



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME MICHAEL R. GALLAGHER 15 Filer ID (Ethics Commission Filers)

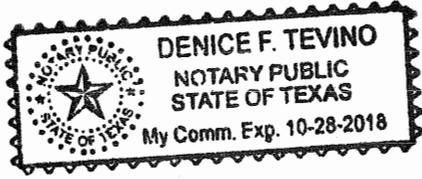
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>SAN ANTONIO APARTMENT ASSOC. (REPORTED ON SCHEDULE A1 PAGE 1 ATTACHED)</u>
	COMMITTEE ADDRESS	<u>7525 BABCOCK RD SA, TX 78249</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>HECTOR MORALES, JR.</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>7525 BABCOCK RD. SA, TX 78249</u>

RECEIVED  
 CITY OF SAN ANTONIO  
 CITY CLERK  
 15 JUL 13 AM 11:13

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6240.15</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8117.59</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4303.49</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>30,000.00</u>

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael R. Gallagher  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael R. Gallagher, this the 13<sup>th</sup> day of July, 20 15, to certify which, witness my hand and seal of office.

Denise F. Trevino      Denice F. Trevino      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME MICHAEL R. GALLAGHER 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6240.15
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS (PERSONAL)	\$ 30,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8117.59
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	\$ —

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

15 JUL 13 PM 12:02

\* NOTE: THIS SPECIFIC PAGE REPORTED TO CITY CLERK 5-6-15

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 4

2 FILER NAME

MICHAEL R. GALLAGHER

3 Filer ID (Ethics Commission Filers)

4 Date

4-30-15

5 Full name of contributor

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

SAN ANTONIO APARTMENT ASSOC.

6 Contributor address; City; State; Zip Code

7525 BABCOCK RD.  
SA, TX 78249

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-4-15

Full name of contributor

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

Johnny Stevens

Contributor address; City; State; Zip Code

8120 KILLARNAY CT.  
WICHITA, KS 67206

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-4-15

Full name of contributor

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

MARJORIE STEVENS

Contributor address; City; State; Zip Code

8120 KILLARNAY CT.  
WICHITA, KS 67206

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-4-15

Full name of contributor

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

JOHN CLAMP

Contributor address; City; State; Zip Code

8531 N. NEW BRAUNFELS #203  
SA, TX 78217

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 13 AM 11:13

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

2 of 4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 4

2 FILER NAME

MICHAEL R. CALLAGHER

3 Filer ID (Ethics Commission Filers)

4 Date

5-7-15

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

JULIANNA HOLT

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

2191 LITTLE BLANCO RD.  
BLANCO, TX 78606

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-7-15

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

PETER HOLT

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2191 LITTLE BLANCO RD.  
BLANCO, TX 78606

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-8-15

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

JOSEPH STRAUS JR.

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

1 RETAMA PARKWAY  
SALMA, TX 78154

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-8-15

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

SIMON FALIC

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

6100 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 13 AM 11:13

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:

3 of 4

2 FILER NAME

MICHAEL R. GALLAGHER

3 Filer ID (Ethics Commission Filers)

4 Date

5-8-15

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

JEROME FALIC

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

6100 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33024

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-8-15

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

LEON FALIC

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

6100 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-15-15

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

LYLE LARSON

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

P.O. BOX 171148  
SA, TX 78217

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-12-15

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

CHESTER DRASH

Amount of contribution (\$)

460.20

Contributor address; City; State; Zip Code

18746 CALLE CIERRA  
SA, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 13 AM 11:13

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:

4 of 4

2 FILER NAME

MICHAEL R. GALLAGHER

3 Filer ID (Ethics Commission Filers)

4 Date

5-13-15

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

JEFF WENTWORTH

7 Amount of contribution (\$)

229.95

6 Contributor address; City; State; Zip Code

160 COUNTRY LANE  
SA, TX 78209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-15-15

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

DENNIS PETERSON

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2925 BRIARPARK DR  
HOUSTON, TX 77042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-30-15

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

DAWN GREEN

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

16615 SNELL MEADOW  
SA, TX 78247

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)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 13 AM 11:13

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <span style="font-size: 2em;">)</span>
2 FILER NAME <i>MICHAEL R. GALLAGHER</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>11-15-14</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>MICHAEL R. GALLAGHER (PERSONAL)</i>	9 Loan Amount (\$) <i>30,000.00</i>
6 Is lender a financial Institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>4302 HILTON HEAD SAN ANTONIO, TX 78217</i>	10 Interest rate <i>- 0 -</i>
		11 Maturity date <i>NA</i>
12 Principal occupation / Job title (See Instructions) <i>CITY COUNCILMAN, DISTRICT 10</i>		13 Employer (See Instructions) <i>CITY OF SAN ANTONIO</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

RECEIVED  
 CITY OF SAN ANTONIO  
 CITY CLERK  
 15 JUL 13 AM 11:13

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If lender 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>MICHAEL R. GALLAGHER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7-28-15</b>		5 Payee name <b>GOFISH ADVERTISING</b>			
6 Amount (\$) <b>3716.70</b>		7 Payee address; City; State; Zip Code <b>P.O. BOX 33754 SA, TX 78265</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>4-28-15</b>		Payee name <b>LAUREN SIDES</b>			
Amount (\$) <b>200.00</b>		Payee address; City; State; Zip Code <b>4543 STRADFORD PL. SA, TX 78217</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>EVENT EXPENSES</b>		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	
Date <b>5-8-5</b>		Payee name <b>FUTURE SOUNDS</b>			
Amount (\$) <b>200.00</b>		Payee address; City; State; Zip Code <b>5815 OAK COUNTRY WAY SA, TX 78247</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		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	

RECEIVED  
 CITY OF SAN ANTONIO  
 CITY CLERK  
 15 JUL 13 PM 12:02

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MICHAEL R. GALLAGHER</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <b>5-9-15</b>	5 Payee name <b>ROLLING OAKS GOLF CLUB</b>
-------------------------	---

6 Amount (\$) <b>474.69</b>	7 Payee address; City; State; Zip Code <b>5550 MOUNTAIN VISTA DR. SA, TX 78247</b>
--------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSES</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
------------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>5-11-15</b>	Payee name <b>LAUREN SIDES</b>
------------------------	-----------------------------------

Amount (\$) <b>3526.20</b>	Payee address; City; State; Zip Code <b>4543 STRADFORD PLACE SA, TX 78217</b>
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	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

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 13 PM 12:02