paso, TX 79924

Amount of contribution (\$)

**25**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/05/2020

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

Kristine Ward

Contributor address; City; State; Zip Code

309 Vista Del Rey El Paso, TX 79912

Amount of contribution (\$)

**9.15**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/06/2020

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

Daniel Ramirez

Contributor address; City; State; Zip Code

6522 Rolla Street Houston, TX 77055

Amount of contribution (\$)

**1000**

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

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**1** Total pages Schedule A1:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/08/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kathryn Dodson  
.....  
**6** Contributor address; City; State; Zip Code  
7848 Paseo Tulipero Carlsbad, CA 92009

**7** Amount of contribution (\$)  
  
100

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/09/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Michael Ford  
.....  
Contributor address; City; State; Zip Code  
808 Wingfoote Road El Paso, TX 79912

Amount of contribution (\$)  
  
500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/09/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lewis Cook  
.....  
Contributor address; City; State; Zip Code  
6432 Casper Ridge Drive El Paso, TX 79912

Amount of contribution (\$)  
  
250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/10/2020

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)

**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

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**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/10/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jonathan Macias

**6** Contributor address; City; State; Zip Code

3703 Cambridge Ave El Paso, TX 79903

**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 (\$)

10/11/2020

Jean Carlos Moldes

Contributor address; City; State; Zip Code

1431 Hawthorne St 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 (\$)

10/11/2020

Kalind Patel

Contributor address; City; State; Zip Code

3 Avery Drive Old Bridge Township, NJ 08857

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

10/12/2020

Leticia Quintero

Contributor address; City; State; Zip Code

12049 GREENVEIL Dr El Paso, TX 79936

9.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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City Clerk Dept.  
10/26/2020 4:34:11 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
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**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/12/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carmen Portugal

**6** Contributor address; City; State; Zip Code

9015 Belk St El Paso, TX 79904

**7** Amount of contribution (\$)

**15**

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/13/2020

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

Deana Duquesne

Contributor address; City; State; Zip Code

5637 Longview Circle El Paso, TX 79924

Amount of contribution (\$)

**18**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/14/2020

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

Rene Rocha

Contributor address; City; State; Zip Code

4756 Loma Feliz Ct. El Paso, TX 79934

Amount of contribution (\$)

**20**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/17/2020

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 (\$)

**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  
  
10/17/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Armando Alvarez

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  
  
10/19/2020

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

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

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/19/2020

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  
  
10/19/2020

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)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
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**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/19/2020

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

**7** Amount of contribution (\$)  
  
100

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/19/2020

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

Amount of contribution (\$)  
  
250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/19/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Emily Rosales Baca  
.....  
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)

Date  
  
10/19/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Simon Jimente Jr.  
.....  
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)

**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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/19/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carlos Flores

**6** Contributor address; City; State; Zip Code  
2803 Lane Street Laredo, TX 78043

**7** Amount of contribution (\$)  
  
250

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/20/2020

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 (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Amelia Hidalgo

Contributor address; City; State; Zip Code  
6927 Linden Street Houston, TX 77087

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kelly Porter

Contributor address; City; State; Zip Code  
2105 Count Fleet Dr, Unit 201 Arlington, TX 76011

Amount of contribution (\$)  
  
10

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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/21/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nestor Valencia

**6** Contributor address; City; State; Zip Code  
2113 West Ohara Road Anthony, NM 88021

**7** Amount of contribution (\$)  
  
100

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Charles Martin

Contributor address; City; State; Zip Code  
3807 N. Stanton St. El Paso, TX 79968

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
David Apodaca

Contributor address; City; State; Zip Code  
1726 Dean Jones El Paso, TX 79936

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/23/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Angelica Rodriguez

Contributor address; City; State; Zip Code  
1213 Prospect Street El Paso, TX 79902

Amount of contribution (\$)  
  
500

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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/23/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bessy More

**6** Contributor address; City; State; Zip Code

7219 Agave Dr Katy, TX 77494

**7** Amount of contribution (\$)  
  
25

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/23/2020

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

Rebecca Lucero

Contributor address; City; State; Zip Code

1107 East Baltimore Drive El Paso, TX 79902

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/23/2020

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

Rose Lucero

Contributor address; City; State; Zip Code

7879 Clover Way El Paso, TX 79915

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/23/2020

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

William Lilly

Contributor address; City; State; Zip Code

1612 Bill Ogden Dr El Paso, TX 79936

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:  
**25**

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/23/2020

5 Full name of contributor

Jose Levario

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

411 Rio Estancia Dr El Paso, TX 79932

7 Amount of contribution (\$)

150

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/23/2020

Full name of contributor

Rene Rocha

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

4756 Loma Feliz Ct. El Paso, TX 79934

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/23/2020

Full name of contributor

Barry Simon

out-of-state PAC (ID#: \_\_\_\_\_)

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

10/23/2020

Full name of contributor

David Gallinar

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

1493 Plaza Verde 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**

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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/23/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Maria Carrillo

**6** Contributor address; City; State; Zip Code

704 Agua Caliente Dr El Paso, TX 79912

**7** Amount of contribution (\$)

**25**

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/23/2020

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

Katherine Schuettte

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  
  
10/23/2020

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

Jennifer Shields

Contributor address; City; State; Zip Code

630 Old County Road Severna Park, MD 21146

Amount of contribution (\$)

**25**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/23/2020

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

Michael Vargas

Contributor address; City; State; Zip Code

349 S. Helen Moore Rd San Benito, TX 78586

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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/23/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Miriam Gallinar  
**6** Contributor address; City; State; Zip Code  
7053 Red Man Dr El Paso, TX 79934

**7** Amount of contribution (\$)  
  
100

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/23/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Miguel Levario  
Contributor address; City; State; Zip Code  
6217 Kenosha Dr Lubbock, TX 79413

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sharine Wittkopp  
Contributor address; City; State; Zip Code  
20 Waterside Plaza, Apt 32B New York, NY 10010

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mike Torres  
Contributor address; City; State; Zip Code  
6525 Majestic Ridge Drive 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

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**1** Total pages Schedule A1:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/24/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Maria Del Rio

**6** Contributor address; City; State; Zip Code

6422 Los Robles Drive El Paso, TX 79912

**7** Amount of contribution (\$)  
  
30

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/24/2020

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

Diana Talavera

Contributor address; City; State; Zip Code

916 Centennial Dr El Paso, TX 79912

Amount of contribution (\$)  
  
15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

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

Mario Chavez

Contributor address; City; State; Zip Code

2909 Copper Ave El Paso, TX 79930

Amount of contribution (\$)  
  
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

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

Barry Laskowski

Contributor address; City; State; Zip Code

3604 N. Stanton St. El Paso, TX 79902

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/24/2020

**5** Full name of contributor

Irma Honda

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

2814 Richmond, El Paso, TX 79930

**7** Amount of contribution (\$)

50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

10/24/2020

Full name of contributor

Jill Carmody Burns

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

6736 Collins Ave. Pennsauken, NJ 08109

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/2020

Full name of contributor

Barry Simon

out-of-state PAC (ID#: \_\_\_\_\_)

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

10/24/2020

Full name of contributor

Laura Escobedo

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

6804 Cancun Ln El Paso, TX 79913

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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/24/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Benjamin Saenz

**6** Contributor address; City; State; Zip Code

1717N Stanton St Apt C El Paso, TX 79902

**7** Amount of contribution (\$)

1000

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/24/2020

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

Manuel Tinajero

Contributor address; City; State; Zip Code

1300 Clausen el paso, TX 79925

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

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

Sandra Almanzan

Contributor address; City; State; Zip Code

8937 Parkland El Paso, TX 79925

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

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

Bart Procacci

Contributor address; City; State; Zip Code

460 Mandana Blvd Oakland, CA 94610

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/24/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Cassandra Hernandez

**6** Contributor address; City; State; Zip Code  
308 Stewart El Paso, TX 79915

**7** Amount of contribution (\$)  
  
50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/24/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Desiree Martinez

Contributor address; City; State; Zip Code  
1415 S Oxford Ave Los Angeles, CA 90006

Amount of contribution (\$)  
  
12

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

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

Contributor address; City; State; Zip Code  
5810 112th St Lubbock, TX 79424

Amount of contribution (\$)  
  
60

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lidia Balderrama

Contributor address; City; State; Zip Code  
2155 Enchanted Creek Way El Paso, TX 79911

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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/24/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Andrea Gates

**6** Contributor address; City; State; Zip Code

2940 Piedmont Dr El Paso, TX 79902

**7** Amount of contribution (\$)  
  
50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/24/2020

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

Sylvia Ortega

Contributor address; City; State; Zip Code

1305 Lonewood Dr. El paso, TX 79925

Amount of contribution (\$)  
  
250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

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

Xochitl 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  
  
10/24/2020

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

Sharon Amastae

Contributor address; City; State; Zip Code

3531 Fort Blvd El Paso, TX 79930

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/24/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kathy Revtyak

**6** Contributor address; City; State; Zip Code

1002 Park Dr El Paso, TX 79902

**7** Amount of contribution (\$)  
  
50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/24/2020

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

Liliana Fierro

Contributor address; City; State; Zip Code

12349 Chelmsford Ave El Paso, TX 79928

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

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

Carlos Mendoza

Contributor address; City; State; Zip Code

9910 Royal Lane #1003 Dallas, TX 75231

Amount of contribution (\$)  
  
10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/24/2020

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

Janine Gallinar

Contributor address; City; State; Zip Code

1427 Hawthorne St El Paso, TX 79902

Amount of contribution (\$)  
  
250

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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/24/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dawn Vigil

