### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

	n Guide explains how to com		1 Filer ID(E	thics Com	nission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFF	ICE USE ONLY
OFFICEHOLDER	Mr.	Robert			Date Received	1
NAME	NICKNAME	LAST	SUFFIX		10/5/2015	
		Gallegos				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CITY	r; state; zip	CODE		
OFFICEHOLDER	PO Box 230087					
MAILING					Date Hand-deliver	ed or Date Postmarked
ADDRESS	Houston TX 77223					
Change of address						
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER	(713) 256-3953					
PHONE						
6 CAMPAIGN	MS/MRS/MR	FIRST	MI		Receipt #	Amount
TREASURER	Mr.	James	Richard		Date Processe	ed
NAME	NICKNAME	LAST	SUFFIX		Date Imaged	
		Dinkins				
7 CAMPAIGN	STREET ADDRESS (No PO Box Pleas	se);	APT/SUITE #	;	CITY; STATE;	ZIP CODE
TREASURER	PO Box 230087					
ADDRESS						
(Business)	Houston TX 77223					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(832) 609-4496					
9 REPORT TYPE	January 15 X 30th day bel	fore election	al repport (Attach C/C	0H - FR)	Exceeded \$500 limit	
S NEFORT TIPE	July 15 8th day befo	pre election Ru	noff		15th day after campaign	treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month	Day Year
COVERED	7/1/2015		THROUGH		9/24	4/2015
11 ELECTION	ELECTION DATE	ELECTIO	N TYPE	•		
	Month Day Year					<b>—</b>
	11/3/2015	Primary	F	Runoff	χ General	Special
12 OFFICE	OFFICE HELD (if any)	I	13	OFFICE SOUG	HT (if known)	
	City Council - District I		(	City Coun	cil - District I	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH

**COVER SHEET PG 2** 

14 FILER NAME Robert Gallegos

15 Filer ID (Ethics Commission Filers	5)
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	expenditures may have	political contributions accepted or political expenditures made by politic been made without the candidate's or officeholder's knowledge or cons receive notice of such expenditures.	al committees to support the sent. Candidates and officeh	e candidate / officeholder. These holders are required to report this		
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME				
FROM						
POLITICAL	GENERAL	COMMITTEE ADDRESS				
COMMITTEE(S)						
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH				
TOTALS	PLEDGES, LOA	NS, OR GUARANTEES OF LOANS), UNLESS ITEMI	ZED	\$0.00		
	2 TOTAL POLITIC	AL CONTRIBUTIONS		¢04.050.54		
	(OTHER THAN I	PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$24,052.54		
EXPENDITURE	`````	AL EXPENDITURES OF \$100 OR LESS, UNLESS IT	FMIZED			
TOTALS	5 · · · · · · · · · · · · · · · · · · ·			\$0.00		
	4 TOTAL POLITIC	AL EXPENDITURES				
				\$15,514.43		
CONTRIBUTION	5 TOTAL POLITIC	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY			
BALANCE	OF REPORTING			\$\$86,518.43		
OUTSTANDING LOAN		PAL AMOUNT OF ALL OUTSTANDING LOANS AS O	F THF			
TOTALS		HE REPORTING PERIOD		\$0.00		
18 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·					
		I swear, or affirm, under report is true and correct reported by me under Tit	and includes all infor	mation required to be		
			Robert Gallegos			
		Signat	ure of Candidate or C	Officeholder		
AFFIX NOT STAMP / SE	AL ABOVE					
Sworn to and subscribed	before me, by the said		, this the	day		
of, 20, to certify which, witness my hand and seal of office.						
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer	administering oath		

### SUBTOTALS - COH

# FORM C/OH COVER SHEET PG 3

19 F	9 FILER NAME Robert Gallegos 20 Filer ID (Ethics Commission Filers)						
21	21 SCHEDULE SUBTOTALS SUBTOTAL						
	NAME OF SCHEDULE AMOUNT						
1		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23325				
2	Γ	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 697				
3	Γ	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0				
4	Γ	SCHEDULE E: LOANS	\$ 0				
5	Γ	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9418				
6	Γ	\$ 0					
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS         \$ 0						
8	Γ	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0				
9	Γ	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH \$ 0				
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS         \$ 0						
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       \$ 0						

# CANDIDATE / OFFICEHOLDER REPORT: NOTICE FROM POLITICAL COMMITTEE(S)

#### C/OH NAME Robert Gallegos

### FORM C/OH ADDENDUM

ACCOUNT # (Ethics Commission filers)

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.

### SCHEDULE A1

The Instruction (	Guide explains how to complet	o this form		1 Total Pages Schedule A1:
		T Total Pages Schedule AT.		
2 FILER NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Darryl Carter			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
08/18/2015		Houston	TX 77,081.00	\$500.00
8 Principal occ	Lupation / Job title (See Instructions)		9 Employer (See Instruc	l ctions)
Attorney				
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Theldon Branch III			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
09/01/2015		Houston	TX 77,027.00	\$1,000.00
8 Principal occ President	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Ken Olive			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
08/21/2015		Houston	TX 77081	\$200.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Lenora Sorola-Pohlman			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
24-Sep		Houston	TX 77008-3049	\$100.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Lions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	

SCHEDULE	A1
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The	Instruction	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 FI	LER NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		Ken Olive			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	-
	24-Sep		Houston	TX 77,081.00	\$100.00
8	Principal or	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Ltions)
4	Date	5 Full name of contributor Wendy Heger	out of state F	PAC(ID# )	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	-
	24-Sep		Channelview	TX 77530-3901	\$250.00
3	Principal or	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Edward Ybarra	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	24-Sep	6 Contributor address;	City; Houston	State; Zip Code TX 77089-2374	- \$50.00
3	Principal or	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Alfonso Maldonado, III	out of state F	PAC(ID# )	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	7 Amount of contributions (\$)
	24-Sep		Houston	TX 77,006.00	\$100.00
3	Principal or	ccupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	

SCHEDULE	A1
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he	Instruction	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
FI	LER NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
	24-Sep	6 Contributor address;	City; Houston	State; Zip Code TX 77,006.00	\$150.00
	·				
	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	5 Full name of contributor	out of state	PAC(ID# )	
		MV Bodin			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	24-Sep				\$200.00
	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Allen Boone Humphries Robinson LLP			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
	24-Sep		Houston	TX 77,027.00	\$1,000.00
	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	stions)
	Date	5 Full name of contributor	out of state	PAC(ID# )	
		HAA Better Government Fund			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	24-Sep		Houston	TX 77,041.00	\$500.00
	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Michael Holloman			7 Amount of contributions (\$)

SCHEDULE A	1
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The	Instruction G	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
FIL	ER NAME F	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	24-Sep		Houston	TX 77,005.00	\$100.00
}	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Brooks Ballard			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	24-Sep		Houston	TX 77,002.00	\$100.00
	Principal occ	L upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Jose Lamas			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	24-Sep		Houston	TX 77,007.00	\$250.00
;	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	itions)
Ļ	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Ryan Lindsay			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	24-Sep		Houston	TX 77,008.00	\$250.00
3	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)

SCHEDUL	.E A1
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The	Instruction	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 Fl	LER NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Jeanette Rash	out of state	PAC(ID#)	7 Amount of contributions (\$)
	24-Sep	6 Contributor address;	City; Houston	State; Zip Code TX 77020-2030	\$500.00
8	Principal oc President	cupation / Job title (See Instructions)		9 Employer (See Instruc	 xtions)
4	Date	5 Full name of contributor Tammi Wallace	out of state	PAC(ID# )	7 Amount of contributions (\$)
	24-Sep	6 Contributor address;	City; Houston	State; Zip Code TX 77006-2712	\$250.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	 xtions)
4	Date	5 Full name of contributor Karen Speed	out of state	₽PAC(ID# )	7 Amount of contributions (\$)
	24-Sep	6 Contributor address;	City; Spring	State; Zip Code TX 77,381.00	\$250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	 xtions)
4	Date	5 Full name of contributor Bryan Hlavinka	out of state	PAC(ID# )	7 Amount of contributions (\$)
	24-Sep	6 Contributor address;	City; Houston	State; Zip Code TX 77,019.00	\$250.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	L tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	

## SCHEDULE A1

he Ins	struction (	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
FILEF	R NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		Union Pacific Fund for Effective Government			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
24	1-Sep		Spring	TX 77,373.00	\$1,000.00
P	rincipal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
. D	ate	5 Full name of contributor	out of state	PAC(ID# )	
		Thomas Seymou			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
24	1-Sep		Houston	TX 77,008.00	\$100.00
P	rincipal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
D	ate	5 Full name of contributor	out of state	PAC(ID# )	
		Michael Spata			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
24	1-Sep		Houston	TX 77,023.00	\$250.00
P	rincipal occ	L cupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
D	ate	5 Full name of contributor Jim Weston	out of state	PAC(ID# )	7 Amount of contributions (\$)
24	1-Sep	6 Contributor address;	City; Houston	State; Zip Code TX 77,092.00	\$50.00
P	rincipal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
, D	ate	5 Full name of contributor	out of state	PAC(ID# )	

SCHEDULE	A1
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The	Instruction (	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FI	LER NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		Ann J Robison			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	24-Sep		Houston	TX 77,009.00	\$250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Paul Arcizo			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	-
	24-Sep		Houston	TX 77,087.00	\$100.00
3	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		T. Ray Purser			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	-
	28-Aug		Houston	TX 77040-5569	\$500.00
3	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
	VP of Gover	nment & Public Relations			
4	Date	5 Full name of contributor Garnet Coleman	out of state	PAC(ID# )	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	25-Aug		Houston	TX 77,004.00	\$1,000.00
8	Principal occ State Repres	supation / Job title (See Instructions)		9 Employer (See Instrue	stions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Paula McHam	-		7 Amount of contributions (\$)

SCHEDULE A	1\
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he l	nstruction G	uide explains how to complete	this form		1 Total Pages Schedule A1:
FIL	ER NAME R	obert Gallegos			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	5-Jul		Houston	TX 77,095.00	\$100.00
	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	5 Full name of contributor	out of state I	PAC(ID# )	
		Martha Guiterrez			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	1-Jul		Houston	TX 77,023.00	\$100.00
	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	5 Full name of contributor	out of state I	PAC(ID# )	
		Sheetmetal Workers Local Union #54 PAC			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	23-Sep		Houston	TX 77018	\$500.00
	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	5 Full name of contributor	out of state I	PAC(ID# )	
		Rosendo Gonzalez			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	24-Sep		Houston	TX 77091	\$500
	Principal occu Vice Presiden	pation / Job title (See Instructions) t		9 Employer (See Instruc	l tions)
	Date	5 Full name of contributor	out of state I	PAC(ID# )	
		Winstead PC PAC			7 Amount of contributions (\$)

SCHEDULE	<b>A1</b>
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The	Instruction	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 FI	ILER NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	19-Aug		Dallas	TX 75201	\$1,000
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Robert Gallegos			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	24-Aug		Houston	TX 77023	\$700
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Council Mer	nber			
4	Date	5 Full name of contributor Southwest Laborers District Council PAC	out of state	PAC(ID#)	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	25-Aug		Austin	TX 78751	\$500
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Armando Walle Campaign			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	24-Aug		Houston	TX 77039	\$250
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	L tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Melissa Noriega			7 Amount of contributions (\$)

SCHEDULE	A1
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The	Instruction	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FI	LER NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	27-Aug		Houston	TX 77023	\$100
3	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Ken Olive			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	19-Aug		Houston	TX 77081	\$100
8	Principal oc	Lupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Herlinda Garcia			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	6-Jul		Houston	TX 77022	\$100
8	Principal oco	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Thompson & Horton LLP			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9-Jul		Houston	TX 77027	\$500
3	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	l tions)

### SCHEDULE A1

The	Instruction	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
2 Fl	LER NAME	Robert Gallegos			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor	out of state	PAC(ID#)	
		James Jard			7 Amount of contributions (\$)
			0.1		-
	0 kil	6 Contributor address;	City; Houston	State; Zip Code	\$500
	9-Jul		Houston	TX 77043	\$500
8	Principal of	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Attorney				
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Dirk Laukien			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	-
	9-Jul		Spring	TX 77381	\$1,000
			1 0		
8	Principal of	Ccupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
	President &	& Founder			
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Teamsters #988 PAC			7 Amount of contributions (\$)
			0.1		-
	9-Jul	6 Contributor address;	City; Houston	State; Zip Code TX 77032	\$1,000
	9- <b>5</b> 0		ribusion	17 11032	ψ1,000
8	Principal of	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		HCPC Investments			7 Amount of contributions (\$)
	9-Jul	6 Contributor address;	City;	State; Zip Code	\$2,500
	ə-Jui		Houston	17 11241	\$2,500
8	Principal of	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		I			

SCHEDULE /	41
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The Instruction (	Guide explains how to comple	1 Total Pages Schedule A1:				
2 FILER NAME	Robert Gallegos	3 Filer ID (Ethics Commission filers)				
	John Avlon			7 Amount of contributions (\$)		
	6 Contributor address;	City;	State; Zip Code			
11-Aug		Houston	TX 77056	\$5,000		
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instr	uctions)		
President						
4 Date	5 Full name of contributor	out of state	PAC(ID# )			
	Allan Jamail			7 Amount of contributions (\$)		
	6 Contributor address;	City;	State; Zip Code			
31-Aug		Houston	TX 77029	\$25		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instr	Luctions)		
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDU	LE AS NEEDED		
	If contributor is out-of-state P	AC, please see ins	struction guide for addit	ional reporting requirements		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

СС	ONTRIBUT	ΓIONS						
The	The Instruction Guide explains how to complete this form.					1	Total Pages Sch	nedule A2:
2 F	ILER NAME R	obert Gallegos				3 Fil	ler ID (Ethics Commis	ssion filers)
4 T	4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$69 <sup>-</sup>	7.44		
5	Date	6 Full name of contributor	out	of state P	AC(ID# )			
		Cuchara Restaurant				8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;		State; Zip Code			
	9/23/2015		Hous	ston	TX 77006		142.90	Fundraiser expenses
							Check if travel outsi Schedule T	de of Texas, complete
10       Principal occupation / Job title (See Instructions)       11 Employer (See Instructions)			ction	s)				
5	Date	6 Full name of contributor	out	of state P	AC(ID# )			
		Steve Guthrie				8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;		State; Zip Code			
	9/23/2015		Hous	ston	TX 77008		554.54	Fundraiser expenses
				Check if travel outsi Schedule T	de of Texas, complete			
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)					
Fashion design				Self				
		ATTACH ADDITIO	NAL CO	OPIES C	F THIS SCHEDUL	E AS	S NEEDED	
	If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements							

SCHEDULE A2

	The Instruction Guide	explains how to	complete this for	m.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galle	∋gos		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
7/7/2015	Lillie Schechter Consulting	g		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
1,250.00	1 Greenway Plaza, Suite 74	40		
	Houston TX 77046			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	١	
		Check if	travel outside of	Texas, complete Schedule T
		Check if	Austin, TX, office	holder living expense
	Consulting Expense		Fundraising cons	sulting
				<i>—</i>
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
7/7/2015	American Legion Post 472	2		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
100.00	7599 Avenue C			
	Houston TX 77012			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	1	
		Check if	travel outside of	Texas, complete Schedule T
		Check if	Austin, TX, office	holder living expense
	Event Expense		Golf Tournament	Sponsorship
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
7/25/2015	Richard Reyes		7. 0 .	
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
100.00	1900 Kane			

8 PURPOSE OF EXPENDITURE (a) Category

Houston TX 77007

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Gallego	S	3 Filer ID (Ethics Commission filers)			
	Event Expense	Check if travel outside of Te Check if Austin, TX, officeho Pancho Claus Spo	older living expense			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought o	ffice held			
4 Date	5 Payee name					
7/28/2015	Cossaboom YMCA					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
200.00	7903 S Loop E Houston TX 77012					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
	Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of Te Check if Austin, TX, officeho Donation				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought o	ffice held			

	The Instruction Guide	explains now to cor	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galle	gos	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/30/2015	Cossaboom YMCA		
6 Amount (\$)	7 Payee address; City;	State; Z	Zip Code
300.00	7903 S Loop E		
	Houston TX 77012		
3 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Pol cal Committee	Check if Au	ravel outside of Texas, complete Schedule T Austin, TX, officeholder living expense Donation
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
Date	5 Payee name		
8/11/2015	Lillie Schechter Consulting	<b>j</b>	
S Amount (\$)	7 Payee address; City;	State; Z	Zip Code
1,250.00	1 Greenway Plaza, Suite 74	40	
	Houston TX 77046		
3 PURPOSE OF EXPENDITURE	(a) Category		ravel outside of Texas, complete Schedule T Justin, TX, officeholder living expense
	Consulting Expense	Fu	undraising consulting
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
7/05/0045			

7/25/2015	Neighborhood Centers Inc	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
125.00	PO Box 30322	
	Houston TX 77249	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Gallego	s S	3 Filer ID (Ethics Commission filers)			
	Event Expense	Check if travel outside of Tex Check if Austin, TX, officehold Texas Hispanic on A				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought offi	ice held			
4 Date	5 Payee name					
8/18/2015	Fiestas Patrias Parade Committee					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
200.00	PO Box 262871 Houston TX 77207					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
	Event Expense	Check if travel outside of Tex Check if Austin, TX, officehold Entry free				
<ul> <li>9 Complete ONLY if direct expendituree to benefit C/OH</li> </ul>	Candidate / Officehoder name c	ffice sought offi	ice held			

300.00

8 PURPOSE OF EXPENDITURE (a) Category

5535 Memorial Suite F-209

Houston TX 77007

	The Instruction Guide	explains now to	complete this to	1111.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galle	gos		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
8/17/2015	Sprint 2 Print			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
679.27	8748 Clay, Suite 300			
	Houston TX 77080			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptior	ו	
		Check if	f travel outside of	Texas, complete Schedule T
		Check if	f Austin, TX, office	eholder living expense
	Printing Expense		T-shirts	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
8/31/2015	Magnolia Park/Pineview C	ivic Club		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
150.00	1728 Esperanza St			
	Houston TX 77023			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptior	ı	
		Check if	f travel outside of	Texas, complete Schedule T
		Check if	f Austin, TX, office	eholder living expense
	Event Expense		Sponsorship	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
8/27/2015	The Walk for Mental Health	h		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	

(b) Description

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Gallego	S 3	3 Filer ID (Ethics Commission filers)			
	Event Expense	Check if travel outside of Texa Check if Austin, TX, officehold Sponsorship	•			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought office	ice held			
4 Date	5 Payee name					
9/3/2015	Bison Signs					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
1,290.88	10100 Clay Rd					
	Suite G					
	Houston TX 77080					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
		Check if travel outside of Texa Check if Austin, TX, officehold				
	Printing Expense	Signs				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought office	ice held			

	The Instruction Guide	explains how to	complete this fo	rm		
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galle	gos		3 Filer ID (Ethics Commission filers)		
4 Date	5 Payee name					
9/5/2015	Houston Unites					
6 Amount (\$)	7 Payee address; City;	State;	Zip Code			
200.00	401 Branard St					
	Houston TX 77006					
8 PURPOSE OF EXPENDITUR	E (a) Category	(b) Description	n			
		Check i	f travel outside of	Texas, complete Schedule T		
		Check if Austin, TX, officeholder living expense				
	Contributions/Donations		Contribution to c	ampaign		
	Made By Candidate/Officeholder/Politi	ti				
	cal Committee					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held		
4 Date	5 Payee name					
9/7/2015	J. Dinkins Consulting					
6 Amount (\$)	7 Payee address; City;	State;	Zip Code			
270.00	PO Box 992					
	Houston TX 77001					
8 PURPOSE OF EXPENDITURI	E (a) Category	(b) Description	n			
		Check i	f travel outside of	Texas, complete Schedule T		
		Check i	f Austin, TX, office	eholder living expense		
	Consulting Expense		General consulti	ing		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held		
4 Data	E Davias nome					
4 Date	5 Payee name					
9/14/2015	Lillie Schechter Consulting	J				

9/14/2015	Lille Schechter Consulting				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,250.00	1 Greenway Plaza, Suite 740				
	Houston TX 770	46			
8 PURPOSE OF EXPENDITURE	(a) Category		(b) Descript	ion	

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Gallego	)S	3 Filer ID (Ethics Commission filers)			
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Fundraising consul	older living expense			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held			
4 Date	5 Payee name					
9/15/2015	Houston East End Chamber of Commerce					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
100.00	550 Gulfgate Center Houston TX 77087					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
	Event Expense	Check if travel outside of Te Check if Austin, TX, officeho Champagne Challe	older living expense			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held			

	The Instruction Guide	explains how to	complete this fo	rm.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galle	gos		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
9/3/2015	Ana Hernandez Campaigr	n		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
150.00	PO Box 15538			
	Houston TX 77220			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptior	ו	
		Check if	f travel outside of	Texas, complete Schedule T
		Check if	f Austin, TX, office	eholder living expense
	Contributions/Donations		Contribution to c	ampaign
	Made By Candidate/Officeholder/Poli	iti		
	cal Committee			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
9/13/2015	NHPO			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
200.00	333 N Jensen Dr	Olulo,		
200.00	555 N Jensen Di			
	Houston TX 77003			
B PURPOSE OF EXPENDITURE		(b) Descriptior	 N	
				Texas, complete Schedule T
				eholder living expense
	Event Expense			2015 Black & White Gala
9 Complete ONLY if direct	Candidate / Officehoder name	office sought		office held
expendituree to benefit C/OH				
4 Date	5 Payee name			
07/25/15	Sam Store			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
\$11.17	2305 Fulton			

(b) Description

Houston TX 77009

SCHEDULE F1	
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The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galleg	jos	3 Filer ID (Ethics Commission filers)	
	Office Overhead/Rental Expense	Check if travel outside of Te Check if Austin, TX, officeho Office supplies		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held	
4 Date	5 Payee name			
07/27/15	Walmart			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
\$14.98	4412 N Freeway Houston TX 77022			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho Staff birthday		
<ul> <li>9 Complete ONLY if direct expendituree to benefit C/OH</li> </ul>	Candidate / Officehoder name	office sought of	fice held	

		explains how to co	mplete this form.	
Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galle	gos	3	Filer ID (Ethics Commission filers)
Date	5 Payee name			
07/29/15	Shipley's			
6 Amount (\$)	7 Payee address; City;	State; Z	ip Code	
\$12.85	3932 N Main			
	Houston TX 77009			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
			avel outside of Texas ustin, TX, officeholde	, complete Schedule T r living expense
	Food/Beverage Expense	B	reakfast for staff	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office	held
Date	5 Payee name			
07/29/15	Frank's Pizza			
6 Amount (\$)	7 Payee address; City;	State; Z	ip Code	
\$45.00	417 Travis			
	Houston TX 77002			
PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if tra	avel outside of Texas	, complete Schedule T
		Check if A	ustin, TX, officeholde	r living expense
	Food/Beverage Expense	F	ood for volunteers	
	Candidate / Officehoder name	office sought	office	held
Complete ONLY if direct expendituree to benefit C/OH				
	5 Payee name			

08/01/15	Holiday Inn			
6 Amount (\$)	7 Payee address; C	ity;	State;	Zip Code
\$256.60	217 N St. Mary's St			
	San Antonio TX 782	205		
8 PURPOSE OF EXPENDITURE	(a) Category	(	b) Description	

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Gallego	S	3 Filer ID (Ethics Commission filers)	
	Travel Out Of District	Check if travel outside of Te Check if Austin, TX, officeho Hotel for Victory Fu	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
08/05/15	Old Timers Club of Houston,	Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
\$50.00	7040 1/2 Canal Houston TX 77011			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Event Expense	Check if travel outside of Te Check if Austin, TX, officeho Sponsorship		
<ul> <li>9 Complete ONLY if direct expendituree to benefit C/OH</li> </ul>	Candidate / Officehoder name	ffice sought o	ffice held	

	The Instruction Guide	e explains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galle	egos 3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
08/05/15	J.Dinkins Consulting	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
\$185.00	PO Box 992	
	Houston TX 77001	
8 PURPOSE OF EXPENDITURE	E (a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Consulting Expense	General consulting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
08/06/15	Shipley's	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
\$15.78	6411 MLK Blvd	
8 PURPOSE OF EXPENDITURE	Houston TX 77033	(h) Description
		(b) Description
		Check if Austin, TX, officeholder living expense
		Seniors visit
	Food/Beverage Expense	Seniors visit
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
	Candidate / Officehoder name	office sought office held
	Candidate / Officehoder name 5 Payee name	office sought office held
expendituree to benefit C/OH		office sought office held

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galle	jos	3 Filer ID (Ethics Commission filers)	
	Food/Beverage Expense	Check if travel outside of Tex Check if Austin, TX, officehol Breakfast for City Ha	der living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	ice held	
4 Date	5 Payee name			
08/11/15	Costco			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
\$20.07	1150 Bunker Hill Houston TX 77055			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Office Overhead/Rental	Check if travel outside of Tex Check if Austin, TX, officehol Water for office		
	Expense			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	ice held	

	The Instruction Guide	e explains how to	complete this for	rm.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Gall	egos		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
08/11/15	Foodrama			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
\$14.37	5665 Beechnut			
	Houston TX 77096			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptior	l	
				Texas, complete Schedule T sholder living expense
	Food/Beverage Expense		Drinks for Counc	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
08/19/15	Dollar General			
<b>5</b> Amount (\$)	7 Payee address; City;	State;	Zip Code	
\$19.92	2958 Fulton			
	Houston TX 77009			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptior	ı	
		Check if	travel outside of	Texas, complete Schedule T
		Check if	Austin, TX, office	cholder living expense
	Office Overhead/Rental Expense		Senior bingo priz	res
Complete ONLY if direct	Candidate / Officehoder name	office sought		office held
expendituree to benefit C/OH				
4 Date	5 Payee name			
08/24/15	Tideland CLC			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galleg	os	3 Filer ID (Ethics Commission filers)	
	Event Expense	Check if travel outside of Te Check if Austin, TX, officeho Sponsorship		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
08/29/15	Bolillo Bakery			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
\$38.00	2517 Airline Dr Houston TX 77009			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Food/Beverage Expense	Check if travel outside of Te Check if Austin, TX, officeho Breakfast for comn	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	

	The Instruction Guide e	explains how to c	omplete this forr	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galleg	gos		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
09/01/15	UH Central			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
\$9.00	4400 University Dr			
	Houston TX 77024			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if t	travel outside of T	exas, complete Schedule T
		Check if <i>i</i>	Austin, TX, officeh	nolder living expense
	Fees		Parking fee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
09/04/15	Harris County AFL-CIO			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
\$250.00	2506 Sutherland			
	Houston TX 77023			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if t	travel outside of T	exas, complete Schedule T
		Check if J	Austin, TX, officeh	nolder living expense
	Event Expense		Sponsorship	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	(	office held
4 Date	5 Payee name			
09/04/15	Randalls			
<b>6</b> Amount (\$)	7 Payee address; City;	State;	Zip Code	
\$15.00	2225 Louisiana			

(b) Description

Houston TX 77002

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Gallec	jos	3 Filer ID (Ethics Commission filers)	
	Office Overhead/Rental Expense	Check if travel outside of Te Check if Austin, TX, officeho Cookies for seniors	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
9/17/2015	Net Victories			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
0.18	308 NW 46th St Seattle WA 98107			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Office Overhead/Rental Expense	Check if travel outside of Te Check if Austin, TX, officeho Website		
<ul> <li>9 Complete ONLY if direct expendituree to benefit C/OH</li> </ul>	Candidate / Officehoder name	office sought o	ffice held	

**8 PURPOSE OF EXPENDITURE** (a) Category

	The Instruction Guide		
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galle	gos	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/8/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip	Code
37.39	649 Mission Street, #204		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if trav	el outside of Texas, complete Schedule T
		Check if Aus	tin, TX, officeholder living expense
	Fees	Onli	ne contribution processing fee
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/10/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip	Code
5.75	649 Mission Street, #204		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if trave	el outside of Texas, complete Schedule T
		Check if Aus	tin, TX, officeholder living expense
	Fees	Onli	ne contribution processing fee
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH		-	
4 Date	5 Payee name		
9/1/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip	Code
57.50	649 Mission Street, #204		
01.00			
	San Francisco CA 94105		
	1 Jan 1 anuisuu UA 34103		

