



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

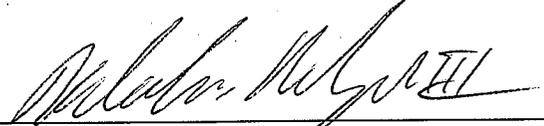
An exemption affidavit must be submitted with each paper report.

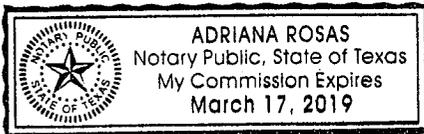
A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY
2015 Date Received 14 PM 3:45
Date Hand-delivered or Date Postmarked
Date Processed
Date Imaged

Filer name <u>EL PASOANS FOR TRADITIONAL FAMILY VALUES</u>	Account #
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- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the CAMPAIGN F. FINANCE report due on JULY-15-2015. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

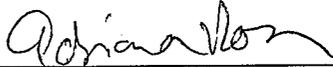

Signature of Candidate or Officeholder



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Malcom McGregor this the 14th day of July

20 15 to certify which, witness my hand and seal of office.


Signature of officer administering oath

Adriana Rosas
Print name of officer administering oath

Notary Public
Title of officer administering oath

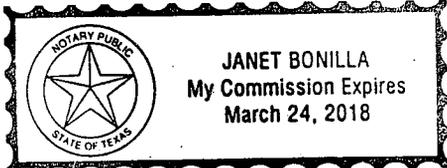
FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

**SPECIFIC-PURPOSE COMMITTEE REPORT:
 PURPOSE AND TOTALS**

12 COMMITTEE NAME EL PASOANS FOR TRADITIONAL FAMILY VALUES	13 Filer ID (Ethics Commission Filers) _____	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month Day Year DESCRIPTION _____

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2433.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Gilbert T. Gallegos

 Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Gilbert T Gallegos, this the 14 day of JULY, 2015, to certify which, witness my hand and seal of office.

Janet Bonilla

 Signature of officer administering oath

Janet Bonilla

 Printed name of officer administering oath

Notary

 Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

CITY CLERK FORM SPAC
COVER SHEET PG 1

2015 JUL 14 PM 3:44
2 Total pages filed 44
4

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID
(Ethics Commission Filers)

3 COMMITTEE NAME
EL PASOANS FOR TRADITIONAL FAMILY VALUES

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

**Box 131 EL PASO, TEXAS
79941**

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

Silbert Gallegos

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

~~P.O. Box 172213 EL PASO, TX 79937~~ **10649 KINROSS EL PASO, TX 79935**

7 CAMPAIGN TREASURER MAILING ADDRESS
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

**P.O. Box 172213
EL PASO, TX 79937**

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION

()

9 REPORT TYPE

January 15 30th day before election Exceeded \$500 limit
 July 15 8th day before election Dissolution (Attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year

JAN / 13 / 2015 THROUGH JULY / 14 / 2015

11 ELECTION
ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description
 General Special

GO TO PAGE 2

CITY CLERK DEPT.

2015 JUL 14 PM 3:14
SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 1

2 FILER NAME
BC PASOANS FOR TRADITIONAL FAMILY VALUES 3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	<u>0</u>

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

CITY CLERK DEPT.
2015 JUL 14 PM SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME EL PASO FOR TRADITIONAL FAMILY VALUES	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$) 0	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) 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
------------------------------------	--	--

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

Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> 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

APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

CITY CLERK DEPT. STA

PG 1

2015 JUL 14 PM 3:44

See STA Instruction Guide for detailed instructions.		1 Total pages filed: 2
2 COMMITTEE NAME	EL PASO ANS FOR TRADITIONAL FAM. VALUES	
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	OFFICE USE ONLY
	Box 131 EL PASO TX 79941	Acct. #
4 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI GILBERT GALLEGOS NICKNAME LAST SUFFIX	Date Received
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10649 KINROSS EL PASO, TX 79935	HD/PM
6 MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 172213 EL PASO TX 79937	Date Processed
	<input type="checkbox"/> same as above	Date Imaged
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 491-4117	
8 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX BEN E MENDOZA	
9 SIGNATURE	I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Campaign Treasurer	
10 ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST MI LAST SUFFIX MALCOLM McBRON III	
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1007 N. MOSA ST, EL PASO, TEXAS 79902	
12 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 253-8333	
CONTINUE ON PAGE 2		

**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA
PG 2**

13 COMMITTEE NAME

62 PERSONS FOR TRADITIONAL FAMILY VALUES

14 COMMITTEE PURPOSE

SUPPORT CANDIDATE

OPPOSE CANDIDATE

ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT MEASURE

OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

ELECTION DATE

Month / Day / Year

DESCRIPTION

15 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

••This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••

••The modified reporting declaration is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

CITY CLERK DEPT.
2015 JUL 14 PM 3:44

Year of election(s) or election cycle to which declaration applies

Signature of Campaign Treasurer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED