# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  MY JESUS	MI E	OFFICE USE ONLY  Date Received
CANDIDATE	RICKNAME LAST  Galingo	SUFFIX	DECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STATE; ZIP CODE EL ZO TX 78840	OCT 2 6 2020 D
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (830)  734-3920	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST  MC Jesus	MI	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	Galindo	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	·	STATE; ZIP CODE
ADDRESS	310 Exchanted Way	Der Rio	72 78840
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (そる) 734-342	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year クタ/ 35/ 2020	THROUGH 10	Day Year ク州 / みょうつ
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 / 0 3 / 20 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		San Felipe Dei	Rio CISD
		School Board	Rio CISD Trustee Place VII
	GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

· · · · · · · · · · · · · · · · · ·				
14 C/OH NAME	Jesus En	ilis Galinets 15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$	
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ /380 00	
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 152974	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD	DAY \$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ /0.07			
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.  NOTARY PUBLIC ID# 2093/790 State of Texas Comm. Exp. 06-15-2024				
AFFIX NOTARY STAM	P/SEALABOVE	Signature of Candi	idate or Officeholder	
Sworn to and subsc		by the said Jesus Emillo Galindo	, this the	
day of Ucto 1201	, 20 <u><i>20</i></u> ,	to certify which, witness my hand and seal of office.	(1) La. 11.	
Signature of officer	fulf triministering oath	McUSSa Hughes  Printed name of officer administering path	NOTAN YUB IT	

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Cor		nmission Filers)
	Jesus Enilio Galindo		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 520.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ \$60.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1529.74
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jesus Enilio Galindo 5 Full name of contributor out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) \$ 520.00 State; Zip Code 102 Center Dr Ste C Del Rio Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Realtor Full name of contributor Date ut-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 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 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.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir	lling Expense nting Expense laries/Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense ict gory not listed above)
Credit Card Payment	The Instruction Guide explains ho			jory normated above,
1 Total pages Schedule F1	Jesus Emilio Galinas		3 Filer ID (Ethio	cs Commission Filers)
4 Date 9 2 20 6 Amount (\$)	Fayer name  Education Ramifez Det Riv  7 Payee address;	o Printing		
	7 Payee address;	City;	State;	Zip Code
\$ 175.00	408 Pulliam St.	Der Ro	TZ	78840
8	(a) Category (See Categories listed at the top of this sched	(b) Description	**************************************	
PURPOSE OF EXPENDITURE	Advertising Expense	Magnets d	stickers	
	(c) Check if travel outside of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
1011120	The Home Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
89.74	2454 Veterons Blud	Del Ro	TK	78840
	Category (See Categories listed at the top of this schedul	le) Description		
PURPOSE OF				
EXPENDITURE	Other	Sorabegs		
·	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought		Office held
onpolitation to belief to a	1			
Date	Payee name		***************************************	
10/0/30	Kwmc			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 250.00	903 E. Cortinas	Der Rio	TR	78840
	Category (See Categories listed at the top of this schedule	e) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Redio Ca	murcials	
	Check if travel outside of Texas. Complete Schedule	T. 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 T	HIS SCHEDIN E AS NEED	nen	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE SCHEDOFF WO MEET	ノロレ	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/M  The Instruction Guide explains how to c	vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME JESUS E. Galinelo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/9/20	5 Payee name  Suday Radio - KDLK		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 520.00	107 Center Drive	Del Ris	TY 78FW
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Comm	ecials
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		1
19/11/90	Ricardo Berain -xpress	Enribordery Bure	lacios xoress
Amount (\$)	Payee address;	City;	State; Zip Code
& 225,00	703 Ave 6	Dei Rio	TX 78840
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	T-Shirts	•
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
10-94-90	Kwmc		
Amount (\$)	Payee address;	City;	State; Zip Code
\$350.00	903 E. Cortinas		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Rusio hem	<u>ate</u>
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
7000000	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **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 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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Dift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ense ges/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAM	ΛE			3 Filer ID (Ethics	Commission Filers)
4 Date 10-24-20	5 Payee nam					
6 Amount (\$)	7 Payee addi	a Drevery - AVI	megery	City;	State;	Zip Code
\$106.00	106	terman Dr		Del Rio	TK	78840
8 PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (	(b) Description		700
OF EXPENDITURE	Othe	<i></i>		Campaign	Video	
	(c) CI	neck if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Payee nam	е	N			
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (S	See Categories listed at the top of this s	schedule)	Description		
	CH	neck if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Payee nam	е				
Amount (\$)	Payee addr	ess;	<del></del>	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the top of this so	chedule)	Description		
	Ch	eck if travel outside of Texas. Complete So	chedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		: / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEEI	DED	

LOANS			SCHEDULE E
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jesu	Enville Galines		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
9/25/20	Jesus Emilio Golmes		\$100.cd
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (N)	310 Encronted way Der Ti	TR 75440	11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	
Police o		City of Der T	lio .
		ds were deposited into political	
none	<b>T</b>	ப் account (See Instruct	ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state i	PAC (ID#:)	Loan Amount (\$)
1019123	JESUS Enilio Galines		500.60
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	310 Envioled was Der R	o to temo	Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Police	officer	City of Del Ris	
Description of Coli	ateral	Check if personal fund	ds were deposited into political
none	_	account (See Instructi	ions)
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City;

State; Zip Code

Employer (See Instructions)

INFORMATION

not applicable

Principal Occupation (See Instructions)

Guarantor address;

LOANS	3		SCHEDULE E
	The Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jes	is Enitio Galindo		
4 TOTAL OF	UNITEMIZED LOANS		\$
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)
10/24/2	JESUS ENILIE GOLINES		260,00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (N)	310 Enchanted way Der 72.	o TR 78840	11 Maturity date
1	upation / Job title (See Instructions)	13 Employer (See Instructions)	
Police	afficer	City of DorR	<i>i</i> 0
14 Description of none	f Collateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOF			19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applic	able		
20 Principal Occ	cupation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN	İ		Maturity date
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions)	
Description of	Collateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOF INFORMATIC			Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

not applicable

Principal Occupation (See Instructions)