(b) Description

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Gallego	DS	3 Filer ID (Ethics Commission filers)					
	Fees	Check if travel outside of Tex Check if Austin, TX, officeho Online contribution	lder living expense					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held					
4 Date	5 Payee name							
9/3/2015	Piryx							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
34.50	649 Mission Street, #204 San Francisco CA 94105							
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description						
	Fees	Check if travel outside of Tex Check if Austin, TX, officeho Online contribution	Ider living expense					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held					

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide	explains how to	complete this form		
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Galle	gos		3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name				
9/9/2015	Piryx				
6 Amount (\$)	7 Payee address; City;	State;	Zip Code		
14.38	649 Mission Street, #204				
	San Francisco CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptior	า		
	Fees			exas, complete Schedule T nolder living expense n processing fee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	(	office held	
4 Date	5 Payee name				
9/18/2015	Piryx				
6 Amount (\$)	7 Payee address; City;	State;	Zip Code		
8.63	649 Mission Street, #204				
	San Francisco CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptior	<u>ו</u>		
		Check if	f travel outside of T	exas, complete Schedule T	
		Check if	f Austin, TX, officeh	nolder living expense	
	Fees		Online contribution	n processing fee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held	
4 Date	5 Payee name				
9/18/2015					
9/18/2015 6 Amount (\$)	Piryx       7 Payee address;     City;	State;	Zip Code		
8.63	649 Mission Street, #204	State,			
	San Francisco CA 94105				

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Robert Gallego	DS	3 Filer ID (Ethics Commission filers)					
	Fees	Check if travel outside of Te Check if Austin, TX, officeho Online contribution	older living expense					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held					

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

E	EXPENDITURES MADE BY CREDIT CARD SCHED						
			The Instruction Guide explains	how	to complete this form.		
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	os	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	NDI	TURES CHARGED TO A CREDIT CAR	D	\$\$6,160.46		
5	Date	6	Payee name				
	7/13/2015		Houston GLBT Caucus				
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code		
	40.00		PO Box 66664				
			Houston TX 77226				
9	TYPE OF EXPENDITURE		X Political		Non-Political		
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this edule)	(b) [	Description		
		SCH			Check if travel outside of Texas, complete Schedul	le T	
					Check if Austin, TX, officeholder living expense		
			Fees		] Membership fees		
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	ndidate / Officehoder name	1	office sought office	held	

E	KPENDITURES MA	<b>D</b>	)E	BY CREDIT CARD			SCHEDULE F4
				The Instruction Guide explains	how	to complete this form.	
1	Total pages Schedule F4:	2		FILER NAME Robert Gallego	s	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NC	DITU	RES CHARGED TO A CREDIT CARE	)	\$\$6,160.46	
5	Date	6		Payee name			
	7/27/2015			Little Bigs Houston			
7	Amount (\$)	8		Payee address; City;	Sta	ite; Zip Code	
	9.50			4621 Montrose Blvd			
				Houston TX 77006			
9	TYPE OF EXPENDITURE		х	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	· · ·	i) Ca hedul	ategory (See Categories listed at the top of this e)	(b) [	Description	
				,		Check if travel outside of Texas, complete Schedule	e T
						Check if Austin, TX, officeholder living expense	
				Food/Beverage Expense		Food at Stonewall Young Dems mee	eting
11	Complete ONLY if direct expendituree to benefit C/OH	C	andi	date / Officehoder name		office sought office	held
5	Date	6	-	Payee name			
	7/27/2015	ľ		-			
7	Amount (\$)	8	-	Office Depot Payee address; City;	Sta	ite; Zip Code	
	17.20	ľ		1576 West Gray	0.		
	17.20			1370 West Oldy			
				Houston TX 77019			
9	TYPE OF EXPENDITURE		x	Political		Non-Political	
10		(a	) Ca	ategory (See Categories listed at the top of this	(b) [	Description	
			hedul			Check if travel outside of Texas, complete Schedule	τ
						Check if Austin, TX, officeholder living expense	5 1
				Office Overhead/Rental		Office supplies	
				Expense			
11	Complete ONLY if direct	C	andi	date / Officehoder name		office sought office	held
	expendituree to benefit C/OH						
5	Date	6		Payee name			
	7/27/2015			El Tiempo Cantina			
7	Amount (\$)	8		Payee address; City;	Sta	ite; Zip Code	

			The Instruction Guide explains	how	to complete this form	
	Tatal names Cabadula E4.	0	· ·		-	
	Total pages Schedule F4:	2	FILER NAME Robert Gallego		3 Filer ID (Ethics Commission filers)	
4			URES CHARGED TO A CREDIT CARI	)	\$\$6,160.46	
	31.88		2814 Navigation Blvd			
			Houston TX 77003			
9	TYPE OF EXPENDITURE	X	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) C	Category (See Categories listed at the top of this ule)	(b) [	Description	
					Check if travel outside of Texas, complete Scho	edule T
					Check if Austin, TX, officeholder living expense	9
			Food/Beverage Expense		Campaign meeting	
			· · · · · · · · · · · · · · · · · · ·			
11	Complete ONLY if direct	Cano	didate / Officehoder name		office sought of	fice held
	expendituree to benefit C/OH					
5	Date	6	Payee name			
	7/30/2015		City of Houston			
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code	
	500.00		901 Bagby			
			Houston TX 77002			
9	TYPE OF EXPENDITURE	x	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) C	Category (See Categories listed at the top of this	(b) [	Description	
		sched	ule)		Check if travel outside of Texas, complete Scho	odulo T
			_		Check if Austin, TX, officeholder living expense	3
			Fees		Filing fee	
	Complete ONI V if direct	0.000	didate / Officehoder name		affine annaht	fice held
11	Complete ONLY if direct expendituree to benefit C/OH	Cano	didate / Onicendder hame		office sought of	nce neia
5	Date	6	Payee name			
<b>3</b>						
-	8/3/2015		Nancy's Steakhouse	0	to: Zin Code	
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code	
	29.50		2536 Hwy 71 S			
		1	Columbus TX 78934			

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)					
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$6,160.46					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
		Food/Beverage Expense Food at Victory Fund training					
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held					
5	Date	6 Payee name					
	8/3/2015	Hertz Rent-A-Car					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
	204.92	8100 Monroe					
		Houston TX 77061					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE						
		schedule) Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
		Transportation Equipment & Rental car for Victory Fund training Related Expense					
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held					
5	Date	6 Payee name					
	8/3/2015	ExxonMobil					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
	16.55	1818 Hamilton					
		Houston TX 77003					
9	TYPE OF EXPENDITURE	X     Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description					
		schedule)					
		Check if travel outside of Texas, complete Schedule T					

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2	2 FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO A CREDIT CARE	)	\$\$6,160.46		
			Transportation Equipment & Related Expense		Check if Austin, TX, officeholder living expen Fuel for Victory Fund training	se	
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held	
5	Date	6	Payee name				
	8/3/2015		Buc-ee's #17				
7	Amount (\$)	8	Payee address; City;	Sta	ite; Zip Code		
	34.10		10070 West IH-10				
			Luling TX 78648				
9	TYPE OF EXPENDITURE	X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) C	Category (See Categories listed at the top of this ule)	(b) C	Description		
			)		Check if travel outside of Texas, complete So	chedule T	
					Check if Austin, TX, officeholder living expen	se	
			Food/Beverage Expense		Food at Victory Fund training		
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held	

<b>_</b> /			BY CREDIT CARD	SCHEDULE F
			The Instruction Guide explains I	ow to complete this form.
1	Total pages Schedule F4:	2	FILER NAME Robert Gallegos	3 Filer ID (Ethics Commission filers)
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO A CREDIT CARD	\$\$6,160.46
5	Date	6	Payee name	
	8/3/2015		Mi Tierra Café y Panaderia	
7	Amount (\$)	8	Payee address; City;	State; Zip Code
	28.66		218 Produce Row	
			San Antonio TX 78207	
9	TYPE OF EXPENDITURE	X	Political	Non-Political
10	PURPOSE OF EXPENDITURE	I \ /		b) Description
		sched	ule)	Check if travel outside of Texas, complete Schedule T
				Check if Austin, TX, officeholder living expense
			Food/Beverage Expense	Food at Victory Fund training
			r ood/Develage Expense	
11	Complete ONLY if direct	Cano	didate / Officehoder name	office sought office held
	expendituree to benefit C/OH			
5	Date	6	Payee name	
	8/10/2015		Ninfa's Houston	
7	Amount (\$)	8	Payee address; City;	State; Zip Code
	140.39		2704 Navigation Blvd	
			-	
			Houston TX 77003	
9	TYPE OF EXPENDITURE	x	Political	Non-Political
10	PURPOSE OF EXPENDITURE	(a) C	Category (See Categories listed at the top of this	b) Description
		sched	ule)	Check if travel outside of Texas, complete Schedule T
				Check if Austin, TX, officeholder living expense
			Food/Beverage Expense	Campaign meeting
11	Complete ONLY if direct	Can	didate / Officehoder name	office sought office held
••	expendituree to benefit C/OH			Sinos sought Onloc Held
5	Date	6	Payee name	
5	8/10/2015	ľ		ate
7		8	Harris County Young Democi	
1	Amount (\$)	ľ	Payee address; City;	State; Zip Code

E	<b>KPENDITURES MA</b>	DE BY CREDIT CARD	SCHEDULE F4					
		The Instruction Guide explains how to o	complete this form.					
1	I Total pages Schedule F4: 2 FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)							
4	TOTAL OF UNITEMIZED EXPE	IDITURES CHARGED TO A CREDIT CARD	\$6,160.46					
	100.00	PO Box 131672						
		Houston TX 77219						
9	TYPE OF EXPENDITURE	X Political No	on-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Desc	cription					
		schedule)	neck if travel outside of Texas, complete Schedule T					
			neck if Austin, TX, officeholder living expense					
		Fees	Membership fee					
11	Complete ONLY if direct	Candidate / Officehoder name of	ffice sought office held					
	expendituree to benefit C/OH							
5	Date	6 Payee name						
	8/10/2015	Harris County Democratic Party						
7		8 Payee address; City; State;	Zip Code					
	120.00	1445 N Loop W						
		Houston TX 77008						
9	TYPE OF EXPENDITURE		on-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Design (b)	cription					
		schedule)						
			neck if travel outside of Texas, complete Schedule T					
			neck if Austin, TX, officeholder living expense					
		Fees	Membership fee					
11	Complete ONLY if direct	Candidate / Officehoder name of	ffice sought office held					
	expendituree to benefit C/OH		ince sought once nea					
5	Date	6 Payee name						
	8/21/2015	Office Depot						
7	Amount (\$)	8 Payee address; City; State;	Zip Code					
	44.13	1576 West Gray						
		Houston TX 77019						

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$6,160.46				
9	TYPE OF EXPENDITURE	X Political Non-Political				
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         (b) Description       Check if travel outside of Texas, complete Schedule T         Check if Austin, TX, officeholder living expense       Office Overhead/Rental         Office Overhead/Rental       Office supplies         Candidate / Officehoder name       office sought				
5	Date	6 Payee name				
	8/24/2015	USPS				
7	Amount (\$)	8 Payee address; City; State; Zip Code				
	122.50	1500 Hadley St				
		Houston TX 77002				
9	TYPE OF EXPENDITURE	X Political Non-Political				
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Postage				
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held				
5	Date	6 Payee name				
	8/24/2015	Office Depot				
7	Amount (\$)	8 Payee address; City; State; Zip Code				
	74.68	1576 West Gray				
		Houston TX 77019				
9	TYPE OF EXPENDITURE	X Political Non-Political				
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
		Check if travel outside of Texas, complete Schedule T				

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F4:	2	2 FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)			
4	TOTAL OF UNITEMIZED EXPE	NDIT	JRES CHARGED TO A CREDIT CARE	)	\$\$6,160.46	
			Office Overhead/Rental Expense		Check if Austin, TX, officeholde Office supplies	r living expense
11	Complete ONLY if direct expendituree to benefit C/OH	Cano	lidate / Officehoder name		office sought	office held
5	Date	6	Payee name			
	8/24/2015		Vistaprint			
7	Amount (\$)	8	Payee address; City;	Sta	ite; Zip Code	
	342.99		95 Hayden Ave			
			Lexington MA 0.2421			
9	TYPE OF EXPENDITURE	X	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) C	ategory (See Categories listed at the top of this	(b) [	Description	
		301000			Check if travel outside of Texas	, complete Schedule T
					Check if Austin, TX, officeholde	r living expense
		Printing Expense Printing of campaign materials				n materials
11	Complete ONLY if direct expendituree to benefit C/OH	Cano	didate / Officehoder name		office sought	office held

E	<b>KPENDITURES MA</b>	DE BY CREDIT CARD			SCHEDULE F4
		The Instruction Guide expla	ns how	to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME Robert Galle	gos	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT C/	\RD	\$\$6,160.46	
5	Date	6 Payee name			
	8/26/2015	Printglobe Inc			
7	Amount (\$)	8 Payee address; City;	St	ate; Zip Code	
	497.95	5812 Trade Center Dr			
		Suite 100			
		Austin TX 78744			
9	TYPE OF EXPENDITURE	X Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t schedule)	nis (b) l	Description	
				Check if travel outside of Texas, complete Schedule	эT
				Check if Austin, TX, officeholder living expense	
		Printing Expense		_ Printing of campaign materials	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name		office sought office	held
5	Date	6 Payee name			
	8/31/2015	Carroll Printing			
7	Amount (\$)	8 Payee address; City;	St	ate; Zip Code	
	259.80	2907 Canal St			
		Houston TX 77003			
9	TYPE OF EXPENDITURE	X Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t schedule)	nis (b) I	Description	
				Check if travel outside of Texas, complete Schedule	эT
				Check if Austin, TX, officeholder living expense	
		Printing Expense		Printing of campaign materials	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name		office sought office	held
		<b></b>			
5	Date	6 Payee name			
	8/31/2015	El Tiempo Cantina			

			The Instruction Guide explains	how	to complete this form	
	Total pages Schedule F4:	2	-		3 Filer ID (Ethics Commission filers)	
			FILER NAME Robert Gallego			
4			URES CHARGED TO A CREDIT CARI	J	\$\$6,160.46	
	61.86		2814 Navigation Blvd			
			Houston TX 77003			
9	TYPE OF EXPENDITURE	X	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) C	Category (See Categories listed at the top of this ule)	(b) [	escription	
			,		Check if travel outside of Texas, complete Scheo	dule T
					Check if Austin, TX, officeholder living expense	
			Food/Beverage Expense		Campaign meeting	
11	Complete ONLY if direct	Can	didate / Officehoder name		office sought offic	ce held
	expendituree to benefit C/OH					
5	Date	6	Payee name			
	9/2/2015		Cricket Wireless LLC			
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code	
	99.52		6816 Harrisburg Blvd			
			Houston TX 77011			
9	TYPE OF EXPENDITURE	x	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) C	Category (See Categories listed at the top of this	(b) [	lescription	
		sched	ule)	╎┌	Check if travel outside of Texas, complete Scheo	tule T
					Check if Austin, TX, officeholder living expense	
			Office Overhead/Rental Expense		Phone for phonebanks	
11	Complete ONLY if direct	Can	didate / Officehoder name		office sought office	ce held
	expendituree to benefit C/OH	Can			Unice sought Univ	
5	Date	6	Payee name			
	9/2/2015	ľ	Cricket Wireless LLC			
7		8	Payee address; City;	Sta	te; Zip Code	
'				36		
	89.52		6816 Harrisburg Blvd			
			<b>—</b>			
1		1	Houston TX 77011			

		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)	
4		ENDITURES CHARGED TO A CREDIT CARD \$\$6,160.46	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description	
		Schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
		Office Overhead/Rental Phone for phonebanks Expense	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held	
5	Date	6 Payee name	
	9/2/2015	Cricket Wireless LLC	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	79.52	6816 Harrisburg Blvd	
		Houston TX 77011	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Schedule T	
		Check if Austin, TX, officeholder living expense	
		Office Overhead/Rental Phone for phonebanks Expense	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held	
5	Date	6 Payee name	
	9/2/2015	Cricket Wireless LLC	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	69.62	6816 Harrisburg Blvd	
		Houston TX 77011	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Schedule T	

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	S	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO A CREDIT CARE	)	\$\$6,160.46		
			Office Overhead/Rental Expense		Check if Austin, TX, officeholder living exp Phone for phonebanks		
11	Complete ONLY if direct expendituree to benefit C/OH	Cano	didate / Officehoder name		office sought	office held	
5	Date	6	Payee name				
	9/2/2015		Cricket Wireless LLC				
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code		
	59.52		6816 Harrisburg Blvd				
			Houston TX 77011				
9	TYPE OF EXPENDITURE	X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) C sched	Category (See Categories listed at the top of this ule)	(b) [	Description Check if travel outside of Texas, complete	Schedule T	
			Office Overhead/Rental Expense		Check if Austin, TX, officeholder living exp Phone for phonebanks	ense	
11	Complete ONLY if direct expendituree to benefit C/OH	Cano	didate / Officehoder name		office sought	office held	

E	(PENDITURES MA	D	E BY CREDIT CARD			SCHEDULE F4
			The Instruction Guide explains	how	to complete this form.	
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	S	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDI	TURES CHARGED TO A CREDIT CARD	)	\$\$6,160.46	
5	Date	6	Payee name			
	9/3/2015		El Tiempo Cantina			
7	Amount (\$)	8	Payee address; City;	Sta	ite; Zip Code	
	149.62		2814 Navigation Blvd			
			Houston TX 77003			
9	TYPE OF EXPENDITURE	>	C Political		Non-Political	
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this dule)	(b) [	Description	
			,		Check if travel outside of Texas, complete Schedul	еT
					Check if Austin, TX, officeholder living expense	
			Food/Beverage Expense		Food for volunteers	
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	ndidate / Officehoder name		office sought office	held
5	Date	6	Pouco nomo			
5		0	Payee name			
7	9/3/2015 Amount (\$)	8	Texas Democratic Party         Payee address;       City;	Ste	ite; Zip Code	
	900.00	ľ	4818 East Ben White Blvd, Su			
	900.00		4010 East Dell Wille Divu, Su	ine	04	
			Houston TX 78741			
9	TYPE OF EXPENDITURE				Non-Political	
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this	(b) [	Description	
			dule)			
					Check if travel outside of Texas, complete Schedul	eı
					Check if Austin, TX, officeholder living expense	
			Office Overhead/Rental Expense		VAN access	
11	Complete ONLY if direct	Ca	ndidate / Officehoder name		office sought office	held
	expendituree to benefit C/OH				<b>.</b>	
5	Date	6	Payee name			
	9/3/2015		Callfire			
7	Amount (\$)	8	Payee address; City;	Sta	ite; Zip Code	

E	XPENDITURES MA	DE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$6,160.46	
	250.00	1410 2nd St	
		Suite 200	
		Santa Monica CA 90401	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description	
		schedule) Check if travel outside of Texas, complete Sc Check if Austin, TX, officeholder living expense	
		Office Overhead/Rental Phone program Expense	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought of	office held
5	Date	6 Payee name	
	9/4/2015	Juliet Stipeche Campaign	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
.	150.00	1 Greenway Plaza, Suite 740	
	130.00	i Greenway Flaza, Suite 740	
		Houston TX 77046	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description	
		schedule)	hadda T
		Check if travel outside of Texas, complete Sc	
		Check if Austin, TX, officeholder living expens	se
		Contributions/Donations Campaign contribution Made By	
		Candidate/Officeholder/Politi cal Committee	
11	Complete ONLY if direct		office held
	expendituree to benefit C/OH		
5	Date	6 Payee name	
	9/8/2015	Lowes	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	25.29	1000 Gulfgate Center Mall	
		Houston TX 77087	

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)					
4		NDITURES CHARGED TO A CREDIT CARD \$\$6,160.46					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10		(a) Category (See Categories listed at the top of this (b) Description					
		schedule)					
		Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
		Office Overhead/Rental Office supplies					
		Expense					
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held					
	expendituree to benefit C/OTT						
5	Date	6 Payee name	-				
	9/8/2015	Navid En El Barrio					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
	50.00	PO Box 4084					
		Houston TX 77210					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description					
		schedule)					
		Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
		Food/Beverage Expense         Food for volunteers					
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held					
5	Date	6 Payee name					
	9/10/2015	Tony Mandola's					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
	116.75	1212 Waugh Dr					
		Houston TX 77019					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description					
		schedule) Check if travel outside of Texas, complete Schedule T					

E	KPENDITURES MA	DE	BY CREDIT CARD			SCHEDULE F4
			The Instruction Guide explains	how	to complete this form.	
1	Total pages Schedule F4:	2	FILER NAME Robert Gallego	3 Filer ID (Ethics Commission filer	s)	
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO A CREDIT CARE	)	\$\$6,160.46	
			Food/Beverage Expense		Check if Austin, TX, officeholder living e Campaign meeting	xpense
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held
5	Date	6	Payee name			
	9/14/2015		Carroll Printing			
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code	
	303.10		2907 Canal St			
			Houston TX 77003			
9	TYPE OF EXPENDITURE	X	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) C sched	Category (See Categories listed at the top of this ule)	(b) [	Description Check if travel outside of Texas, comple Check if Austin, TX, officeholder living e Printing of campaign mater	xpense
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held

E	XPENDITURES MA	۱C	)E	BY CREDIT CARD			SCHEDULE F4
				The Instruction Guide explains	how	to complete this form.	
1	Total pages Schedule F4:	2		FILER NAME Robert Gallego	s	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NC	DITU	RES CHARGED TO A CREDIT CARD	)	\$\$6,160.46	
5	Date	6		Payee name			
	9/14/2015			Don Carlos Restaurant			
7	Amount (\$)	8		Payee address; City;	Sta	ate; Zip Code	
	67.37			416 76th St			
				Houston TX 77012			
9	TYPE OF EXPENDITURE		х	Political		Non-Political	
10	PURPOSE OF EXPENDITURE		a) Ca hedul	ategory (See Categories listed at the top of this e)	(b) [	Description	
						Check if travel outside of Texas, complete Schedul	еТ
						Check if Austin, TX, officeholder living expense	
				Food/Beverage Expense		Food for volunteers	
11	Complete ONLY if direct expendituree to benefit C/OH	C	andi	date / Officehoder name		office sought office	held
5	Date	6		Payee name			
	9/15/2015			Printglobe Inc			
7	Amount (\$)	8		Payee address; City;	Sta	ate; Zip Code	
	56.83			5812 Trade Center Dr			
				Suite 100			
				Austin TX 78744			
9	TYPE OF EXPENDITURE		X	Political		Non-Political	
10	PURPOSE OF EXPENDITURE			ategory (See Categories listed at the top of this	(b) [	Description	
		sc	hedul	e)	Г	Check if travel outside of Texas, complete Schedul	e T
						Check if Austin, TX, officeholder living expense	
				Printing Expense		Printing of campaign materials	
11	Complete ONLY if direct expendituree to benefit C/OH	C	andi	date / Officehoder name		office sought office	held
		  -					
5	Date	6		Payee name			
_	9/17/2015	-		Carroll Printing	<u> </u>		
7	Amount (\$)	8		Payee address; City;	Sta	ate; Zip Code	

		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	FILER NAME Robert Gallegos 3 Filer ID (Ethics Commission filers)	
4		NDITURES CHARGED TO A CREDIT CARD \$\$6,160.46	
<b>–</b>			
	519.60	2907 Canal St	
		Houston TX 77003	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Sche	dule T
		Check if Austin, TX, officeholder living expense	
		Printing Expense Printing of campaign materials	
11	Complete ONLY if direct	Candidate / Officehoder name office sought off	ice held
	expendituree to benefit C/OH		
5	Date	6 Payee name	
	9/17/2015	Constant Contact	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	18.30	309 NW 46th St	
		Seattle WA 98107	
9	TYPE OF EXPENDITURE	X Political Non-Political	
_		(a) Category (See Categories listed at the top of this (b) Description	
		schedule)	
		Check if travel outside of Texas, complete Sche	
		Check if Austin, TX, officeholder living expense	
		Advertising Expense Email software	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought offi	ice held
5	Date	6 Payee name	
	9/21/2015	El Jardin	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	63.40	7849 Harrisburg Blvd	
		Houston TX 77012	

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2         FILER NAME Robert Gallegos         3         Filer ID (Ethics Commission filers)					
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$6,160.46					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description					
		schedule) Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
		Food/Beverage Expense Campaign meeting					
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held					
5	Date	6 Payee name					
	9/21/2015	Office Depot					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
	162.35	1576 West Gray					
		Houston TX 77019					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
		Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
		Office Overhead/Rental Office supplies					
		Expense					
11	Complete ONLY if direct	Candidate / Officehoder name office sought office held					
	expendituree to benefit C/OH						
5	Date	6 Payee name					
	9/21/2015	Kroger					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
	7.14	4000 Polk					
		Houston TX 77023					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description					
		schedule) Check if travel outside of Texas, complete Schedule T					

E	SCHEDULE F4										
	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME Robert Gallegos	3 Filer ID (Ethics Commission filers)								
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD	\$\$6,160.46								
		Food/Beverage Expense	Check if Austin, TX, officeholder living expense Drinks for volunteers								
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held								
5	Date	6 Payee name									
	9/21/2015	Taqueria Dona									
7	Amount (\$)	8 Payee address; City;	State; Zip Code								
	162.70	2601 Navigation									
		Houston TX 77003									
9	TYPE OF EXPENDITURE	X Political	Non-Political								
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (schedule)	b) Description								
		Food/Beverage Expense	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Food for volunteers								
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held								

- 4				BY CREDIT CARD			SCHEDULE F		
				The Instruction Guide explains h	now	to complete this form.			
1	Total pages Schedule F4:	2		FILER NAME Robert Gallegos	S	3 Filer ID (Ethics Commission filers)			
4	TOTAL OF UNITEMIZED EXPE	NC	DITU	IRES CHARGED TO A CREDIT CARD		\$\$6,160.46			
5	Date	6		Payee name					
	9/23/2015			Cuchara Restaurant					
7	Amount (\$)	8		Payee address; City;	St	ate; Zip Code			
	27.90			214 Fairview					
				Houston TX 77006					
9	TYPE OF EXPENDITURE		x	Political		Non-Political			
10	PURPOSE OF EXPENDITURE	L \			(b) [	Description			
		SC	hedu	e)	Г	Check if travel outside of Texas, complete Schedu	ile T		
					┢	Check if Austin, TX, officeholder living expense			
				Event Expense	L	Food for fundraiser			
11	Complete ONLY if direct	C	andi	idate / Officehoder name		office sought office	e held		
	expendituree to benefit C/OH								
5	Date	6	_	Payee name					
	9/23/2015			Cuchara Restaurant					
7	Amount (\$)	8		Payee address; City;	St	ate; Zip Code			
	27.90			214 Fairview					
				Houston TX 77006					
9	TYPE OF EXPENDITURE		Х	Political		Non-Political			
10	PURPOSE OF EXPENDITURE	L \			(b) [	Description			
		SC	hedu	e)	Г	Check if travel outside of Texas, complete Schedu	ile T		
					┢	Check if Austin, TX, officeholder living expense			
				Event Expense	L	Food for fundraiser			
11	Complete ONLY if direct	C	andi	idate / Officehoder name		office sought office	e held		
	expendituree to benefit C/OH								
5	Date	6	_	Payee name					
	9/23/2015			Cuchara Restaurant					
	Amount (\$)	8		Payee address; City;	St	ate; Zip Code			

	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F4:	2 FILER NAME Robert Gallegos			3 Filer ID (Ethics Commission filers)							
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO A CREDIT CARI	)	\$\$6,160.46							
	27.90		214 Fairview Houston TX 77006									
					1							
9	TYPE OF EXPENDITURE	X	Political		Non-Political							
10	PURPOSE OF EXPENDITURE	(a) ( sched	Category (See Categories listed at the top of this dule)	(b) [	Description Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense Food for fundraiser	еТ						
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name	1	office sought office	held						

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED