

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |   |                      |
|--|---|---|----------------------|
| The C/OH Instruction 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      MI<br>FREDERIANO GILBERT<br>NICKNAME      LAST      SUFFIX<br>GARLEGOS  | <b>OFFICE USE ONLY</b><br>Date Received<br><br>NOV 27 2018<br><br>Date Hand-delivered or Date Postmarked  |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3833 DLAFFWOODS<br>SAN ANGELO, TX 76904   |   |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br>(325)      617-6173   |   |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR      FIRST      MI<br>BILL      WILLIAM<br>NICKNAME      LAST      SUFFIX<br>NIKKIE   | Receipt #      Amount \$<br>Date Processed<br>Date Imaged   |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3829 DLAFFWOODS<br>SAN ANGELO, TX 76904  |   |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br>(325)      223-0617   |   |                      |
| 9 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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) |   |                      |
| 10 PERIOD COVERED  | Month      Day      Year      THROUGH      Month      Day      Year<br>10 / 29 / 18      THROUGH      11 / 27 / 2018  |   |                      |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br>11 / 06 / 18   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                      |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br>Town Board County Commissioner<br>PRETY  |                      |
| <b>GO TO PAGE 2</b>  |   |   |                      |

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME PRELILIANO 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.

GENERAL  
 SPECIFIC

COMMITTEE TYPE

COMMITTEE NAME  
THE TEXAS HEALERS PAC

COMMITTEE ADDRESS  
P. O. BOX 295305  
KEARVILLE, TX 78029

COMMITTEE CAMPAIGN TREASURER NAME  
LANCE LACY

COMMITTEE CAMPAIGN TREASURER ADDRESS  
5118 K NICKEL BOCKER RD  
SAN ANGELO, TX 76904

Additional Pages

|                         |   |                                  |
|-------------------------|---|----------------------------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <del>25.00</del> <u>25.00</u> |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>1,125.00</u>               |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ <u>0</u>                      |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>6,169.01</u>               |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>0</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. Gilbert Gallegos  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gilbert Gallegos, this the 27<sup>th</sup> day of November, 2018, to certify which, witness my hand and seal of office.

R. Olivas  
Signature of officer administering oath

Rudy Olivas  
Printed name of officer administering oath

Elec. Coord.  
Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

|  |   |
|--|---|
| <b>19 FILER NAME</b> <i>GILBERT CALLEGOS</i> | <b>20 Filer ID (Ethics Commission Filers)</b> |
|--|---|

|     | 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|-----|---|--------------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 1,100.00        |
| 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   | \$ 6,169.01        |
| 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             | \$ 637.44          |
| 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

# SCHEDULE A1

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1: <u>1</u>                  |
| 2 FILER NAME<br><u>GILBERT GALLEGOS</u>  |   | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><u>11/1/2018</u>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>JOE SANCHEZ</u>             | 7 Amount of contribution (\$)<br><u>\$1,000.00/x</u> |
| 6 Contributor address; City; State; Zip Code<br><u>6030 DREYHOUSHIRE, SAN ANTONIO, TX 76901</u>  |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><u>BUSINESS OWNER / WTR OILFIELD</u>  |   | 9 Employer (See Instructions)                        |
| Date<br><u>11/2/2018</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>JOE &amp; PAULETTE ARZATE</u> | Amount of contribution (\$)<br><u>\$100.00/x</u>     |
| Contributor address; City; State; Zip Code<br><u>19 LOCUT LOMONDO RD SAN ANTONIO, TX 76901</u>   |   |  |
| 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)                          |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |  |

**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  
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 F1:                            |  | 2 FILER NAME<br><i>GILBERT CALLEGOS</i>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><i>11/18/18</i>                             |  | 5 Payee name<br><i>GILBERT CALLEGOS</i>  |  |   |  |
| 6 Amount (\$)<br><i>\$1,200.00</i>                    |  | 7 Payee address; City; State; Zip Code<br><i>3833 DUFFWOOD<br/>SAN ANGELO, TX 76904</i>  |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br><i>REIMBURSEMENT FOR POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</i> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br><i>GILBERT CALLEGOS</i>   |  | Office sought<br><i>TGCC4</i>   |  |
| Date<br><i>11/17/18</i>                               |  | Payee name<br><i>GILBERT CALLEGOS</i>  |  |   |  |
| Amount (\$)<br><i>\$4,919.01</i>                      |  | Payee address; City; State; Zip Code<br><i>3833 DUFFWOOD<br/>SAN ANGELO, TX 76904</i>  |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br><i>REIMBURSEMENT FOR POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</i>     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><i>GILBERT CALLEGOS</i>   |  | Office sought<br><i>TGCC4</i>   |  |
| Date<br><i>11/26/18</i>                               |  | Payee name<br><i>GILBERT CALLEGOS</i>  |  |   |  |
| Amount (\$)<br><i>\$50.00</i>                         |  | Payee address; City; State; Zip Code<br><i>3833 DUFFWOOD<br/>SAN ANGELO, TX 76904</i>  |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br><i>REIMBURSEMENT FOR POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</i>     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><i>GILBERT CALLEGOS</i>   |  | Office sought<br><i>TGCC PRE4</i>   |  |

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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<br>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 G: | 2 FILER NAME<br>GILBERT GALLEGOS | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|----------------------------------|---------------------------------------|

|                   |                                       |
|-------------------|---------------------------------------|
| 4 Date<br>11/2/18 | 5 Payee name<br>FOSTER COMMUNICATIONS |
|-------------------|---------------------------------------|

|  |  |
|--|--|
| 6 Amount (\$)<br>\$637.44<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br>2824 SIRELWOOD WAY<br>SAN ANGELO, TX 76901 |
|--|--|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE/<br>RADIO ADS | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|---|---|

|   |   |                             |             |
|---|---|-----------------------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>GILBERT GALLEGOS | Office sought<br>TGCC PARTY | Office held |
|---|---|-----------------------------|-------------|

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

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><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) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><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) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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

**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" --

1 C/OH NAME

GILBERT GALLEGOS

2 Filer ID (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.

*P. Gilbert Gallegos*

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.

*P. Gilbert Gallegos*

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