

ORIGINAL

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Lazaro "Larry" Gallardo Jr

OFFICE USE ONLY

Date Received

RECEIVED JUL 15 2015 1:07 PM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1001 West Mile 3 Rd. Palmhurst TX 78573

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION (956) 271-4712

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Lazaro "Larry" Gallardo Jr

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Same as above

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (956) 271-4712

9 REPORT TYPE

January 15, 30th day before election, Runoff, 15th day after campaign treasurer appointment (Officeholder Only), July 15, 8th day before election, Exceeded \$500 limit, Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 1 / 1 / 2015 THROUGH Month Day Year 6 / 30 / 15

11 ELECTION

ELECTION DATE Month Day Year 3 / 1 / 2016 ELECTION TYPE Primary Runoff Other Description General Special

12 OFFICE

OFFICE HELD (if any) Constable Pct 3

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Lazaro "Larry" Gallardo Jr

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

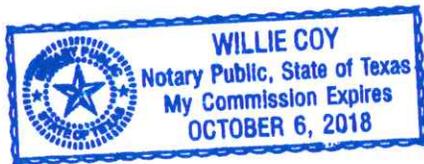
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,650. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,187. <sup>19</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,362. <sup>81</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Lazaro Gallardo Jr.  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lazaro Gallardo Jr, this the 15<sup>th</sup> day of July, 20 15, to certify which, witness my hand and seal of office.

[Signature] Signature of officer-administering oath  
Willie Coy Printed name of officer administering oath  
Notary Public Title of officer administering oath

**SUBTOTALS - COH**

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

19 FILER NAME <i>Lazaro "Larry" Gallardo Jr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,650. <sup>00</sup>
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	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8187. <sup>19</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<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:

2 FILER NAME

Lazaro "Larry" Gallardo Jr

3 Filer ID (Ethics Commission Filers)

4 Date

5/17/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Isaac J. Martinez

6 Contributor address; City; State; Zip Code

1404 Terrace Dr. Mission TX 78572

7 Amount of contribution (\$)

300.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Insurance Agent

9 Employer (See Instructions)

Farmer's Insurance

Date

5/20/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Hector O. Chapa

Contributor address; City; State; Zip Code

2011 Fair Oaks Dr. Mission TX 78574

Amount of contribution (\$)

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Pharm. Rep.

Employer (See Instructions)

Date

5/20/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

David Bazan

Contributor address; City; State; Zip Code

806 West Palma Vista Dr. Palmview, TX 78572

Amount of contribution (\$)

200.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Plumbing Contractor

Employer (See Instructions)

Date

5/20/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kathryn Brown

Contributor address; City; State; Zip Code

2323 Keralum Mission TX 78574

Amount of contribution (\$)

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Secretary

Employer (See Instructions)

Ric Brown Funeral Home

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lazaro "Larry" Gallardo Jr

3 Filer ID (Ethics Commission Filers)

4 Date

5/20/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

~~Felix~~ Felix Alvarez Jr

6 Contributor address; City; State; Zip Code

P.O. Box 176 La Joya TX 78540

7 Amount of contribution (\$)

100.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Felix's Meat Market

Date

5/20/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Napoleon Anaya Jr

Contributor address; City; State; Zip Code

1412 Encantado Circle Palmview TX 78572

Amount of contribution (\$)

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/21/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jose M. Flores

Contributor address; City; State; Zip Code

P.O. Box 310 Mission TX 78573

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Owner J&R Oil Field Service

Date

5/21/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carlo Garza

Contributor address; City; State; Zip Code

2003 North Conway Mission TX 78572

Amount of contribution (\$)

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

El Patio Restaurant

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Lazaro "Larry" Gallardo Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/22/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dora Tagle Salinas</i>	7 Amount of contribution (\$) <i>100.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 123 McAllen TX 78505</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/27/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lucy Canales</i>	Amount of contribution (\$) <i>1,000.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin TX 78760</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Linebarger Goggan Blair &amp; Sampson LLP.</i>
Date <i>6/3/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Crain</i>	Amount of contribution (\$) <i>500.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>P.O. Box 3725 McAllen TX 78502</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Atlas, Hall &amp; Rodriguez LLP</i>
Date <i>5/21/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberto Salinas</i>	Amount of contribution (\$) <i>500.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>500 East 9th Mission TX 78572</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>El Salinas Ranch</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Lazaro "Larry" Gallardo Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/20/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Santos</i> 6 Contributor address; City; State; Zip Code <i>1005 W. Express 83 Pecos TX 78576</i>	7 Amount of contribution (\$) <i>500.<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions) <i>Owner</i>		9 Employer (See Instructions) <i>L &amp; I Funeral Home</i>
Date <i>5/20/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesus A. Pena</i> Contributor address; City; State; Zip Code <i>6912 Lomahinda St Mission TX 78572</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Pena's Spray on Bedliner.</i>
Date <i>5/20/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martin J. Valdez</i> Contributor address; City; State; Zip Code <i>1500 Saw Felipe Dr. Mission TX 78572</i>	Amount of contribution (\$) <i>300.<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>Pharm. Rep</i>		Employer (See Instructions)
Date <i>5/13/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tomas R. Garza</i> Contributor address; City; State; Zip Code <i>108 Rancho Grande La Joya TX 78560</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Lazaro "Larry" Gallardo Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/13/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lila Mae Martin</b> 6 Contributor address; City; State; Zip Code <b>7400 W. Express 83 Mission TX 78572</b>	7 Amount of contribution (\$) <b>250.<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>Owner</b>		9 Employer (See Instructions) <b>Martin Enterprises.</b>
Date <b>5/14/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos G. heal Jr</b> Contributor address; City; State; Zip Code <b>P.O. Box 631 Mission TX 78573</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>heal Properties</b>
Date <b>5/13/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Escalera</b> Contributor address; City; State; Zip Code <b>1515 West 3 mile Rd. Mission TX 78573</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Escalera wrecker.</b>
Date <b>5/21/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roberto Cuellar Jr.</b> Contributor address; City; State; Zip Code <b>3340 Midlands Circle Edinburg TX 78531</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 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 (\$)
5/21/15	Jalio Cerda 1602 Solar Pr. Mission TX 78574	500. <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Engineer		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
5/20/15	Rolando Reyna 902 E mile 2 Rd. Mission TX 78574	500. <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Manager		Target
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
5/21/15	<del>1914</del> Teofilo Flores 1914 El Milano Pr. Palmhurst TX 78573	500. <sup>00</sup>
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Lazaro "Larry" Gallardo Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/21/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John A. Lopez</i>	7 Amount of contribution (\$) <i>100.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>2202 Pebble St Mission TX 78574</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>5/21/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eddie Pena</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1119 Ash Dr. Mission TX 78572</i>		
Principal occupation / Job title (See Instructions) <i>Salesman</i>		Employer (See Instructions) <i>Weeks Martin Implement</i>
Date <i>5/21/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joel E Bazan</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>118 S. Shary Rd Mission TX 78572</i>		
Principal occupation / Job title (See Instructions) <i>Agent</i>		Employer (See Instructions) <i>Farmers Insurance</i>
Date <i>5/21/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah G. Garza</i>	Amount of contribution (\$) <i>200.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>2121 Sunset Lane Mission TX 78572</i>		
Principal occupation / Job title (See Instructions) <i>Administrator</i>		Employer (See Instructions) <i>MISSION CISD</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Lazard "Larry" Gallardo Jr</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/21/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Henry</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>12418 North Stearn Rd. Mission TX 78573</b>		
8 Principal occupation / Job title (See Instructions) <b>Supervisor</b>		9 Employer (See Instructions) <b>Hidalgo County pct3</b>
Date <b>5/21/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Aguilar</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 304 Pecos TX 78576</b>		
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>Hidalgo Irrigation #6</b>
Date <b>5/21/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose A. Vela</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1302 Claborn St Mission TX 78572</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/21/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ben A. Cavazos</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2322 Orange St. Mission TX 78574</b>		
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Mission Auto Electric</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lazaro "Larry" Callardo Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5/21/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jose Rodriguez

6 Contributor address; City; State; Zip Code

1001 North Lathana Rd Palmview TX 78574

7 Amount of contribution (\$)

100.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Palmview Truck Trailer Parts

Date

5/21/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amador Requenez

Contributor address; City; State; Zip Code

1313 North Moorefield Rd Mission TX 78572

Amount of contribution (\$)

300.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Valley Welding Service

Date

5/21/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Elias Bazan Jr

Contributor address; City; State; Zip Code

2410 Stewart Rd Mission TX 78574

Amount of contribution (\$)

400.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Taco Ole

Date

5/20/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Javier Barrera

Contributor address; City; State; Zip Code

1305 San Felipe Dr. Mission TX 78572

Amount of contribution (\$)

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Real Estate

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lazaro "Larry" Gallardo Jr

3 Filer ID (Ethics Commission Filers)

4 Date

5/21/15

5 Full name of contributor

Carlos E. Ortega

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

6521 North 10th St F McAllen TX 78504

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

5/21/15

Full name of contributor

Leo J. Leo

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

P.O. Box 1120

Mission TX 78573

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

leo Food Stores

Date

5/20/15

Full name of contributor

Ismael Garza

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

4876 Westward

Mission TX 78574

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/21/15

Full name of contributor

Ruben D. Plata

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

1613 Solar Dr.

Mission TX 78574

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Texas National

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Lazaro "Larry" Gallardo Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/21/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Noel A. Zamora</i>	7 Amount of contribution (\$) <i>300.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 75 Sullivan City TX 78595</i>		
8 Principal occupation / Job title (See Instructions) <i>Owner</i>		9 Employer (See Instructions) <i>El Pinto Cattle Company.</i>
Date <i>5/20/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Manio A. Flores</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5114 North Inspiration Mission TX 78573</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Mikes Pump Service</i>
Date <i>5/18/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Javier Hinojosa</i>	Amount of contribution (\$) <i>1,000.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1308 Encanto Blvd. Mission TX 78574</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>Owner</i>
Date <i>5/19/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gavino A. Garza</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1606 Heritage LN Mission TX 78572</i>		
Principal occupation / Job title (See Instructions) <i>Pharmacist</i>		Employer (See Instructions) <i>Doctors Hospital</i>

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME *Lazaro "Larry" Gallardo Jr*

3 Filer ID (Ethics Commission Filers)

4 Date  
*5/19/15*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*William C. Davis*  
6 Contributor address; City; State; Zip Code  
*2030 East Gr. Hwy Mission TX 78572*

*100.00*

8 Principal occupation / Job title (See Instructions)  
*Agent*

9 Employer (See Instructions)  
*Farmers Insurance*

Date  
*5/12/15*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*Carlos Quintanilla*  
Contributor address; City; State; Zip Code  
*1801 Fairway Circle Mission TX 78572*

*100.00*

Principal occupation / Job title (See Instructions)  
*Pharm. Rep.*

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Lazard "Larry" Ballard Jr	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/16/15	<b>5</b> Payee name Mikes Quality Printing	
<b>6</b> Amount (\$) 319.34	<b>7</b> Payee address; City; State; Zip Code 2036 West Houston McAllen TX 78501	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)  Printing Expense Thank you cards	<b>(b)</b> Description <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 5/21/15	Payee name Sams Club	
Amount (\$) 117.85	Payee address; City; State; Zip Code 7601 N. 10th McAllen TX 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Food / Beverage Expense cakes for fundraiser	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 5/21/15	Payee name Sal's Vinyl Grafix	
Amount (\$) 200.00	Payee address; City; State; Zip Code 2030 W. Cage Pharr, Texas 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Advertising Expense Banners for campaign	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Lazaro "Larry" Gallardo Jr</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/15/15</b>	<b>5</b> Payee name <b>Lazaro Gallardo</b>	
<b>6</b> Amount (\$) <b>5,000</b>	<b>7</b> Payee address; City; State; Zip Code <b>1001 West Mike 3 Rd. Palmhurst</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Loan FNB, Jan 16, 2004 Paid by Candidate.</b>	
<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