

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> ACCOUNT # (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mrs Bertha A.</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>4/30/2015 3:55:22 PM</b>  Date Hand-delivered or Postmarked  Receipt #      Amount  Date Processed  Date Imaged	
	NICKNAME LAST SUFFIX <b>Gallardo</b>		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>705 Los Miradores El Paso, TX 79912</b>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(915 ) 4741089</b>		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr. Bobby R.</b>		
	NICKNAME LAST SUFFIX <b>Bob Brannon</b>		
<b>7</b> CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>713 Blacker Ave El Paso, TX 79902</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(915 ) 3552935</b>		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <b>04/08/2015      04/30/2015</b>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>05/09/2015</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)  <b>City Representative District 1</b>

City Clerk Dept.  
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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

<b>14 C/OH NAME</b> Mrs Bertha A. Gallardo	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
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**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6458.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 10863.92
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2176.54
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000.00

**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.

\*\*\* Electronically Certified \*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bobby R Brannon, this the 30 day of April, 20 15, to certify which, witness my hand and seal of office.

**John Glendon**

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

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4/30/2015 4:17:28 PM

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**6**

2 FILER NAME

**Bertha Gallardo**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/08/2015

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

**Hector Ocaranza**

6 Contributor address; City; State; Zip Code

**1329 Calle Lago El Paso, TX 79912**

7 Amount of contribution (\$)

**500**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/08/2015

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

**Dinah Olivas Lopez**

Contributor address; City; State; Zip Code

**3533 Tierra Angel Dr. El Paso, TX 79\*938**

Amount of contribution (\$)

**50**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2015

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

**Alta Lavoyne Newman**

Contributor address; City; State; Zip Code

**3806 Hillcrest El Paso, TX 79902**

Amount of contribution (\$)

**25**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2015

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

**David M Palafox**

Contributor address; City; State; Zip Code

**2 Williamsburg Dr. El Paso, TX 79912**

Amount of contribution (\$)

**75**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2015

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

**Michele Aboud**

Contributor address; City; State; Zip Code

**1439 Rim Rd. El Paso, TX 79902**

Amount of contribution (\$)

**100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**6**

2 FILER NAME

**Bertha Gallardo**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/16/2015

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

**Ida Steadman**

6 Contributor address; City; State; Zip Code

**219 Belva Way El Paso, TX 79922**

7 Amount of contribution (\$)

**50**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/16/2015

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

**Laura Ellen Brannon-Rosales**

Contributor address; City; State; Zip Code

**1020 Singing Hills El Paso, TX 79912**

Amount of contribution (\$)

**200**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2015

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

**Anna Lucia Mares**

Contributor address; City; State; Zip Code

**4300 Park Hill El Paso, TX 79902**

Amount of contribution (\$)

**100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2015

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

**Lawrence & Yvonne Guerra**

Contributor address; City; State; Zip Code

**426 Country Oaks El Paso, TX 79932**

Amount of contribution (\$)

**100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2015

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

**David & Keily Chavez**

Contributor address; City; State; Zip Code

**5804 Burning Tree Dr. El Paso, TX 79912**

Amount of contribution (\$)

**200**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:  
**6**

2 FILER NAME

**Bertha Gallardo**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/16/2015

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

**E R Lilly**

6 Contributor address; City; State; Zip Code

**700 Blacker Ave El Paso, TX 79902**

7 Amount of contribution (\$)

**350**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/16/2015

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

**Ann Morgan Lilly**

Contributor address; City; State; Zip Code

**700 Blacker Ave El Paso, TX 79902**

Amount of contribution (\$)

**350**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2015

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

**Robert & Sandra Almanzan**

Contributor address; City; State; Zip Code

**8937 Parkland Dr. El Paso, TX 79925**

Amount of contribution (\$)

**200**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2015

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

**F Lee Schwartz**

Contributor address; City; State; Zip Code

**4304 Donnybrook Pl. El Pasom TX 79902**

Amount of contribution (\$)

**108**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2015

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

**Robert Novick**

Contributor address; City; State; Zip Code

**4304 Donnybrook Pl El Paso, TX 79902**

Amount of contribution (\$)

**100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:  
**6**

2 FILER NAME

**Bertha Gallardo**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/17/2015

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

**Henry Gallardo**

6 Contributor address; City; State; Zip Code

**4800 Olmos St. El Paso, TX 79922**

7 Amount of contribution (\$)

**300**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/17/2015

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

**Timothy Meeks**

Contributor address; City; State; Zip Code

**6516 Loma De Cristo Dr El Paso, TX 79912**

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2015

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

**Luis Macias**

Contributor address; City; State; Zip Code

**3721 Greenwich El Paso, TX 79902**

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2015

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

**Blanco, Ordonez Mata & Wallace P.C.**

Contributor address; City; State; Zip Code

**5715 Cromo Dr. El Passo, TX 79912**

Amount of contribution (\$)

**1000**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2015

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

**Alton & Beth Thomas**

Contributor address; City; State; Zip Code

**6247 Tarascas Dr. El Paso, TX 79912**

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**6**

2 FILER NAME

**Bertha Gallardo**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/21/2015

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

**David Bustillos**

6 Contributor address; City; State; Zip Code

**9109 Margaret Lane El Paso, TX 79907**

7 Amount of contribution (\$)

**50**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/18/2015

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

**Col. Flavia Diaz-Hays**

Contributor address; City; State; Zip Code

**6830 Mineral Ridge El Paso, TX 79912**

Amount of contribution (\$)

**250**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2015

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

**Art Lopez**

Contributor address; City; State; Zip Code

**6521 Jimde Groat El Paso, TX 79912**

Amount of contribution (\$)

**100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2015

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

**Southwest Orhopaedic Clinic**

Contributor address; City; State; Zip Code

**10410 Vista del Sol Dr. El Paso, TX 79925**

Amount of contribution (\$)

**400**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2015

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

**Joe & Olga Fernandez**

Contributor address; City; State; Zip Code

**5130 Willow Creek Cir El Paso, TX 79932**

Amount of contribution (\$)

**100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**6**

2 FILER NAME

**Bertha Gallardo**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/27/2015

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

**Richard Fleager**

6 Contributor address; City; State; Zip Code

**196 Cactus Pointe El Paso, TX 79912**

7 Amount of contribution (\$)

**200**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/24/2015

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

**Cesar Blanco**

Contributor address; City; State; Zip Code

**P.O. Box 27074 El Paso, TX 79926**

Amount of contribution (\$)

**250**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2015

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

**Edi & Bob Brannon**

Contributor address; City; State; Zip Code

**713 Blacker Ave. El Paso, TX 79902**

Amount of contribution (\$)

**950**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)  
**Fundraiser expenses**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/25/2015

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

**Rochelle Schmid**

Contributor address; City; State; Zip Code

**6349 Franklin Trail Dr El Paso, TX 79912**

Amount of contribution (\$)

**50**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

City Clerk Dept.  
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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Bertha Gallardo

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

City Clerk Dept.  
4/30/2015 4:17:28 PM

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Bertha Gallardo

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$ 1000.00

5 Date of loan

04/20/2015

7 Name of lender

David & Bertha Gallardo

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

9 Loan Amount (\$)

1000

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

705 Los Miradores El Paso, TX 79912

10 Interest rate

0

11 Maturity date

05/31/2015

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

David & Bertha Gallardo

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

1000.00

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

City Clerk Dept.  
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>3</b>	<b>2</b> FILER NAME <b>Bertha Gallardo</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>04/08/2015</b>	<b>5</b> Payee name <b>U S Postmaster</b>	
<b>6</b> Amount (\$) <b>1350.9</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Postage</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Postage</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>04/08/2015</b>	Candidate / Officeholder name <b>El Paso Mail &amp; Print Service</b>	
Amount (\$) <b>438.27</b>	Payee address; City; State; Zip Code <b>1144 Vista De Oro El Paso, TX 79935</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Printing Expense</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>04/08/2015</b>	Candidate / Officeholder name <b>City Representative Di</b>	
Amount (\$) <b>54.13</b>	Payee address; City; State; Zip Code <b>1144 Vista De Oro El Paso, TX 79935</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Printing Expense</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>04/09/2015</b>	Candidate / Officeholder name <b>City Representative Di</b>	
Amount (\$) <b>2075</b>	Payee address; City; State; Zip Code <b>20 Porfrio Diaz El Paso, TX 79902</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Advertising Expense</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>3</b>	<b>2</b> FILER NAME <b>Bertha Gallardo</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>04/16/2015</b>	<b>5</b> Payee name <b>El Paso Mail &amp; Print Services</b>	
<b>6</b> Amount (\$) <b>311.76</b>	<b>7</b> Payee address; City; State; Zip Code <b>1144 Vista De Oro El Paso, TX 79935</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
		<b>Printing Expense</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
		<b>City Representative Di</b>
Date <b>04/17/2015</b>	Payee name <b>El Paso Times</b>	
Amount (\$) <b>2400</b>	Payee address; City; State; Zip Code <b>500 W Overland El Paso, TX 79901</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		<b>Advertising Expensr</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date <b>04/23/2015</b>	Payee name <b>El Paso Mail &amp; Print Services</b>	
Amount (\$) <b>1270.86</b>	Payee address; City; State; Zip Code <b>1144 Vista De Oro El Paso, TX 79935</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		<b>Printing Expense</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date <b>04/23/2015</b>	Payee name <b>U S Postmaster</b>	
Amount (\$) <b>1345</b>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		<b>Postage</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>0</b>	<b>2</b> FILER NAME <b>Bertha Gallardo</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

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

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <b>0</b>	<b>2</b> FILER NAME <b>Bertha Gallardo</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>0</b>	<b>2</b> FILER NAME <b>Bertha Gallardo</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 0

2 FILER NAME

Bertha Gallardo

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME  
Bertha Gallardo

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

<b>1 C/OH NAME</b> Mrs Bertha A. Gallardo	<b>2 ACCOUNT #</b> (Ethics Commission Filers)
--	---

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**  
•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

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

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

**B. ASSETS**

Check only one:

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

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

\_\_\_\_\_  
Signature of Candidate

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

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

\_\_\_\_\_  
Signature of Officeholder

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