

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Bertha Gallardo **15 ACCOUNT #** (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.

GENERAL
 SPECIFIC

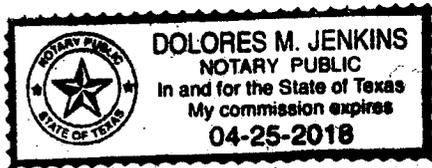
COMMITTEE TYPE: GENERAL
COMMITTEE NAME: _____
COMMITTEE ADDRESS: _____
COMMITTEE CAMPAIGN TREASURER NAME: _____
COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

additional pages

2015 APR - 7 PM 2:29
CLERK DEPT.

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,862.88
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3839.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7023.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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

Bertha A. Gallardo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bertha A. Gallardo, this the 7th day of April, 20 15, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

Dolores M. Jenkins
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 4	
2 FILER NAME Bertha Gallardo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/3	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mart-Jack LLC Jack Winton	7 Amount of contribution (\$) \$5000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6 El Paso TX 79912300 Escondido		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions)	
Date 2/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Morgan Lilly	Amount of contribution (\$) \$21.00	In-kind contribution description (if applicable) Elections CD, Notary, Parking
Contributor address; City; State; Zip Code 700 Blacker Ave. El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louie & Lisa Almanza	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 733 Tayopa Ct. El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Tinkoff	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1336 Franklin Pl. El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzo Almanza	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 532 Moondale El Paso, TX 79912		(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
SCHEDULE A
2015 APR -7 PM 2:29

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 4	
2 FILER NAME Bertha Gallardo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Todd	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1000 Esplanda Cir. El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex White	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5724 Green Castle El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandro Romero	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4244 Canterbury Dr. El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Ann Bulos	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2821 Nations Ave. Apt. #A El Paso, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Almanza	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10644 Limas Dr. El Paso, TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
2015 APR -7 PM 2:29 **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 4	
2 FILER NAME Bertha Gallardo		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/2	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edith & Bob Brannon	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 713 Blacker Ave. El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge & Lydia Muniz	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4412 Wallington El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertha Gallardo	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) Filing Fee
Contributor address; City; State; Zip Code 703 Los Miradores El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertha & David Gallardo	Amount of contribution (\$) \$773.33	In-kind contribution description (if applicable) Campaign yard signs
Contributor address; City; State; Zip Code 706 Los Miradores El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Edi Brannon	Amount of contribution (\$) \$43.55	In-kind contribution description (if applicable) Thank You Notes
Contributor address; City; State; Zip Code 713 Blacker Ave. El Paso, TX 79902		(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**

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: <i>4 of 4</i>
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2 FILER NAME Bertha Gallardo	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund	7 Amount of contribution (\$) \$1000.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 6565 N MacArthur Blvd Ste 350 Irving, TX 75039	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 4/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myrna Deckert	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4276 Canterbury Dr. El Paso, TX 79902	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 4/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri Wyatt	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5706 Mira Grande El Paso, TX 79912	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 4/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rio Grande Surgeons, PA	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 10175 Gateway West Ste 220 El Paso, TX 79925	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

CITY CLERK DEPT.
2015 APR -7 PM 2:29

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.

1 Total pages Schedule F: 242	2 FILER NAME Bertha Gallardo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/27	5 Payee name El Paso City Clerk	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code City Building El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) File Fee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4/2	Payee name Democracy Engine (Online collection Service)	
Amount (\$) \$12.17	Payee address; City; State; Zip Code 2125 14th Street N.W. Washington, D.C. 20009	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 4/6	Payee name FedEX	
Amount (\$) \$43.55	Payee address; City; State; Zip Code 4190 N Mesa St. El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

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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.

1 Total pages Schedule F: 1 of 2	2 FILER NAME Bertha Gallardo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/21	5 Payee name Victor Contreras	
6 Amount (\$) \$575.00	7 Payee address; City; State; Zip Code 6608 S 18th St. Phoenix, AZ	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (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
Date 3/17	Payee name El Paso Mail & Print Service	
Amount (\$) \$2023.19	Payee address; City; State; Zip Code 1144 Vista De Oro Ste. A El Paso, TX 79935	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (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 Office held
Date 3/25	Payee name Airport Printing Service	
Amount (\$) \$162.38	Payee address; City; State; Zip Code 7 Leigh Fisher Blvd. Ste A El Paso, TX 79906	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (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 Office held
Date 3/13	Payee name El Paso Mail and Print Services	
Amount (\$) \$773.33	Payee address; City; State; Zip Code 1144 Vista De Oro Ste A El Paso, TX 79935	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adv, Yard signs	Description (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 Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED