



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Jesus Emilio Galindo*

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1380<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1529<sup>74</sup>

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

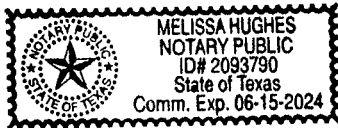
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 10.01

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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jesus Emilio Galindo, this the 26th day of October, 2020, to certify which, witness my hand and seal of office.

*[Signature]*

Melissa Hughes

Notary Public

Signature of officer 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

*Jesus Emilio Galindo*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 520.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 860.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1529.74
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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 <u>Jesus Emilio Galindo</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/8/20</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Javier Cardon</u>	7 Amount of contribution (\$) <u>\$ 520.00</u>
	6 Contributor address; City; State; Zip Code <u>102 Center Dr sec C Del Rio TX 78840</u>	
8 Principal occupation / Job title (See Instructions) <u>Realtor</u>		9 Employer (See Instructions) <u>Legacy Realty</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 MADE FROM POLITICAL CONTRIBUTIONS

## 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Jesus Emilio Galindo</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9/26/20</b>	5 Payee name <b>Eduardo Ramirez- Del Rio Printing</b>
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6 Amount (\$) <b>\$ 175.00</b>	7 Payee address; <b>408 Pulliam St.</b>	City; <b>Del Rio</b>	State; <b>TX</b>	Zip Code <b>78840</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Magnets &amp; stickers</b>
	(c) <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 <b>10/1/20</b>	Payee name <b>The Home Depot</b>
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Amount (\$) <b>\$ 9.74</b>	Payee address; <b>2454 Veterans Blvd</b>	City; <b>Del Rio</b>	State; <b>TX</b>	Zip Code <b>78840</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Sand bags</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/9/20</b>	Payee name <b>Kwmc</b>
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Amount (\$) <b>\$ 250.00</b>	Payee address; <b>903 E. Cortinas</b>	City; <b>Del Rio</b>	State; <b>TX</b>	Zip Code <b>78840</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Radio Commercials</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Jesus E. Galindo</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/9/20</b>	5 Payee name <b>Sunday Radio - KDLK</b>	
6 Amount (\$) <b>\$ 520.00</b>	7 Payee address; City; State; Zip Code <b>107 Center Drive Del Rio TX 78840</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Radio Commercials</b>
	(c) <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

Date <b>10/11/20</b>	Payee name <b>Ricardo Berain - Xpress Embroidery / Bordados Xpress</b>		
Amount (\$) <b>\$ 225.00</b>	Payee address; City; State; Zip Code <b>703 Ave G Del Rio TX 78840</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>T-Shirts</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <b>10-24-20</b>	Payee name <b>KWMC</b>		
Amount (\$) <b>\$ 250.00</b>	Payee address; City; State; Zip Code <b>903 E. Cortinas</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Radio Remote</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# 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.

<b>1</b> Total pages Schedule F1: <p style="text-align:center">3</p>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <p style="text-align:center">10-24-20</p>	<b>5</b> Payee name <p style="text-align:center">Aisha Drewery - AV Imagery</p>	
<b>6</b> Amount (\$) <p style="text-align:center">\$100.00</p>	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center">106 Herman Dr      Del Rio      TX      78840</p>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center">Other</p>	<b>(b)</b> Description <p style="text-align:center">Campaign Video</p>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <b>Jesus Emilio Galindo</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>9/25/20</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Jesus Emilio Galindo</b>	9 Loan Amount (\$) <b>\$100.00</b>
6 Is lender a financial Institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>310 Enchanted way Del Rio TX 78840</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Police officer</b>		13 Employer (See Instructions) <b>City of Del Rio</b>
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>10/9/20</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Jesus Emilio Galindo</b>	Loan Amount (\$) <b>500.00</b>
Is lender a financial Institution? <b>Y (N)</b>	Lender address; City; State; Zip Code <b>310 Enchanted Way Del Rio TX 78840</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <b>Police officer</b>		Employer (See Instructions) <b>City of Del Rio</b>
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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



# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <b>Jesus Emilio Galindo</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>10/24/20</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Jesus Emilio Galindo</b>	9 Loan Amount (\$) <b>2600.00</b>
6 Is lender a financial Institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>310 Encanted way Del Rio TX 78840</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Police officer</b>		13 Employer (See Instructions) <b>City of Del Rio</b>
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <b>Y N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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