**6** Contributor address; City; State; Zip Code

5817 Lawndale Dr # 11 El Paso, TX 79912

**7** Amount of contribution (\$)

10

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/12/2020

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

Latino Victory Fund

Contributor address; City; State; Zip Code

700 14th Street NW, Washington DC 20005

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/02/2020

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 (\$)

400

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/28/2020

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

AK Miller

Contributor address; City; State; Zip Code

357 Buena Vista, El Paso, TX 79905

Amount of contribution (\$)

150

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:  
**25**

**2** FILER NAME

Mr. Rodolfo Carlos Gallinar

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/23/2020

**5** Full name of contributor

Leonor Rodriguez

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

620 Mission Road, El Paso, TX 79903

**7** Amount of contribution (\$)

300

**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.

City Clerk Dept.  
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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:  
1

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$250

5 Date

09/29/2020

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 \$

250

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

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

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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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Mr. Rodolfo Carlos Gallinar</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/28/2020</b>	<b>5</b> Payee name <b>Tovar Printing</b>	
<b>6</b> Amount (\$) <b>25548.08</b>	<b>7</b> Payee address; City; State; Zip Code <b>1230 Texas Ave, El Paso, TX 79901</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing</b>	<b>(b)</b> Description <b>Mail</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>10/30/2020</b>	Payee name <b>Zapa Graphics</b>	
Amount (\$) <b>146.13</b>	Payee address; City; State; Zip Code <b>3410 Wickham, El Paso, TX 79904</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Signs</b>
	<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 <b>10/01/2020</b>	Payee name <b>Scale to Win</b>	
Amount (\$) <b>1111.88</b>	Payee address; City; State; Zip Code <b>13742 Harper, Santa Ana, CA 92703</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Texting</b>
	<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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Mr. Rodolfo Carlos Gallinar</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/05/2020</b>	<b>5</b> Payee name <b>ActBlue</b>	
<b>6</b> Amount (\$) <b>95.66</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Fundraising Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>10/09/2020</b>	Candidate / Officeholder name <b>US Postal Service</b>	
Amount (\$) <b>105</b>	Office sought <b>Office held</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office Supplies</b>	Description <b>Stamps</b>
	<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 <b>Office sought</b> <b>Office held</b>		
Date <b>10/09/2020</b>	Payee name <b>ActBlue</b>	
Amount (\$) <b>167.84</b>	City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Fundraising fees</b>
	<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 <b>Office sought</b> <b>Office held</b>		

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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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Mr. Rodolfo Carlos Gallinar</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/13/2020</b>	<b>5</b> Payee name <b>Zapa Graphics</b>	
<b>6</b> Amount (\$) <b>433</b>	<b>7</b> Payee address; City; State; Zip Code <b>3410 Wickham, El Paso, TX 79904</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>(b)</b> Description <b>Yard signs</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>10/09/2020</b>	Payee name <b>Juan Josue Martinez</b>	
Amount (\$) <b>1000</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries</b>	Description <b>Campaign staff</b>
	<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 <b>10/10/2020</b>	Payee name <b>Michael Apodaca</b>	
Amount (\$) <b>2000</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries</b>	Description <b>Campaign staff</b>
	<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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Mr. Rodolfo Carlos Gallinar</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/19/2020</b>	<b>5</b> Payee name <b>Regency</b>	
<b>6</b> Amount (\$) <b>394.03</b>	<b>7</b> Payee address; City; State; Zip Code <b>2313 N. Piedras St., El Paso, Texas 79930</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>(b)</b> Description <b>Printing</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	Office held
Amount (\$)	Payee name	
	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	Office held
Amount (\$)	Payee name	
	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	Office held
Amount (\$)	Payee name	
	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	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.

<b>1</b> Total pages Schedule F2: 0	<b>2</b> FILER NAME Mr. Rodolfo Carlos Gallinar	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Mr. Rodolfo Carlos Gallinar

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 0	<b>2</b> FILER NAME Mr. Rodolfo Carlos Gallinar	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
----------------------	-------------------------	-------	--------	----------

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

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

<b>11</b> 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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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	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.

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

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

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

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> 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	

<b>PURPOSE OF EXPENDITURE</b>	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	

<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> Total pages Schedule H: <b>0</b>	<b>2</b> FILER NAME <b>Mr. Rodolfo Carlos Gallinar</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

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

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address;	City	State	Zip Code
----------------------	-------------------------	------	-------	----------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
---	---	---

Date	Payee name
------	------------

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

<b>PURPOSE OF EXPENDITURE</b>	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
-------------	----------------	------	-------	----------

<b>PURPOSE OF EXPENDITURE</b>	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
-------------	----------------	------	-------	----------

<b>PURPOSE OF EXPENDITURE</b>	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)

<b>4</b> Date	<b>5</b> Name of person from whom amount is received  ..... <b>6</b> Address of person from whom amount is received; City; State; Zip Code	<b>8</b> Amount (\$)
<b>7</b> 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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