

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OCT 29 2018

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME GILBERT GALLEGOS 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

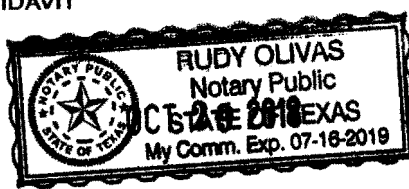
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>\$ 5,550.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>4.88</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,332.43</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,044.01</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

P. Sittelly
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gilbert Gallegos, this the 29th day of Oct., 2018, to certify which, witness my hand and seal of office.

<u>R. Olivas</u>	<u>Rudy Olivas</u>	<u>Elec. Coord.</u>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

OCT 29 2018

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,550.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 950.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,382.43
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS OCT 29 2018 SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME GILBERT GALLEGOS		3 Filer ID (Ethics Commission Filers)
4 Date 10/9/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TONY VILLARREAL	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 1820 COLLEGE HILLS SAN ANGELO, TX 76904		
8 Principal occupation / Job title (See Instructions) INSURANCE AGENT		9 Employer (See Instructions) SELF EMPLOYED
Date 10/9/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DWAYN GREGSTON	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 14482 FM 2365 P.O BOX 145 KNICKLEBOCKER TX 76939		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/23/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD EASINGWOOD	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 5236 FAIRWAY SAN ANGELO, TX 76904		
Principal occupation / Job title (See Instructions) RETIRED / TOM GREGORY (M)		Employer (See Instructions)
Date 10/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE LOMBRANA	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6025 WESTMILISTER SAN ANGELO, TX 76904		
Principal occupation / Job title (See Instructions) RETIRED / CONSULTANT		Employer (See Instructions) WCTR
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS ^{OCT 29 2018} SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME GILBERT CALLEBOS		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS REAL ESTATE PAC / SAN ANTONIO ASSOCIATION	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Page 49
 Example
 C/OH INSTRUCTION GUIDE

SCANNED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

OCT 29 2018

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME GILBERT GALLEGOS		3 Filer ID (Ethics Commission Filers)	
4 Date 10/17/18		5 Payee name GILBERT GALLEGOS			
6 Amount (\$) \$650.00		7 Payee address; City; State; Zip Code 3833 DRIFWOOD SARI ANGELO, TX 76904			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) REIMBURSEMENT FOR EXPENDITURES MADE FROM PERSONAL FUNDS		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name GILBERT GALLEGOS		Office sought TGCC PARTY	
Date 10/27/18		Payee name GILBERT GALLEGOS			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 3833 DRIFWOOD SARI ANGELO, TX 76904			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) REIMBURSEMENT FOR EXPENDITURES MADE FROM PERSONAL FUNDS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name GILBERT GALLEGOS		Office sought TGCC PARTY	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

OCT 29 2018

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule G: 3	2 FILER NAME GILBERT GALLEGOS	3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2018	5 Payee name COMPANY PRINTING ✓	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$100.00	7 Payee address; City; State; Zip Code 3419 KAICKERBOCKER RD SAL AUGLO, TX 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name GILBERT GALLEGOS	Office sought TGCC PCT 4
		Office held N/A
Date 10/9/2018	Payee name TOM GREEN COUNTY ELECTIONS OFFICE	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$4.88	Payee address; City; State; Zip Code 113 WEST BEAUBARD SAL AUGLO, TX 76904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REQUEST FOR INFORMATION DATA REQUEST	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name GILBERT GALLEGOS	Office sought TGCC PCT 4
		Office held N/A
Date 10/8/2018	Payee name WESTERN POSTERS SIGNS & DESIGNS ✓	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$284.16	Payee address; City; State; Zip Code 901 STRAWN ROAD SAL AUGLO, TX 76904 ✓	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name GILBERT GALLEGOS	Office sought TGCC PCT 4
		Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

OCT 29 2018

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	GILBERT GALLEGOS	
4 Date	5 Payee name	
10/19/18	COMPANY PRINTING ✓	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1,038.39	3419 KNECKER BUCKER ROAD SAN ANGELO, TX 76901	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	GILBERT GALLEGOS	TGCC PRET 4 N/A
Date	Payee name	
10/11/18	SAN ANGELO LIVE.COM HYDE INTERACTIVE INC. ✓	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,400.00	2001 W BEAUGRAND AVE SAN ANGELO, TX 76901	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	GILBERT GALLEGOS	TGCC PRET 4 N/A
Date	Payee name	
10/16/18	CONEXION HISANA/SAN ANGELO ✓	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	315 WEST AVE D. SAN ANGELO, TX 76903	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

OCT 29 2018

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule G: <p style="text-align: center; font-size: 24px;">3</p>	2 FILER NAME <p style="font-size: 24px; text-align: center;">GILBERT CALLEGOS</p>	3 Filer ID (Ethics Commission Filers)
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4 Date <p style="font-size: 24px;">10/23/18</p>	5 Payee name <p style="font-size: 24px;">WIK.COM WIK MGMT SOLUTIONS</p>
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6 Amount (\$) <p style="font-size: 24px;">\$ 58.00</p>	7 Payee address; City; State; Zip Code <p style="font-size: 24px;">INTERNET COMPANY.</p>
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="font-size: 24px; text-align: center;">ADVERTISING EXPENSE WEBSITE</p>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="font-size: 24px;">GILBERT CALLEGOS</p>	Office sought <p style="font-size: 24px;">TCCACT4</p>	Office held <p style="font-size: 24px;">N/A</p>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED