CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Rodolfo	Carlos	OFFICE USE ONLY	
	NICKNAME LAST Carlos Gallinar	SUFFIX	10/26/2020 4:19:21 PM	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C 1427 Hawthorne Street El Paso, Texas 79902	XITY; STATE; ZIP CODE		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 346-6586	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$	
TREASURER NAME	Mr. Michael		Date Processed	
	Apodaca		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / SI 3323 Sacramento El Paso, Texas 79930	JITE #; CITY;	STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 252-4520	EXTENSION		
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 09/25/2020	Month 10/24	Day Year /2020	
	03/23/2020	THROUGH	2020	
11 ELECTION	ELECTION DATE Month Day Year Primary 11/03/2020 Ceneral	ELECTION TYPE		
		13 OFFICE SOUGHT (if known		
12 OFFICE	OFFICE HELD (if any)	Mayor of El Paso)	
	GO TO PAGE 2			

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME				15 Filer ID (Ethics Commission Filers)
Mr. Rodolfo Carlos	s Gallinar			
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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN T	REASURER NAME	
Additional Pages				
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAI ES, LOANS, OR GUARAN IBUTIONS MADE ELECT		\$
		POLITICAL CONTRIBUTED THAN PLEDGES, LOANS	UTIONS S, OR GUARANTEES OF LOANS)	^{\$} 10,131.3
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL	. EXPENDITURE.	\$
	4. TOTAL	POLITICAL EXPENDIT	URES	\$ 31,001.62
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO	DNS MAINTAINED AS OF THE LAS	^{t day} \$ 37,150.68
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$
18 AFFIDAVIT	1			I
				perjury, that the accompanying report is formation required to be reported by me
			Carlos Gallinar	
			Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and aubaa	ribed before me	by the said Carlos	Gallinar	, this the _ 26
day of October	~ ~		ess my hand and seal of office	
	Ac	lriana Rosas		
Signature of officer a	administering oath	Printed name of	officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER N	AME	20 Filer ID (Ethics Co	mmission Filers)
Mr.	Mr. Rodolfo Carlos Gallinar			
		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	~	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9881.30
2.	~	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 250.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	~	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 31,001.62
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25	1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	1
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	City Clerk Dept.
	William Lockhart	· · · · · · · · · · · · · · · · · · ·		Del
09/25/2020	6 Contributor address; City;	State; Zip Code	50	lerk
03/23/2020	7105 Villa Hermosa Dr El Paso, TX 7			A C
				₫ ļ
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	1
	Luz Corral			
09/25/2020	Contributor address; City;	State; Zip Code	50	
09/25/2020	12504 Carlos Bombach Ave. El Paso	TX 79928	50	
				-
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	-
	Rebecca Krasne			
09/25/2020	Contributor address; City;	State; Zip Code	100	
03/23/2020	1107 East Baltimore Drive El Paso, T	X 79902		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tione	-
Fincipal occup			Suchs)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Maria Del Rio			
09/25/2020	Contributor address; City;	State; Zip Code	25	
	6422 Los Robles Drive El Paso, TX 7	79912		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	-
				-
				1
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru			

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributorout-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	John DiMucci		
09/25/2020	6 Contributor address; City;	State; Zip Code	30
	176 Millburn Ave., Apt 8 Millburn, NJ	07041	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Laura Foster		
09/26/2020	Contributor address; City;	State; Zip Code	25
03/20/2020	2315 North Octavia Street El Paso, T	X 79902	23
		X10002	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	<i>t</i> ions)
Date	Full name of contributor	· (ID#:)	Amount of contribution (\$)
	Kyle Jacquez		
00/00/0000	Contributor address; City;	State; Zip Code	3
09/26/2020			3
	1369 Vista Granada El Paso, TX 799	130	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	;tions)
Date	Full name of contributorout-of-state PAC	(ID#·)	Amount of contribution (\$)
	Susan Schurtz	()	(*)
~~~~~~~~~~	Contributor address; City;	State; Zip Code	25
09/26/2020			25
	10108 Trinidad El Paso, TX 79925		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ztions)
	ATTACH ADDITIONAL COPIES (		
	If contributor is out-of-state PAC, please see Instru	action guide for additional	reporting requirements.

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Lorenzo Payan		
09/26/2020	6 Contributor address; City;	State; Zip Code	50
	3345 Edgerock Dr El Paso, TX 7993	35	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAG	(ID#:)	Amount of contribution (\$)
	Barry Simon		
09/26/2020	Contributor address; City;	State; Zip Code	50
00/20/2020	800 Prospect El Paso, TX 79902		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Simon Jimente Jr.		
09/26/2020	Contributor address; City;	State; Zip Code	25
00,20,2020	328 Barbaree Dr. El Paso, TX 79912	2	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	I Ctions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Carol Weston		
09/26/2020	Contributor address; City;	State; Zip Code	100
00/20/2020	7029 Casa Loma Cir El Paso, TX 79	9912	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES		
	ATTACH ADDITIONAL COPIES		

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date		(ID#:)	7 Amount of contribution (\$)
	Juanita Carrillo		
09/27/2020	6 Contributor address; City;	State; Zip Code	25
	1407 Arizona Dr. El Paso, TX 79902		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Emily Rosales-Baca		
09/27/2020	Contributor address; City;	State; Zip Code	50
00/21/2020	5644 Pebble Beach Dr El Paso, TX 7	9912	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/28/2020	Melissa Villalon Contributor address; City;	State; Zip Code	10
	1601 Rock Dove El Paso, TX 79911		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/27/2020	Tiffany Schirmer Contributor address; City;	State; Zip Code	25
09/21/2020	4259 La Adelita El Paso, TX 79922		25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C		IFEDED
	If contributor is out-of-state PAC, please see Instru		

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this fe	orm.	1 Total pages Schedule A1: 25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributorout-of-state PAC (II	D#: )	7 Amount of contribution (\$) 50
	Marcos Velarde		
09/30/2020	6 Contributor address; City;	State; Zip Code	50
03/30/2020	1369 Sabrina Lyn Dr. El Paso, TX 799		30
	-		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
	Aurora Rubalcava		
10/01/2020	Contributor address; City;	State; Zip Code	25
10/01/2020	10832 Poza Rica ct El Paso, TX 7993	5	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC (II	D#:)	Amount of contribution (\$)
	David Parish		
10/01/2020	Contributor address; City;	State; Zip Code	100
10/01/2020	4660 Robert Acosta Dr El Paso, TX 79	9934	
			41
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Robert Marble		
10/02/2020	Contributor address; City;	State; Zip Code	20
10,02,2020	5617 Valley Laurel St. El Paso, TX 79	932	20
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc		

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 25	=
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	1
—	Carlos Gallinar			
4 Date	5 Full name of contributor out-of-state PAC (ID	)#:)	7 Amount of contribution (\$)	br
	Diana Duron			De
10/03/2020	<b>6</b> Contributor address; City;	State; Zip Code	25	lerk
	2304 Cumbre Negra St El Paso, TX 79	9935		City Clerk Dept.
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	itions)	
Date	Full name of contributor	)#:)	Amount of contribution (\$)	
	Anna Hey			
10/05/2020	Contributor address; City;	State; Zip Code	25	
	5844 Wrangler Dr. El Paso, TX 79924			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	-
Date	Full name of contributor	)#:)	Amount of contribution (\$)	1
	Kristine Ward			
10/05/2020	Contributor address; City;	State; Zip Code	9.15	
	309 Vista Del Rey El Paso, TX 79912			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	itions)	
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)	Ξ
	Daniel Ramirez			
10/06/2020	Contributor address; City;	State; Zip Code	1000	
	6522 Rolla Street Houston, TX 77055			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	-
				=
		TI 110 000 100 100 100 100		-
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 25	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	1
_	Carlos Gallinar			
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	pt.
	Kathryn Dodson			De De
10/08/2020	6 Contributor address; City;	State; Zip Code	100	Jerk 0.4-
	7848 Paseo Tulipero Carlsbad, CA S	92009		City Clerk Dept. 10/26/2020 4:34:11 PM
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	l ctions)	0,01
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
2010	Michael Ford	、	Amount of contribution (\$)	
40/00/0000	Contributor address; City;	State; Zip Code	500	
10/09/2020	808 Wingfoote Road El Paso, TX 79	•	500	
		512		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	xtions)	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
	Lewis Cook			
10/09/2020	Contributor address; City;	State; Zip Code	250	
	6432 Casper Ridge Drive El Paso, T	X 79912		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)	
Date	Full name of contributor			
Date		C (ID#:)	Amount of contribution (\$)	
10/10/2020	Alexandra Gallinar Contributor address; City;	State; Zip Code	25	
	12013 Castle Keep Cir El Paso, TX	79936		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES		VEEDED	
	If contributor is out-of-state PAC, please see Instr			1

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of contribution (\$)	City Clerk Dept.
	Jonathan Macias			Del
10/10/2020	6 Contributor address; City;	State; Zip Code	50	lerk
10,10,2020	3703 Cambridge Ave El Paso, TX 799			tr C
8 Principal occu	-	9 Employer (See Instruc	tions	SC
				-
Date	Full name of contributor Out-of-state PAC (	(ID#:)	Amount of contribution (\$)	
	Jean Carlos Moldes			
10/11/2020	Contributor address; City;	State; Zip Code	100	
	1431 Hawthorne St El Paso, TX 7990	2		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor 🗌 out-of-state PAC (	(ID#:)	Amount of contribution (\$)	
	Kalind Patel			
10/11/2020	Contributor address; City;	State; Zip Code	20	
10/11/2020	3 Avery Drive Old Bridge Township, N	1.1.08857	20	
Principal occur	Dation / Job title (See Instructions)	Employer (See Instruc	tions	-
Fincipal occup			aons)	
Date	Full name of contributor 🗌 out-of-state PAC (	(ID#:)	Amount of contribution (\$)	
	Leticia Quintero			
10/12/2020	Contributor address; City;	State; Zip Code	9.15	
10, 12,2020	12049 GREENVEIL Dr El Paso, TX 7	9936		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
				-
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instruc			

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)
	Carmen Portugal		
10/12/2020	6 Contributor address; City; State	e; Zip Code	15
	9015 Belk St El Paso, TX 79904		
8 Principal occu	pation / Job title (See Instructions) 9 Er	nployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
			Amount of contribution (\$)
	Deana Duquesne Contributor address; City; Stat		
10/13/2020		e; Zip Code	18
	5637 Longview Circle El Paso, TX 79924		
Principal occup	ation / Job title (See Instructions) Er	nployer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
	Rene Rocha		
10/14/2020	Contributor address; City; State	e; Zip Code	20
	4756 Loma Feliz Ct. El Paso, TX 79934		
Principal occup	ation / Job title (See Instructions) Er	nployer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
	Jorge Garcia		
10/17/2020		e; Zip Code	25
10/11/2020	5806 Durrill St Santa Teresa, NM 88008		20
Principal occup	1	nployer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF THE If contributor is out-of-state PAC, please see Instruction		

MONETARY	POLITICAL	CONTRIBUTIONS
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2       FILER NAME       3       Filer ID (Ethics Commission Filers)         Mr. Rodolfo Carlos Gallinar       3       Filer ID (Ethics Commission Filers)         4       Date       5       Full name of contributor       _out-of-state PRC (IDE:	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25
Mr. Rodolfo Carlos Gallinar         4 Date       5 Full name of contributor       out-of-state PAC (IDF	2 FILER NAME			
10/11/2020       Full name of contributor       0ut-of-state PAC (ID#:	—	Carlos Gallinar		
10/17/2020       6 Contributor address:       City:       State;       Zip Code       50         8       Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:	4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3910 N Stanton St EI Paso, TX 79902         8       Principal occupation / Job title (See Instructions)         Date       Full name of contributor         Date       Full name of contributor         Diana Duron       Contributor address;         Contributor address;       City;         State;       Zip Code         2304 Cumbre Negra St El Paso, TX 79935         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         Out-of-state PAC (ID#:		Armando Alvarez		
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         10/19/2020       Contributor address;       City;       State;       Zip Code         20       20       Contributor address;       City;       State;       Zip Code         21       Contributor address;       City;       State;       Zip Code       25         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       25         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       50         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       50         10/19/2020       Thios JAMES GRANT DR EL PASO, TX 79936       50       50         Date       Full name of contributor       out-of-state PAC (ID#	10/17/2020	<b>6</b> Contributor address; City;	State; Zip Code	50
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         10/19/2020       Contributor address;       City;       State;       Zip Code         2304 Cumbre Negra St EI Paso, TX 79935       Employer (See Instructions)       25         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:		3910 N Stanton St El Paso, TX 79902	2	
Diana Duron     Contributor address;     City;     State;     Zip Code     25       10/19/2020     Contributor address;     City;     State;     Zip Code     25       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Diana Duron       Contributor address;       City;       State;       Zip Code       25         2304 Cumbre Negra St EI Paso, TX 79935       Employer (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       contributor address;       City;       State;       Zip Code       50         10/19/2020       Contributor address;       City;       State;       Zip Code       50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       50         Date       Full name of contributor       out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/19/2020       Contributor address;       City;       State;       Zip Code       25         2304 Cumbre Negra St El Paso, TX 79935       Employer (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         10/19/2020       Full name of contributor       contributor address;       City;       State;       Zip Code         10/19/2020       Contributor address;       City;       State;       Zip Code       50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribu		Diana Duron		
2304 Cumbre Negra St EI Paso, TX 79935         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date       Full name of contributor         Public       out-of-state PAC (ID#:)         Amount of contribution (\$)         Ramon Benavidez         Contributor address;       City;         State;       Zip Code         10/19/2020       Contributor address;         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Barry Simon       Contributor address;       City;       State; Zip Code       25         10/19/2020       800 Prospect EI Paso, TX 79902       Image: State; Zip Code       25	10/19/2020		State; Zip Code	25
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         10/19/2020       Ramon Benavidez       50         10/19/2020       Contributor address;       City;       State;       Zip Code         11505 JAMES GRANT DR EL PASO, TX 79936       50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       50         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         10/19/2020       Contributor address;       City;       State;       Zip Code         800 Prospect El Paso, TX 79902       25       25	10/19/2020	2304 Cumbre Negra St El Paso, TX 7	79935	23
10/19/2020       Ramon Benavidez Contributor address;       City;       State;       Zip Code       50         11505 JAMES GRANT DR EL PASO, TX 79936       50         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       50         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Barry Simon       Contributor address;       City;       State;       Zip Code         10/19/2020       Contributor address;       City;       State;       Zip Code	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
10/19/2020       Contributor address;       City;       State;       Zip Code       50         11505 JAMES GRANT DR EL PASO, TX 79936       Employer (See Instructions)       Employer (See Instructions)       50         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Barry Simon       Contributor address;       City;       State;       Zip Code         10/19/2020       800 Prospect El Paso, TX 79902       25	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/19/2020       11505 JAMES GRANT DR EL PASO, TX 79936       Job         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Barry Simon       Contributor address;       City;       State;       Zip Code         800 Prospect El Paso, TX 79902       25		Ramon Benavidez		
11505 JAMES GRANT DR EL PASO, TX 79936         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Barry Simon       Contributor address;       City;       State; Zip Code         800 Prospect El Paso, TX 79902       25	10/19/2020	Contributor address; City;	State; Zip Code	50
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         10/19/2020       Barry Simon		11505 JAMES GRANT DR EL PASO	, TX 79936	
10/19/2020     Barry Simon       Contributor address;     City;       State;     Zip Code       800 Prospect El Paso, TX 79902	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
10/19/2020     Contributor address;     City;     State;     Zip Code     25       800 Prospect El Paso, TX 79902     City;     State;     Zip Code     25	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/19/2020     Contributor address;     City;     State; Zip Code     25       800 Prospect El Paso, TX 79902		Barry Simon		
800 Prospect El Paso, TX 79902	10/19/2020		State; Zip Code	25
Principal occupation / Job title (See Instructions) Employer (See Instructions)		800 Prospect El Paso, TX 79902		
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor	(ID#: )	7 Amount of contribution (\$)	City Clerk Dept.
	Martha Gutierrez	·,		Dep
10/19/2020	6 Contributor address; City;	State; Zip Code	100	lerk
10/13/2020	7748 Iroquois Drive El Paso, TX 7991		100	C
<b>0</b> D · · · ·	· · · · · · · · · · · · · · · · · · ·			Ci
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	cuons)	
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Stuart Schwartz			
10/19/2020	Contributor address; City;	State; Zip Code	250	
	1025 Singing Hills El Paso, TX 79912			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Emily Rosales Baca			
10/19/2020	Contributor address; City;	State; Zip Code	25	
10/19/2020	5644 Pebble Beach Dr El Paso, TX 7	9912	23	
	Dation / Job title (See Instructions)			
Principal occup	Jation / Job title (See Instructions)	Employer (See Instruc	aons)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Simon Jimente Jr.			
10/19/2020	Contributor address; City;	State; Zip Code	25	
	328 Barbaree Dr. El Paso, TX 79912			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	l	
1				
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru-			

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar			Ę
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)	City Clerk Dept.
	Carlos Flores	· · ·		Del
10/19/2020	6 Contributor address; City;	State; Zip Code	250	lerk
10/13/2020	2803 Lane Street Laredo, TX 78043	,	200	S S C
				Ċ
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	Ţ
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Cesar Jurado			
10/20/2020	Contributor address; City;	State; Zip Code	50	
10/20/2020	1432 Hawthorne El Paso, TX 79902	· ·	50	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Amelia Hidelae			
4.0.100.100.000	Amelia Hidalgo       Contributor address;     City;     State;     Zip Code     25		25	
10/20/2020			25	
	6927 Linden Street Houston, TX 7708			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Kelly Porter			
10/20/2020	Contributor address; City;	State; Zip Code	10	
10/20/2020	2105 Count Fleet Dr, Unit 201 Arlingt			
Principal occu	pation / Job title (See Instructions)	, Employer (See Instruc	tions)	
	1			
	ATTACH ADDITIONAL COPIES O			
	If contributor is out-of-state PAC, please see Instru	ction guide for additional	reporting requirements.	

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 25	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)	City Clerk Dept.
	Nestor Valencia			Del
10/21/2020	6 Contributor address; City;	State; Zip Code	100	lerk
	2113 West Ohara Road Anthony, NM	88021		ity C
8 Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)	Ü
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)	
	Charles Martin			
10/21/2020	Contributor address; City;	State; Zip Code	50	
,,	3807 N. Stanton St. El Paso, TX 7996	8		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)	
	David Apodaca			
10/22/2020	Contributor address; City;			
	1726 Dean Jones El Paso, TX 79936			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	itions)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	Angelica Rodriguez			
10/23/2020	Contributor address; City;	State; Zip Code	500	
	1213 Prospect Street El Paso, TX 799	002		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES OF			
	If contributor is out-of-state PAC, please see Instruc	tion guide for additional	reporting requirements.	

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
	Bessy More		
10/23/2020	6 Contributor address; City;	State; Zip Code	25
	7219 Agave Dr Katy, TX 77494		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Rebecca Lucero		
10/23/2020	Contributor address; City;	State; Zip Code	50
10/23/2020	1107 East Baltimore Drive El Paso, TX	-	30
Dringinglasse	· · · · · · · · · · · · · · · · · · ·		4:)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Rose Lucero		
10/23/2020	Contributor address; City;	State; Zip Code	50
10/20/2020	7879 Clover Way El Paso, TX 79915		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	William Lilly		
10/23/2020	Contributor address; City;	State; Zip Code	50
	1612 Bill Ogden Dr El Paso, TX 79936	6	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instruc	tion quide for additional	reporting requirements.

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)
	Jose Levario		
10/23/2020	6 Contributor address; City; Stat	e; Zip Code	150
	411 Rio Estancia Dr El Paso, TX 79932		
8 Principal occu	pation / Job title (See Instructions) 9 Er	mployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
	Rene Rocha		
10/23/2020	Contributor address; City; Stat	e; Zip Code	25
10/20/2020	4756 Loma Feliz Ct. El Paso, TX 79934		20
Principal occur		nployer (See Instruc	tions)
Date	Full name of contributor	)	Amount of contribution (\$)
			· · · · · · · · · · · · · · · · · · ·
	Barry Simon Contributor address; City; State	e; Zip Code	25
10/23/2020		5, <u>Lip 6600</u>	25
	800 Prospect El Paso, TX 79902		
Principal occup	bation / Job title (See Instructions)	mployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
	David Gallinar		
10/23/2020	Contributor address; City; Stat	e; Zip Code	25
	1493 Plaza Verde Dr El Paso, TX 79912		
Principal occup	pation / Job title (See Instructions)	nployer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THI If contributor is out-of-state PAC, please see Instruction		

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25	
2 FILER NAME 3 Filer ID (Ethics Commissio				
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)	
	Maria Carrillo	(10#)		
40/00/0000				
10/23/2020	6 Contributor address; City;	State; Zip Code	25	
	704 Agua Caliente Dr El Paso, TX 79	1912		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Katherine Schuettte			
10/23/2020	Contributor address; City;	State; Zip Code	50	
10/20/2020	7329 Kiowa Creek Dr El Paso, TX 79	911	30	
	-			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor U out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Jennifer Shields			
10/22/2020	Contributor address; City;	State; Zip Code	25	
10/23/2020	630 Old County Road Severna Park,		25	
	-			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Michael Vargas			
10/23/2020	Contributor address; City;	State; Zip Code	50	
10/23/2020	349 S. Helen Moore Rd San Benito,	TX 78586	50	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru			

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25	=
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	1
Mr. Rodolfo	Carlos Gallinar			
4 Date	5 Full name of contributor		<b>7</b> Amount of contribution (\$)	City Clerk Dept.
	Miriam Gallinar	,,		Dep
10/23/2020	6 Contributor address; City;	State; Zip Code	100	lerk
10/23/2020	7053 Red Man Dr El Paso, TX 79934			C
	· · · · · · · · · · · · · · · · · · ·			Cit
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)	1
	Miguel Levario			
10/23/2020	Contributor address; City;	State; Zip Code	50	
10/23/2020	6217 Kenosha Dr Lubbock, TX 7941	3		
				_
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)	=
	Sharine Wittkopp			
10/24/2020	Contributor address; City;	25		
10/24/2020	20 Waterside Plaza, Apt 32B New Yo			
Dringinglassu	•			-
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	cuons)	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
	Mike Torres			
10/24/2020	Contributor address; City;	State; Zip Code	50	
	6525 Majestic Ridge Drive El Paso,			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	-
				_
				-
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instru			

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
	Maria Del Rio		
10/24/2020	6 Contributor address; City;	State; Zip Code	30
	6422 Los Robles Drive El Paso, TX 7	79912	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	l stions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Diana Talavera		
10/24/2020	Contributor address; City;	State; Zip Code	15
	916 Centennial Dr El Paso, TX 79912	2	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Mario Chavez		
10/24/2020	Contributor address; City;	City; State; Zip Code 100	
	2909 Copper Ave El Paso, TX 79930	)	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			1
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Barry Laskowski		
10/24/2020	Contributor address; City;	State; Zip Code	50
	3604 N. Stanton St. El Paso, TX 799	02	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Irma Honda		
10/24/2020	<b>6</b> Contributor address; City;	State; Zip Code	50
	2814 Richmond, El Paso, TX 79930		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Jill Carmody Burns		
10/24/2020	Contributor address; City;	State; Zip Code	25
10/24/2020	6736 Collins Ave. Pennsauken, NJ 08	3109	20
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/24/2020	Barry Simon Contributor address; City;	State; Zip Code	50
	800 Prospect El Paso, TX 79902		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/24/2020	Laura Escobedo Contributor address; City;	State; Zip Code	25
10/24/2020	6804 Cancun Ln El Paso, TX 79913		20
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	itions)
	ATTACH ADDITIONAL COPIES O		

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	1
	Carlos Gallinar			5
4 Date	5 Full name of contributorout-of-state PAC (ID#:)		7 Amount of contribution (\$)	
	Benjamin Saenz			34:1 34:1
10/24/2020	<b>6</b> Contributor address; City;	State; Zip Code	1000	lerk 0 4:
	1717N Stanton St Apt C ElPaso, TX 7	79902		City Clerk Dept. 10/26/2020 4:34:11 PM
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	10/2
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Manuel Tinajero			
10/24/2020	Contributor address; City;	State; Zip Code	20	
	1300 Clausen el paso, TX 79925			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Sandra Almanzan			
10/24/2020	Contributor address; City;	City; State; Zip Code 100		
	8937 Parkland El Paso, TX 79925			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Bart Procacci			
10/24/2020	Contributor address; City;	State; Zip Code	250	
10/24/2020	460 Mandana Blvd Oakland, CA 946	10	200	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
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MONETARY	POLITICAL	CONTRIBUTIONS
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City Clerk Dept. 10/26/2020 4:34:11 PM

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 25
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar	
4 Date	5 Full name of contributorout-of-state PAC (ID#:	) <b>7</b> Amount of contribution (\$)
	Cassandra Hernandez	
10/24/2020	6 Contributor address; City; State; Zip C	ode 50
10/2 1/2020	308 Stewart El Paso, TX 79915	
9 Dringinglaggy		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date	Full name of contributor     Out-of-state     PAC (ID#:)	Amount of contribution (\$)
	Desiree Martinez	
10/24/2020	Contributor address; City; State; Zip C	^{sode} 12
	1415 S Oxford Ave Los Ángeles, CA 90006	
Principal occup	ation / Job title (See Instructions) Employer (S	ee Instructions)
Date	Full name of contributor	) Amount of contribution (\$)
	Gabriel Gonzalez	
10/24/2020	Contributor address; City; State; Zip C	
10/24/2020	5810 112th St Lubbock, TX 79424	
Bringing ageur		
	ation / Job title (See Instructions) Employer (S	ee Instructions)
Date	Full name of contributor         Out-of-state PAC (ID#:)	) Amount of contribution (\$)
	Lidia Balderrama	
10/24/2020	Contributor address; City; State; Zip Co	^{ode} 10
	2155 Enchanted Creek Way El Paso, TX 79911	
Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see Instruction guide for a	

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	l I
	Carlos Gallinar			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	City Clerk Dept.
	Andrea Gates			Ŭ
10/24/2020	<b>6</b> Contributor address; City;	State; Zip Code	50	ller
	2940 Piedmont Dr El Paso, TX 79902	2		Sity C
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Sylvia Ortega			
10/24/2020	Contributor address; City;	State; Zip Code	250	
	1305 Lonewood Dr. El paso, TX 7992	25		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	itions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Xochitl Valencia			
10/24/2020	Contributor address; City;	State; Zip Code	100	
	2113 West O'Hara Rd. Anthony, NM	88021		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	 xtions)	
Date	Full name of contributor	(ID#: )	Amount of contribution (\$)	
	Sharon Amastae	·/		
40/04/0000	Contributor address; City;	State; Zip Code	50	
10/24/2020	3531 Fort Blvd El Paso, TX 79930	,	50	
Bringing agour	bation / Job title (See Instructions)	Employer (See Instruc	tions)	
Principal occup		Employer (See Instruct	alons)	
	1			
1				
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru			

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor	ID#:	7 Amount of contribution (\$)
	Kathy Revtyak	<i>,</i>	
10/24/2020	6 Contributor address; City;	State; Zip Code	50
10/24/2020	1002 Park Dr El Paso, TX 79902		50
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Liliana Fierro		
10/24/2020	Contributor address; City;	State; Zip Code	50
10/24/2020	12349 Chelmsford Ave El Paso, TX 79	9928	30
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Carlos Mendoza		
10/24/2020	Contributor address; City;	State; Zip Code	10
10/24/2020	9910 Royal Lane #1003 Dallas, TX 75	5231	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Janine Gallinar		
10/24/2020	Contributor address; City;	State; Zip Code	250
	1427 Hawthorne St El Paso, TX 7990	2	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OI If contributor is out-of-state PAC, please see Instruct		

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
		(ID#:)	
	Dawn Vigil		
10/24/2020	6 Contributor address; City;	State; Zip Code	10
	5817 Lawndale Dr # 11 El Paso, TX 7	79912	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Latino Victory Fund		
10/10/0000	Contributor address; City;	State; Zip Code	1000
10/12/2020			1000
	700 14th Street NW, Washington DC	20005	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🛛 out-of-state PAC	(ID#:)	Amount of contribution (\$)
2010		()	Amount of contribution (\$)
	Francoise Feliberti		
10/02/2020	Contributor address; City;	State; Zip Code	400
	10500 Tomwood, El Paso, TX 79925		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date			
Date		(ID#:)	Amount of contribution (\$)
	AK Miller		
09/28/2020	Contributor address; City;	State; Zip Code	150
	357 Buena Vista, El Paso, TX 79905		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instru		

MONETARY	POLITICAL	CONTRIBUTIONS
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2       FILER NAME Mr. Rodolfo Carlos Gallinar       3       Filer ID       (Ethics Commission Filers)         4       Date       5       Full name of contributor Leonor Rodriguez       7       Amount of contribution (\$)         10/23/2020       6       Contributor address:       City:       State:       Zip Code 620 Mission Road, El Paso, TX 79903       300         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       300         Date       Full name of contributor Contributor address;       City:       State:       Zip Code       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor Contributor address;       City:       State;       Zip Code       Amount of contribution (\$)         Date       Full name of contributor Contributor address;       City;       State;       Zip Code       Amount of contribution (\$)         Date       Full name of contributor Contributor address;       City;       State;       Zip Code       Amount of contribution (\$)         Date       Full name of contributor Contributor address;       City;       State;       Zip Code       Amount of contribution (\$)         Date <t< th=""><th>The</th><th>Instruction Guide explains how to complete this</th><th>; form.</th><th>1 Total pages Schedule A1: 25</th><th>=</th></t<>	The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1: 25	=
Mr. Rodolfo Carlos Gallinar       Image: Section Sectin Section Section Section Section Section Section Sectin	2 FILER NAME				
10/23/2020       Contributor address;       City;       State;       Zip Code       300         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       300         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of contribution (\$)       Imployer (See Instructions)         Date       Full name of contributor       out-of-state PAC (D#:	_	Carlos Gallinar			
10/23/2020       Leonor Rodriguez       State:       Zip Code       300         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-ot-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       Out-ot-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       Out-ot-state PAC (ID#:	4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
10/23/2020       6 Contributor address:       City:       State:       Zip Code       300         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:			、,		Del
620 Mission Road, El Paso, TX 79903         8 Principal occupation / Job title (See Instructions)         9 Employer (See Instructions)         Date       Full name of contributor         Contributor address;       City;         State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor         Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor         Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date	10/23/2020		State: Zip Code	300	lerk
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)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributo	10/20/2020		•		A C
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)	9 Dringing agou			ntion of	City Clerk Dept.
Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)			g Employer (See Instruc	50015)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Contributor address;       City;       State;       Zip Code	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	_
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)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Contributor address;       City;       State;       Zip Code		Contributor address; City;	State; Zip Code		
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#:)         Contributor address;       City;       State;       Zip Code	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State; Zip Code	Date	Full name of contributor 🛛 out-of-state PAC	C (ID#:)	Amount of contribution (\$)	_
Date       Full name of contributor       Image: out-of-state PAC (ID#:)       Amount of contribution (\$)         Contributor address;       City;       State;       Zip Code		Contributor address; City;	State; Zip Code		
Contributor address; City; State; Zip Code	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	_
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	_
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City;	State; Zip Code		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	_
			<u> </u>		_
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				NEEDED	_

Forms provided by Texas Ethics Commission

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

Т	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 1
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	o Carlos Gallinar		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$250
5 Date	6 Full name of contributor out-of-state PAC (ID#: Patrick Gabaldon	)	8 Amount of 9 In-kind contribution Contribution \$ description
09/29/2020		Zip Code	Artwork design
	7 Contributor address; City; State; 500 West University, El Paso, TX	Zip Code	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL) (See Instructions)
i inopai ooc		Employ	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n 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 1		
	If contributor is out-of-state PAC, please see Instruct	on guide for	r additional reporting requirements.

# PLEDGED CONTRIBUTIONS

#### SCHEDULE B

1116	e Instruction Guide explains how to complete this	form.	1 Total pages Schedu	ule B:
	· · ·	-	0 3 Filer ID (Ethics C	ammission Filora)
FILER NAME Ir. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Co	ommission Filers)
TOTAL OF	F UNITEMIZED PLEDGES		\$	
Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description
	<b>7</b> Pledgor address; City; Sta	ate; Zip Code		• • •
			Check if travel outsi	ide of Texas. Complete Schedule T.
<b>)</b> Principal occ	upation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution
	Pledgor address; City; Sta	ate; Zip Code		• • •
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	upation / 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 outsi	de of Texas. Complete Schedule T.

LOANS
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#### SCHEDULE E

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

#### SCHEDULE F1

		EXPENDITURE C	ATEGORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense ions Made By Gift/Awards/Memorials Expense Printing Expense		rhead/Rental Expense pense pense	Travel In District Travel Out Of Distri	pment & Related Expense	
Credit Card Payment		The Instruction Guide e	xplains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4	Mr. Rod	olfo Carlos Gallina	ar			
4 Date	5 Payee na	me				
09/28/2020	Tovar Pi	inting				
6 Amount (\$)	7 Payee ac	dress;		City;	State;	Zip Code
25548.08	1230 Te	xas Ave, El Paso,	TX 79901			
8	(a) Categor	(See Categories listed at the top	o of this schedule)	(b) Description		
PURPOSE	Printing			Mail		
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Con	nplete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
10/30/2020	Zapa Gr	aphics				
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code
146.13	3410 Wi	ckham, El Paso, 1	FX 79904			
		(See Categories listed at the top	of this schedule)	Description		
PURPOSE	Advertis	ing		Signs		
OF EXPENDITURE						
		Check if travel outside of Texas. Con	aplata Schadula T		in TV officeholder livin	a 0200000
	Candid				tin, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/01/2020	Scale to	Win				
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code
1111.88	13742 H	arper, Santa Ana,	CA 92703			
PURPOSE OF EXPENDITURE	Category Other	(See Categories listed at the top of	of this schedule)	Description Texting		
		Check if travel outside of Texas. Com	nplete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	ACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NE	EDED	

#### SCHEDULE F1

		EXPENDITURE CATE	GORIES F	FOR BO	X 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contra	al Expense act Labor	Travel In Dis Travel Out O	n Equip trict f Distric	ment & Related Expense
<b>1</b> Total pages Schedule F1:						3 Filer ID	(Ethics	Commission Filers)
4	Mr. Roc	lolfo Carlos Gallinar						
4 Date	5 Payee na							
10/05/2020	ActBlue							
6 Amount (\$) 95.66	7 Payee a	ddress;			City;	Sta	te;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Des	cription			
PURPOSE	Fees			1	aising Fe	ees		
OF					U			
EXPENDITURE				<u> </u>				
	(c)	Check if travel outside of Texas. Complete S	Schedule T.		Check if Austi	n, TX, officehold	ler living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Offic	e sought			Office held
Date	Payee na	ame						
10/09/2020	US Pos	tal Service						
Amount (\$)	Payee a	ddress;			City;	Sta	te;	Zip Code
105								
PURPOSE OF EXPENDITURE	Categor Office S	y (See Categories listed at the top of this Supplies	schedule)	Des Stam	cription DS			
		Check if travel outside of Texas. Complete S	Schedule T.		Check if Austi	n, TX, officehold	er living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Offic	e sought			Office held
Date	Payee n	ame						
10/09/2020	ActBlue							
Amount (\$)	Payee a	ddress;			City;	Sta	te;	Zip Code
167.84								
PURPOSE OF EXPENDITURE	Category Fees	<ul> <li>(See Categories listed at the top of this and the top of this and the top of top of the top of top of</li></ul>	schedule)		cription aising fe	es		
		Check if travel outside of Texas. Complete S	Schedule T.		Check if Austir	n, TX, officehold	er living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Offic	ce sought			Office held

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

#### SCHEDULE F1

		EXPENDITURE CATE	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			Travel In District Travel Out Of Distri	pment & Related Expense		
Credit Card Payment		The Instruction Guide expla	ins how to c	omplete this form.		
<b>1</b> Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4	Mr. Rod	olfo Carlos Gallinar				
4 Date	5 Payee na	me				
10/13/2020	Zapa Gr	aphics				
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
433	3410 Wi	ckham, El Paso, TX	79904			
8	-	y (See Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE	Advertis	ing		Yard signs		
OF EXPENDITURE						
	(c) 🗌	Check if travel outside of Texas. Complete	SebadulaT		stin, TX, officeholder livin	
			Schedule I.		sun, TX, omcenoider livin	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
10/09/2020	Juan Jo	sue Martinez				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
1000						
		(See Categories listed at the top of this	schedule)	Description		
PURPOSE	Salaries			Campaign sta	aff	
OF EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T.		stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/10/2020	Michael	Apodaca				
		•		<u></u>		7. 0
Amount (\$)	Payee ac	iuress;		City;	State;	Zip Code
2000						
PURPOSE OF EXPENDITURE	Category Salaries	(See Categories listed at the top of this	schedule)	Description Campaign sta	aff	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
<b>1</b> Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Mr. Rodolfo Carlos Gallinar		
4 Date	5 Payee name		
10/19/2020	Regency		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
394.03	2313 N. Piedras St., El Paso, T	exas 79930	
8	(a) Category (See Categories listed at the top of this sc		
PURPOSE	Advertising	Printing	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Sch	edule T.	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 sch	edule) Description	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

UNFAIDING	URRED UBLIGATIONS	SCHEDULE <b>FZ</b>
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
0	Mr. Rodolfo Carlos Gallinar	
4 TOTAL OF UNITEM	IZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought	ustin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	
	Check if travel outside of Texas. Complete Schedule T. 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 N	EEDED

#### LINDAID INCLIDDED OBLICATIONS

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#### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 0
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo	Carlos Gallinar	
4 Date	<b>5</b> Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; C	Sity; 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; Ci	ity; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

Forms provided by Texas Ethics Commission

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

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE ${f G}$

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

EXPENDIT	TEOODIE	$20 \times 0(-)$

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	pense 'ages/Contract Labor	Solicitation/Fundraisin, Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G: 0	2 FILER NA	AME DIfo Carlos Gallinar			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	me		Ι		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	v (See Categories listed at the top of this sch	nedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder name	(	Office sought	(	Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
political contributions intended						
PURPOSE OF EXPENDITURE	Category	<ul> <li>(See Categories listed at the top of this sch</li> </ul>	hedule)	Description		
		Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name	(	Office sought	(	Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	v (See Categories listed at the top of this sch	hedule)	Description		
		Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candio	date / Officeholder name	(	Office sought		Office held
	ATTA	ACH ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEED	ED	

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

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#### SCHEDULE |

	The Instruction Guide explains how to cor	nplete this form.				
Total pages Schedule I			3 Filer ID	(Ethics Co	mmission Filers)	
	Mr. Rodolfo Carlos Gallinar					
Date	5 Payee name					
Amount (\$)	7 Payee address;	City		State	Zip Code	
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	
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 required.)	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.)	<b>Description</b> (See instructions regarding type of information required.)				

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

#### SCHEDULE K

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

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

SCHEDULE T

The Instru	uction Guide	explains	how to complete	this form.		1 Total pages Schedule T: 0	
² FILER NAME Mr. Rodolfo Carlos Gallinar				3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor			rganization / Pledgo	or / Payee			
	-						Dept
5 Contribution / Expend			_	_			
Schedule A2	Sche	edule B	Schedule B(J	) Schedule	C2	Schedule D Sch	nedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule	Н	Schedule COH-UC Sch	City Clerk Dept.
6 Dates of travel	7 Name of	person(s)	traveling				
	8 Departu	re city or na	ame of departure loo	cation			
	9 Destinat	ion city or I	name of destination	location			
<b>10</b> Means of transportat	ion	11 Purpo	se of travel (includir	ng name of confere	nce, se	minar, or other event)	
Name of Contributor	/ Corporation	or Labor C	organization / Pledgo	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Sche	edule B	Schedule B(J	) Schedule	C2	Schedule D Sch	nedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule	Н	Schedule COH-UC	nedule B-SS
Dates of travel	Name of	f person(s)	traveling				
	Departu	re city or n	ame of departure lo	cation			
	Destinat	ion city or	name of destination	location			
Means of transportat	ion	Purpo	ese of travel (includir	ng name of confere	ence, se	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	rganization / Pledgo	or / Payee			
Contribution / Expend	liture reported	l on:					
Schedule A2	Schedu	ile B	Schedule B(J)	Schedule C2	2 [	Schedule D Sched	ule F1
Schedule F2	Schedu	ile F4	Schedule G	Schedule H	[	Schedule COH-UC Sched	lule B-SS
Dates of travel	Name of	f person(s)	traveling				
	Departu	re city or n	ame of departure lo	cation			
	Destinat	ion city or	name of destination	location			
Means of transportat	ion	Purpo	ose of travel (includir	ng name of confere	ence, se	eminar, or other event)	
	A	TACH AE	DITIONAL COPIE	S OF THIS SCHE	DULE	ASNEEDED	

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

0/011	NAME		<b>2</b> Filer ID (Ethics Commission Filers)
Mr. Ro	odolfo Carlos Gallinar		
SIGN	IATURE		,
ing a r	ot expect any further political contributions or political expe report as a final report terminates my campaign treasure butions or make any campaign expenditures without a ca	appointment. I also und	erstand that I may not accept any campaign
		Sig	nature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officehol	der. ••	
Α.	CAMPAIGN FUNDS		
Che	eck only one:		
	I do not have unexpended contributions or unexpended	ed interest or income earn	ed from political contributions.
	I have unexpended contributions or unexpended inter may not convert unexpended political contributions of personal use. I also understand that I must file an unexpended contributions or unexpended interest or in this final report. Further, I understand that I must disp income earned on political contributions in accordance	or unexpended interest or annual report of unexpen ncome earned on political pose of unexpended polition	income earned on political contributions to ided contributions and that I may not retain contributions longer than six years after filing cal contributions and unexpended interest or
В.	ASSETS		
Che	eck only one:		
	I do not retain assets purchased with political contribu	itions or interest or other i	ncome from political contributions.
	I do retain assets purchased with political contribution that I may not convert assets purchased with political personal use. I also understand that I must dispose of requirements of Election Code, § 254.204.	contributions or interest o	or other income from political contributions to
			Signature of Candidate
_	CEHOLDER		
•• Co	mplete this section <i>only</i> if you are an officeholder		
	I am aware that I remain subject to filing requirements and file. I am also aware that I will be required to file reports officeholder, I retain political contributions, interest or oth	of unexpended contribution ner income from political co	ns if, after filing the last required report as an
	cal contributions or interest or other income from politi		