CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	МІ	OFFICE USE ONLY
NAME	Mr. Lazaro	SUFFIX	Date Received
	Larry Gallar	do Jr.	RECEIVED JAN 1 4 2016
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1001 West Mile 3 Rd	Palmhurst 1X78573	Ruler
Change of Address		EVEENION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 211 - 471	EXTENSION Z_	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	Mr. Lazaro	SUFFIX	Date Processed
	Gallardo	50.	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	Sama	as above	
(Residence or Business)	Solvice	72 27.000	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 271-471	EXTENSION	2
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	¶ July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	7/1/15	THROUGH 12/	31/15
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 3 1 16 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
	Constable Pct.3		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	azoro 11L	arry " Gallardo Jr. "	5 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.			
	COMMITTEE TYPE COMMITTEE NAME		П
	GENERAL		
x	SPECIFIC	COMMITTEE ADDRESS	
ž.	SPECIFIC		
) · · · · · · · · · · · · · · · · · · ·			
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN ZED \$
* 0		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 100.		\$ 100.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4323.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 8, 239.76		\$ 4323.05 B 8,239.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
18 AFFIDAVIT			perjury, that the accompanying report is
NOOROOO0000			ormation required to be reported by me
	WILLIE COY	under Title 15, Election Code.	A
Notary	y Public, State of Tex Commission Expires	ha cus Coal	lendo h.
	CTOBER 6, 2018		ndidate or Officeholder
AFFIX NOTARY STAM			- 1,16
	, ,	by the said Lazaro belando J	
day of Vinua	sy, 20/6	to certify which, witness my hand and seal of office	
_	5	willie Coy	Reprise .
Signature of ficer	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Lazaro "Larry Gallardo Jr. 20 Filer ID (Ethics Cor	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,300
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4423.05
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 FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Lazaro Larry Gallardo Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
7/9/15	Jacinto Garza 6 Contributor address; City; State; Zip Code South Boss Blid. Harlingen TX - 7855Z	1,000,
8 Principal occur	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
		rployed.
Date	Full name of contributor	Amount of contribution (\$)
17/29/15	ANiceto Izaquime Contributor address: City; State; Zip Code P.O. BOX 3372 Mission TX 78573	300.00
	oation / Job title (See Instructions) Employer (See Instructions) Septic Tu	tions) LK Service
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7/15/15	Sohn David Franz Contributor address; City; State; Zip Code 400 N. McColl Rd Swite B McAllew TX 78501	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	etions) mplojed.
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
8/20/15	Ramon Garcia Contributor address; City; State; Zip Code 222 W. University Dr. Edinburg TX 78539	500.
	pation / Job title (See Instructions) Employer (See Instruc	Α
Attori	neg Selt Enplo	4 ed.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	IEEDED al reporting requirements.

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 Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin I Committee Legal Services Salarie	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundralsing 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.	9 Eday ID /Edd- 0
1 Total pages Schedule F1:	2 FILER NAME "Larry" Galla	rdo Jr	3 Filer ID (Ethics Commission Filers)
4 Date 7/5/15	5 Payee name Victor D. Gallardo		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
400·00	1503 Dong Jean Mission	TX 78572	
8	(a) Category (See Categories listed at the top of this schedule)		
PURPOSE	I		outside of Texas, Complete Schedule T.
OF EXPENDITURE	Contract Labor	Check if Austi	In, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/13/15	the Postive LLC		
Amount (\$)	Payee address; City; State; Zip Cod	e	
1,500.00	506 S. Casa Phare, T)	78577	
	Category (See Categories listed at the top of this schedule	l ——	
PURPOSE			outside of Texas. Complete Schedule T.
OF EXPENDITURE	Consulting Expense	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/10/15	Martin Ramirez C		
Amount (\$)	Payee address; City; State; Zip Coc	le	
400.00	986 Lee St mission TX	1/8572	
PURPOSE	Category (See Categories listed at the top of this schedule	Check if travel of	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Contract labor	Check if Aust	tin, TX, officeholder living expense
0	Saws fref Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Soo oougiit	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED

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/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Qift/Awards/Memorials Expense Printing I Committee Legal Services Salaries	payment/Reimbursement verhead/Rental Expense Transportation Equipment & Related Expense 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 Lazaro (Larry 1 Ga	Wardo 5- 3 Filer ID (Ethics Commission Filers)
4 Pate 113 15	5 Payee name Hidalyo County Denocra	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1,600,00	P.O. BOX 4585 McAlle	TX 78502
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Filing Fee	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/23/15	Casa del Taco	
Amount (\$)	Payee address; City; State; Zip Code	
585.00	1800 E. Bus. 83 Mission TI	(78572
	Category (See Categories listed at the top of this schedule)	Description
DUDDACE		Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Food / Beverage Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/25/15	Sams Club	
Amount (\$)	Payee address; City; State; Zip Code	
119.67	7601 N. 10th McAllen T	x 78504
	Category (See Categories fisted at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF	Food Beverage Expuse	Check if Austin, TX, officeholder living expense
EXPENDITURE	i was increased the second	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Advertising Expense Event Expense Office Overhead/Rental Expense Accounting/Banking Fees Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) "Larry" ballardo Jr 4 Date Bob Starks Meats 11/25/15 7 Payee address; City; State; Zip Code 6 Amount (\$) 2301 E. Grilliw RKWY Mission TX 78572 100.00 (b) Description (a) Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Benerage Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Progress Times 11/27/15 Payee address; Amount (\$) P.O.BOX 399 MissiON TX 78572 129.38 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Advertising Expense OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Progress Times 12/14/15 Payee address; City; State; Zip Code Amount (\$) P.O.BOX399 MISSION 1x 78572 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED