

# 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: <b>52</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
		<b>Ric</b>	<b>D</b>	Date Received <b>5/30/2025 10:25:36AM</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 760272 San Antonio TX 78245</b>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>330-5712</b>	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	
	NICKNAME	LAST	SUFFIX	Amount \$	
		<b>Mr</b>	<b>James</b>		Date Processed <b>5/30/2025 10:25:36AM</b>
		<b>Hamric</b>		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>9916 Overlook Acres San Antonio TX 78245</b>				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	<b>8th Day Before Runoff Election</b>				
10 PERIOD COVERED	Month Day Year <b>5/4/2025</b> THROUGH <b>5/28/2025</b>				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year <b>6/7/2025</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Council District 6</b>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
**Ric D Galvan**

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 21503.92

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 10976.09

CONTRIBUTION  
BALANCE

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

\$ 14067.18

OUTSTANDING  
LOAN TOTALS

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

\$ 0

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.

\*\*\* Electronically Certified \*\*\*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Ric D Galvan**, this the **29th** day of **May**, **2025**, to certify which, witness my hand and seal of office.

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

<b>19</b> FILER NAME <b>Ric D Galvan</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 21503.92</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 10976.09</b>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 33**

2 FILER NAME  
**Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/4/2025**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Amanda Garcia**

7 Amount of contribution (\$)  
**10.00**

6 Contributor address; City; State; Zip Code  
**1516 Ivy Ln  
Edinburg, TX 78539**

8 Principal occupation / Job title (See instructions)  
**Higher Education Organized**

9 Employer (See instructions)  
**Texas AFT**

Date  
**5/4/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Victoria Ramirez**

Amount of contribution (\$)  
**6.00**

Contributor address; City; State; Zip Code  
**8327 Shoal Creek Drive  
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)  
**Server**

Employer (See instructions)  
**Ch Guenther & son**

Date  
**5/4/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Justice Lovin**

Amount of contribution (\$)  
**325.00**

Contributor address; City; State; Zip Code  
**624 W Magnolia Ave  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Teacher**

Employer (See instructions)  
**SAISD**

Date  
**5/4/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Judah Rice**

Amount of contribution (\$)  
**6.00**

Contributor address; City; State; Zip Code  
**7635 Guadalupe St #301  
Austin, TX 78752**

Principal occupation / Job title (See instructions)  
**Photographer**

Employer (See instructions)  
**Judah Rice Photo**

**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 of 33**

2 FILER NAME  
**Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/4/2025**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Katy Bravenec**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**501 Shook Ave  
SAN ANTONIO, TX 78212**

8 Principal occupation / Job title (See instructions)  
**Chief of Staff**

9 Employer (See instructions)  
**City of San Antonio District 5**

Date  
**5/4/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Fernando Aguilar**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**206 Wake Forrest  
San antonio, TX 78228**

Principal occupation / Job title (See instructions)  
**Constituent Advocate: Veteran Specialist**

Employer (See instructions)  
**U.S. House Representative Greg Casar**

Date  
**5/4/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr William McDonough**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**8542 Timber Place  
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)  
**Not Employed**

Employer (See instructions)  
**Not Employed**

Date  
**5/4/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Albert Wylie**

Amount of contribution (\$)  
**15.00**

Contributor address; City; State; Zip Code  
**3923 W Salinas St  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Dining Hall Manager**

Employer (See instructions)  
**Yale University**

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/4/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Martha Newman**

**7** Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**203 E Milton St**  
**Austin, TX 78704**

**8** Principal occupation / Job title (See instructions)  
**Professor**

**9** Employer (See instructions)  
**University of Texas**

Date  
**5/4/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr John Cuvillier**

Amount of contribution (\$)  
**24.00**

Contributor address; City; State; Zip Code  
**340 E William Cannon Dr**  
**Austin, TX 78745**

Principal occupation / Job title (See instructions)  
**Not Employed**

Employer (See instructions)  
**Not Employed**

Date  
**5/4/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Gina Cramer**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**2234 Fresno**  
**San Antonio, TX 78201**

Principal occupation / Job title (See instructions)  
**Data analyst**

Employer (See instructions)  
**META**

Date  
**5/4/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Sarah Sorensen**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**215 Carolina St**  
**San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Policy and Partnership Coordinator**

Employer (See instructions)  
**City of San Antonio**

**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.		<b>1</b> Total pages Schedule A1: <b>4 of 33</b>
<b>2</b> FILER NAME <b>Ric D Galvan</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/4/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Jose Hernandez Contreras</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>3850 Manchester Drive</b> <b>San Antonio, TX 78223</b>	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Deputy Sheriff</b>		<b>9</b> Employer (See instructions) <b>Bexar County Sheriff Office</b>
Date <b>5/4/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Stephanie Gomez</b> ..... Contributor address; City; State; Zip Code <b>2727 West 18 St #204</b> <b>Houston, TX 77008</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Student</b>		Employer (See instructions) <b>Uh</b>
Date <b>5/4/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Sarah Donaldson</b> ..... Contributor address; City; State; Zip Code <b>615 Naylor Street</b> <b>San Antonio, TX 78210</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>TRLA</b>
Date <b>5/4/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Benjamin Aguillon</b> ..... Contributor address; City; State; Zip Code <b>133 harriet Drive</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:  
**5 of 33**

2 FILER NAME  
**Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/5/2025**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Edward Bravenec**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**501 Shook Avenue  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)  
**Lawyer**

9 Employer (See instructions)  
**Self**

Date  
**5/5/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms alexus garcia**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**228 W Norwood Ct  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Program Managwr**

Employer (See instructions)  
**Texas freedom network**

Date  
**5/5/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Joe Webb**

Amount of contribution (\$)  
**10.00**

Contributor address; City; State; Zip Code  
**229 W Norwood Ct  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Assistant Planner**

Employer (See instructions)  
**City of New Braunfels**

Date  
**5/5/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Anita Medina**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**8323 Magdalena Run  
HELOTES, TX 78023**

Principal occupation / Job title (See instructions)  
**Litigation Coordinator**

Employer (See instructions)  
**VIA**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**6 of 33**

2 FILER NAME  
**Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/5/2025**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Tatum Owens**

7 Amount of contribution (\$)  
**25.00**

6 Contributor address; City; State; Zip Code  
**375 Pike Rd  
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)  
**Advocacy Associate**

9 Employer (See instructions)  
**Progress Texas**

Date  
**5/5/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Michael Kennick**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**8323 Magdalena Run  
Helotes, TX 78023**

Principal occupation / Job title (See instructions)  
**Electronics Engineer**

Employer (See instructions)  
**United States Air Force**

Date  
**5/5/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Justin Renteria**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**6647 grist mill  
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)  
**Communications**

Employer (See instructions)  
**Roberto Trevino City Council District 1**

Date  
**5/5/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Lauren Cebulske**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**1300 chicon st  
Austin, TX 78702**

Principal occupation / Job title (See instructions)  
**Not Employed**

Employer (See instructions)  
**Not Employed**

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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:  
**7 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/5/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr James Branch**

**7** Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**842 E Magnolia Ave**  
**San Antonio, TX 78212**

**8** Principal occupation / Job title (See instructions)  
**Aide**

**9** Employer (See instructions)  
**LGC**

Date  
**5/5/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Nicolas Solis**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**15022 Vance Jackson rd #14107**  
**San Antonio, TX 78249**

Principal occupation / Job title (See instructions)  
**Business Analyst**

Employer (See instructions)  
**Metro Health**

Date  
**5/5/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Bruna da Silva-Schmitt**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**945 West Magnolia Avenue**  
**San Antonio, TX 78201**

Principal occupation / Job title (See instructions)  
**Teacher**

Employer (See instructions)  
**NEISD**

Date  
**5/6/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Derek Tulowitzky**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**100 N Santa Rosa #807**  
**San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Director of Zoning and Planning**

Employer (See instructions)  
**City of San Antonio**

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**8 of 33**

2 FILER NAME  
**Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/6/2025**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Tessa Cannon**

7 Amount of contribution (\$)  
**200.00**

6 Contributor address; City; State; Zip Code  
**5604 Southwest Pkwy #431  
Austin, TX 78735**

8 Principal occupation / Job title (See instructions)  
**PR Manager**

9 Employer (See instructions)  
**Westminster**

Date  
**5/6/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr HILARIO GARCIA**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**367 Saratoga Drive  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)  
**Contractor**

Employer (See instructions)  
**Self**

Date  
**5/6/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr DAVID COLGROVE**

Amount of contribution (\$)  
**15.00**

Contributor address; City; State; Zip Code  
**1218 W THEO  
SAN ANTONIO, TX 78225**

Principal occupation / Job title (See instructions)  
**Housing Justice Organizer**

Employer (See instructions)  
**Esperanza Peace and Justice Center**

Date  
**5/6/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Worth Dean**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**1103 Gutierrez  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**AML**

Employer (See instructions)  
**Okcoin**

**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:  
**9 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/7/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Unite Here Tip**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**275 7th Ave 16th Floor**  
**New York, NY 10001**

**8** Principal occupation / Job title (See instructions)

**9** Employer (See instructions)

Date  
**5/7/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Rosemarie DeHoyos**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**6082 CRAB ORCH**  
**SAN ANTONIO, TX 78240**

Principal occupation / Job title (See instructions)  
**retired**

Employer (See instructions)  
**none**

Date  
**5/7/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Matthew Gonzalez**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**3734 Pipers Meadow St.**  
**San Antonio, TX 78251**

Principal occupation / Job title (See instructions)  
**Default Servicer**

Employer (See instructions)  
**Wells Fargo**

Date  
**5/7/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Bernie Villasenor**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**139 Nightingale**  
**San Antonio, TX 78226**

Principal occupation / Job title (See instructions)  
**Not Employed**

Employer (See instructions)  
**Not Employed**

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**10 of 33**

2 FILER NAME  
**Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/7/2025**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Iris Suddaby**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**7501 Carver Avenue  
Austin, TX 78752**

8 Principal occupation / Job title (See instructions)  
**Financial Analyst**

9 Employer (See instructions)  
**Travis County**

Date  
**5/7/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr ENRIQUE trevino**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**259 kelly drive  
San Antonio, TX 78214**

Principal occupation / Job title (See instructions)  
**Na**

Employer (See instructions)  
**Na**

Date  
**5/8/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Walter Owens**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**PO Box 28539  
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)  
**Lawyer**

Employer (See instructions)  
**Self Employed**

Date  
**5/8/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms rachell Tucker**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**1223 Avant ave  
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Constituent services director**

Employer (See instructions)  
**Cosa**

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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:  
**11 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/8/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Pablo Escamilla**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**1047 W 17th St.  
Houston, TX 77008**

**8** Principal occupation / Job title (See instructions)  
**Attorney**

**9** Employer (See instructions)  
**Escamilla & Poneck LLP**

Date  
**5/8/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Marti Garza**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**405 Stieren Street  
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Representative**

Employer (See instructions)  
**Central South Carpenters Regional Council**

Date  
**5/9/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Alexandra Flucke**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**729 Sam Street  
Corpus Christi, TX 78412**

Principal occupation / Job title (See instructions)  
**Manger**

Employer (See instructions)  
**Texas Freedom Network**

Date  
**5/9/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Lizbeth Parra**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**2511 E Houston  
San Antonio, TX 78202**

Principal occupation / Job title (See instructions)  
**Attorney**

Employer (See instructions)  
**St. Maryâ€™s**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**12 of 33**

**2** FILER NAME

**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/9/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Gerry Carter**

**7** Amount of contribution (\$)  
**25.00**

**6** Contributor address; City; State; Zip Code  
**8614 Vantage Point  
San Antonio, TX 78251**

**8** Principal occupation / Job title (See instructions)  
**Retired Teacher**

**9** Employer (See instructions)  
**Retired Teacher**

Date  
**5/9/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Beto DeLeon**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**2515 Monterey St.  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Development Director**

Employer (See instructions)  
**Thrive Youth Center**

Date  
**5/9/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr CLIFF W WALKER**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**44 East Avenue #2104  
Austin, TX 78701**

Principal occupation / Job title (See instructions)  
**Co-founder**

Employer (See instructions)  
**Seeker Strategies**

Date  
**5/9/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Andrew Kirk**

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**3208 James Dr  
Dallas, TX 75227**

Principal occupation / Job title (See instructions)  
**Teacher**

Employer (See instructions)  
**Dallas Independent School District**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>13 of 33</b>
<b>2</b> FILER NAME <b>Ric D Galvan</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/10/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Elaina Olmo</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>2825 N SH 360 Service Rd</b> <b>Grand Prairie, TX 75050</b>	<b>7</b> Amount of contribution (\$) <b>50.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Customer Service Manager</b>		<b>9</b> Employer (See instructions) <b>American Airlines</b>
Date <b>5/10/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Gilberto Ocanas</b> ..... Contributor address; City; State; Zip Code <b>7 Champions Run</b> <b>San Antonio, TX 78258</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Public Affairs Strategist</b>		Employer (See instructions) <b>Ocanas Group</b>
Date <b>5/10/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr paul covey</b> ..... Contributor address; City; State; Zip Code <b>4515 san pedro ave</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>5/10/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Ricardo Trevino</b> ..... Contributor address; City; State; Zip Code <b>131 Sky Meadows Circle</b> <b>San Marcos, TX 78666</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Lone Star Defenders</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**14 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/10/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Daniela Silva**

**7** Amount of contribution (\$)  
**10.00**

**6** Contributor address; City; State; Zip Code  
**2113 Thrasher Ln #4  
Austin, TX 78741**

**8** Principal occupation / Job title (See instructions)  
**Austin Policy Coordinator**

**9** Employer (See instructions)  
**Workers Defense Action Fund**

Date  
**5/10/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Lyssa Ochoa**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**708 Canterbury Hill  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Physician**

Employer (See instructions)  
**Self**

Date  
**5/10/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Hannah Hughes**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**302 W 51st St  
Austin, TX 78751**

Principal occupation / Job title (See instructions)  
**Data Coordinator**

Employer (See instructions)  
**Workers Defense Project**

Date  
**5/10/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Derek Tulowitzky**

Amount of contribution (\$)  
**450.00**

Contributor address; City; State; Zip Code  
**100 N Santa Rosa #807  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Director of Zoning and Planning**

Employer (See instructions)  
**City of San Antonio**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**15 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/11/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Selena Aguilar**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**206 Wake Forrest Dr  
San Antonio, TX 78228**

**8** Principal occupation / Job title (See instructions)  
**Substitute teacher**

**9** Employer (See instructions)  
**NISD**

Date  
**5/11/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Maggie DiSanza**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**510 West 23rd  
Austin, TX 78705**

Principal occupation / Job title (See instructions)  
**Organizer**

Employer (See instructions)  
**Texas state employees union**

Date  
**5/11/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Ofelia Alonso**

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**608 W22nd st  
Austin, TX 78705**

Principal occupation / Job title (See instructions)  
**Non profit manager**

Employer (See instructions)  
**TFN**

Date  
**5/12/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Michael Brown**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**2454 Toftrees  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Lawyer**

Employer (See instructions)  
**Brown & McDonald PLLC**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**16 of 33**

2 FILER NAME  
**Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/12/2025**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Michael Kennick**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**8323 Magdalena Run  
Helotes, TX 78023**

8 Principal occupation / Job title (See instructions)  
**Electronics Engineer**

9 Employer (See instructions)  
**USAF**

Date  
**5/12/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Nickoll Garcia**

Amount of contribution (\$)  
**6.00**

Contributor address; City; State; Zip Code  
**403 N General McMullen Dr. #101  
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)  
**Student**

Employer (See instructions)  
**The University of Texas at Austin**

Date  
**5/12/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Logan Davidson**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**1000 San Marcos #1000  
Austin, TX 78702**

Principal occupation / Job title (See instructions)  
**Executive Director**

Employer (See instructions)  
**Texans for Greater Mental Health**

Date  
**5/12/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Alejandra Lopez**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**118 Arlington Ct.  
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Teacher**

Employer (See instructions)  
**San Antonio Ind. School District**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**17 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/12/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Jose Garza Campaign Account**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**PO Box 303097  
Austin, TX 78703**

**8** Principal occupation / Job title (See instructions)  
**Campaign Account**

**9** Employer (See instructions)  
**Campaign Account**

Date  
**5/12/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Yesenia Ochoa**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**1802 Edison Dr  
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)  
**Consultant**

Employer (See instructions)  
**Self**

Date  
**5/13/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Nickoll Garcia**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**403 N General McMullen Dr  
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)  
**Student**

Employer (See instructions)  
**The University of Texas at Austin**

Date  
**5/14/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Sandra Stevens**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**9455 E Lakefront Circle  
Wichita, KS 67206**

Principal occupation / Job title (See instructions)  
**Retired**

Employer (See instructions)  
**Retired**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**18 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/14/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Johnny Stevens**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**9455 E Lakefront Circle  
Wichita, KS 67206**

**8** Principal occupation / Job title (See instructions)  
**Retired**

**9** Employer (See instructions)  
**Retired**

Date  
**5/15/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr CWA COPE**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**501 3rd Street NW  
Washington , DC 20001**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/15/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Graciela Sanchez**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**233 Lotus  
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Buena Gente**

Employer (See instructions)  
**Esperanza**

Date  
**5/16/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Alyssa Garcia**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**343 Shmeltzer Lane  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)  
**Business Owner**

Employer (See instructions)  
**Self Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**19 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/16/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr George Garcia**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**9456 South Presa  
San Antonio, TX 78223**

**8** Principal occupation / Job title (See instructions)  
**Business Owner**

**9** Employer (See instructions)  
**Self Employed**

Date  
**5/16/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Oona Coy**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**1 Venturers Field Rd.  
NORTHAMPTON, MA 01060**

Principal occupation / Job title (See instructions)  
**Not Employed**

Employer (See instructions)  
**Not Employed**

Date  
**5/16/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Francesca Ratray**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**210 W. Peden Alle  
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)  
**Nonprofit**

Employer (See instructions)  
**YWCA**

Date  
**5/16/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Thomas Dean**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**1103 Gutierrez st  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Corporate Compliance investigator**

Employer (See instructions)  
**OKX**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>20 of 33</b>
2 FILER NAME <b>Ric D Galvan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/16/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Rebecca Flores</b> ..... 6 Contributor address; City; State; Zip Code <b>502 Cass Ave</b> <b>San Antonio, TX 78204</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>5/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Benjamin Suddaby</b> ..... Contributor address; City; State; Zip Code <b>7501 Carver Avenue</b> <b>Austin, TX 78752</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Operations Specialist</b>		Employer (See instructions) <b>Travis County</b>
Date <b>5/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Gina Cramer</b> ..... Contributor address; City; State; Zip Code <b>2234 Fresno</b> <b>San Antonio, TX 78201</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Data analyst</b>		Employer (See instructions) <b>META</b>
Date <b>5/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Amador Salazar</b> ..... Contributor address; City; State; Zip Code <b>6503 Arrid Pass</b> <b>San Antonio, TX 78238</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Graduate Student</b>		Employer (See instructions) <b>University of Texas at San Antonio4670</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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:  
**21 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/16/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Teri Castillo Campaign**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**1103 Gutierrez  
San Antonio, TX 78207**

**8** Principal occupation / Job title (See instructions)  
**D5**

**9** Employer (See instructions)  
**Cosa**

Date  
**5/17/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Maria del Carmen**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**2603 Day Creek  
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)  
**Retired**

Employer (See instructions)  
**Retired**

Date  
**5/17/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Uel Trejo-Rivera**

Amount of contribution (\$)  
**20.00**

Contributor address; City; State; Zip Code  
**1042 saldana st  
San Antonio, TX 78225**

Principal occupation / Job title (See instructions)  
**City Council Aide**

Employer (See instructions)  
**COSA**

Date  
**5/17/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Christine Recio**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**343 Langford Pl  
San Antonio, TX 78221**

Principal occupation / Job title (See instructions)  
**Loan officer**

Employer (See instructions)  
**Ssfcu**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>22 of 33</b>
2 FILER NAME <b>Ric D Galvan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/17/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Mary L Apolinar</b> ..... 6 Contributor address; City; State; Zip Code <b>8718 Heath Circle Dr</b> <b>San Antonio, TX 78250</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>5/17/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Manuel Gonzales</b> ..... Contributor address; City; State; Zip Code <b>5307 Hayden.dr</b> <b>San Antonio, TX 78242</b>	Amount of contribution (\$) <b>115.00</b>
Principal occupation / Job title (See instructions) <b>Chick fil a</b>		Employer (See instructions) <b>Assistant Manger</b>
Date <b>5/17/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Chris Vazquez</b> ..... Contributor address; City; State; Zip Code <b>7431 Silent Sunset</b> <b>San Antonio, TX 78250</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Teacher</b>		Employer (See instructions) <b>Northside ISD</b>
Date <b>5/17/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr Uel Trejo-Rivera</b> ..... Contributor address; City; State; Zip Code <b>1042 saldana st</b> <b>San Antonio, TX 78225</b>	Amount of contribution (\$) <b>30.00</b>
Principal occupation / Job title (See instructions) <b>Council Aid</b>		Employer (See instructions) <b>COSA</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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:  
**23 of 33**

2 FILER NAME  
**Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/17/2025**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Lianna Mendoza**

7 Amount of contribution (\$)  
**15.00**

6 Contributor address; City; State; Zip Code  
**1534 Santa Monica St  
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)  
**Admin**

9 Employer (See instructions)  
**Bexar County**

Date  
**5/17/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Christopher M Knecht**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**7219 Cloverfield Lane  
San Antonio, TX 78227**

Principal occupation / Job title (See instructions)  
**Teacher**

Employer (See instructions)  
**Northside ISD**

Date  
**5/17/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Lora Gouge**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**315 Thistlewood Ct  
League City, TX 77573**

Principal occupation / Job title (See instructions)  
**Grant Contract Specialist**

Employer (See instructions)  
**Arizona State University**

Date  
**5/17/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Ty Garcia**

Amount of contribution (\$)  
**10.00**

Contributor address; City; State; Zip Code  
**5126 Round Table  
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)  
**Systems analyst**

Employer (See instructions)  
**HEB**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**24 of 33**

2 FILER NAME  
**Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/18/2025**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Jesus Lara**

7 Amount of contribution (\$)  
**25.00**

6 Contributor address; City; State; Zip Code  
**2823 E. MLK Blvd  
Austin, TX 78702**

8 Principal occupation / Job title (See instructions)  
**HR Coordinator**

9 Employer (See instructions)  
**UT Austin**

Date  
**5/18/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Logan Rodetis**

Amount of contribution (\$)  
**10.00**

Contributor address; City; State; Zip Code  
**5431 Mountain Vista Dr  
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)  
**Claims adjuster**

Employer (See instructions)  
**Farmers insurance**

Date  
**5/18/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Jay Popham**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**4802 Flicker Lane  
Austin, TX 78744**

Principal occupation / Job title (See instructions)  
**Editor**

Employer (See instructions)  
**Choice Magazine Listening**

Date  
**5/18/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Julian Losak**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**1712 Woodward St #202  
Austin, TX 78741**

Principal occupation / Job title (See instructions)  
**Manager**

Employer (See instructions)  
**Weed Man Lawn Care**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**25 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/18/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Iris Suddaby**

**7** Amount of contribution (\$)  
**250.00**

**6** Contributor address; City; State; Zip Code  
**7501 A Carver Avenue**  
**Austin, TX 78752**

**8** Principal occupation / Job title (See instructions)  
**Financial Analyst**

**9** Employer (See instructions)  
**Travis County**

Date  
**5/18/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Walter Hill**

Amount of contribution (\$)  
**15.00**

Contributor address; City; State; Zip Code  
**3701 quick Hill Rd #15308**  
**Austin, TX 78728**

Principal occupation / Job title (See instructions)  
**Software Engineer**

Employer (See instructions)  
**Closing Theory**

Date  
**5/18/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Sarah Swallow**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**1501 North Loop Blvd #110**  
**Austin, TX 78756**

Principal occupation / Job title (See instructions)  
**Consultant**

Employer (See instructions)  
**Collective Campaigns**

Date  
**5/18/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Aaron Lurin**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**102 Driftway Ln**  
**Brewster, NY 10509**

Principal occupation / Job title (See instructions)  
**Voter File Manager**

Employer (See instructions)  
**Texas Democratic Party**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**26 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/18/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Henry Ramsey Bissex**

**7** Amount of contribution (\$)  
**25.00**

**6** Contributor address; City; State; Zip Code  
**615 West North Loop Boulevard  
Austin, TX 78751**

**8** Principal occupation / Job title (See instructions)  
**software engineer**

**9** Employer (See instructions)  
**Austin fire department**

Date  
**5/18/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Ana Laura Fierro Guzman**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**8605 Shoal Creek blvd #226  
Austin, TX 78757**

Principal occupation / Job title (See instructions)  
**Labor organizer**

Employer (See instructions)  
**Workers Defense**

Date  
**5/18/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Timothy Brennan**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**714 W. 22nd St.  
Austin, TX 78705**

Principal occupation / Job title (See instructions)  
**Actuary**

Employer (See instructions)  
**Accident Fund**

Date  
**5/18/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Sylvia Mendoza**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**3203 W. Houston St.  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Educator**

Employer (See instructions)  
**UTSA**

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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: <b>27 of 33</b>
2 FILER NAME <b>Ric D Galvan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/18/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Jacqueline Santillana</b> ..... 6 Contributor address; City; State; Zip Code <b>PO Box 478</b> <b>Lyford, TX 78569</b>	7 Amount of contribution (\$) <b>10.00</b>
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>5/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Nina Glasgow</b> ..... Contributor address; City; State; Zip Code <b>207 W Remington Rd.</b> <b>Ithaca, NY 14850</b>	Amount of contribution (\$) <b>1.92</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>5/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr David Cruz</b> ..... Contributor address; City; State; Zip Code <b>4343 Stromquist St</b> <b>Austin, TX 78723</b>	Amount of contribution (\$) <b>15.00</b>
Principal occupation / Job title (See instructions) <b>Planner</b>		Employer (See instructions) <b>City of Austin</b>
Date <b>5/20/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr AFSCME People</b> ..... Contributor address; City; State; Zip Code <b>1625 L Street NW</b> <b>Washington, DC 20036</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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:  
**28 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/20/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Aline Soto**

**7** Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**3314 Cameron Cove**  
**San Antonio, TX 78253**

**8** Principal occupation / Job title (See instructions)  
**Hospitality**

**9** Employer (See instructions)  
**Allied Security Svcs**

Date  
**5/21/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Emily Clark**

Amount of contribution (\$)  
**10.00**

Contributor address; City; State; Zip Code  
**438 Eagle Ln**  
**Fischer, TX 78623**

Principal occupation / Job title (See instructions)  
**Employee Engagement Specialist**

Employer (See instructions)  
**Volt Workforce Solutions**

Date  
**5/21/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Jordee Rodriguez**

Amount of contribution (\$)  
**300.00**

Contributor address; City; State; Zip Code  
**617 Gaylor St**  
**Austin, TX 78752**

Principal occupation / Job title (See instructions)  
**Lawyer**

Employer (See instructions)  
**Hilliard & Shadowen Law**

Date  
**5/22/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Barbara Galvan**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**7431 Silent Sunset**  
**San Antonio, TX 78250**

Principal occupation / Job title (See instructions)  
**Not Employed**

Employer (See instructions)  
**Not Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**29 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/22/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Julie Hardwick**

**7** Amount of contribution (\$)  
**25.00**

**6** Contributor address; City; State; Zip Code  
**4516 Ramsey Ave  
Austin, TX 78756**

**8** Principal occupation / Job title (See instructions)  
**Professor**

**9** Employer (See instructions)  
**UT-Austin**

Date  
**5/22/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Anita Medina**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**8323 Magdalena Run  
HELOTES, TX 78023**

Principal occupation / Job title (See instructions)  
**Litigation Coordinator**

Employer (See instructions)  
**VIA**

Date  
**5/22/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Kathleen Vale**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**343 Springwood Lane  
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)  
**Retired**

Employer (See instructions)  
**Retired**

Date  
**5/22/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr William George**

Amount of contribution (\$)  
**15.00**

Contributor address; City; State; Zip Code  
**5803 Magee Bend  
Austin, TX 78749**

Principal occupation / Job title (See instructions)  
**Engineer**

Employer (See instructions)  
**Keysight**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**30 of 33**

**2** FILER NAME

**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/23/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Michael Kennick**

**7** Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**8323 Magdalena Run**  
**Helotes, TX 78023**

**8** Principal occupation / Job title (See instructions)  
**Electronics Engineer**

**9** Employer (See instructions)  
**United States Air Force**

Date  
**5/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Dennis Cano**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**201 W Castano Ave**  
**San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Real estate**

Employer (See instructions)  
**Self**

Date  
**5/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Tariq Shaheed**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**14214 Turtle Rock Drive**  
**San Antonio, TX 78232**

Principal occupation / Job title (See instructions)  
**Cyber Security Engineer**

Employer (See instructions)  
**PEC**

Date  
**5/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Ricardo Trevino**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**131 Sky Meadows Circle**  
**San Marcos, TX 78666**

Principal occupation / Job title (See instructions)  
**Attorney**

Employer (See instructions)  
**Lone Star Defenders**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**31 of 33**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/23/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Karen Munoz Trevino**

**7** Amount of contribution (\$)  
**250.00**

**6** Contributor address; City; State; Zip Code  
**PO Box 3361  
San Marcos, TX 78667**

**8** Principal occupation / Job title (See instructions)  
**Attorney**

**9** Employer (See instructions)  
**LatinoJustice PRLDEF**

Date  
**5/24/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Parisa Mahmud**

Amount of contribution (\$)  
**10.00**

Contributor address; City; State; Zip Code  
**1125 Walton Lane  
Austin, TX 78721**

Principal occupation / Job title (See instructions)  
**Advocate**

Employer (See instructions)  
**Asian Family Support Services of Austin**

Date  
**5/24/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Justin Renteria**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**6647 6647 grist mill  
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)  
**Policy director**

Employer (See instructions)  
**COSA**

Date  
**5/24/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Hamza Sait**

Amount of contribution (\$)  
**15.00**

Contributor address; City; State; Zip Code  
**123 Pinecrest Blvd. #5  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Freelance Data Engineer**

Employer (See instructions)  
**Self**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>32 of 33</b>
2 FILER NAME <b>Ric D Galvan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/24/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Corrina Contreras</b> ..... 6 Contributor address; City; State; Zip Code <b>3850 Manchester Dr</b> <b>San Antonio, TX 78223</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See instructions) <b>Teacher</b>		9 Employer (See instructions) <b>Edgewood ISD</b>
Date <b>5/24/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Linda Prendez</b> ..... Contributor address; City; State; Zip Code <b>2830 Johnson Grass</b> <b>San Antonio, TX 78251</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>teacher</b>		Employer (See instructions) <b>NISD</b>
Date <b>5/24/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ms Maria Kennedy</b> ..... Contributor address; City; State; Zip Code <b>461 E Magnolia Ave</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>TRLA</b>
Date <b>5/25/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mr George Edward</b> ..... Contributor address; City; State; Zip Code <b>7531 Pipers Creek</b> <b>San Antonio, TX 78251</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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:  
**33 of 33**

2 FILER NAME

**Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/25/2025**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mr Johnathon Cruz**

7 Amount of contribution (\$)  
**10.00**

6 Contributor address; City; State; Zip Code  
**7918 Dempsey St  
San Antonio, TX 78242**

8 Principal occupation / Job title (See instructions)  
**Principal**

9 Employer (See instructions)  
**Southwest ISD**

Date  
**5/26/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ms Naurin Nasim**

Amount of contribution (\$)  
**15.00**

Contributor address; City; State; Zip Code  
**20502 Cobb Street  
Pflugerville, TX 78660**

Principal occupation / Job title (See instructions)  
**Software Developer**

Employer (See instructions)  
**Charles Schwab**

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)

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Ric D Galvan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Ric D Galvan		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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		

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral  
☐ none

15 ☐ Check if personal funds were deposited into political  
account (See instructions)

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral  
☐ none

☐ Check if personal funds were deposited into political  
account (See Instructions)

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 4</b>	<b>2</b> FILER NAME <b>Ric D Galvan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/5/2025</b>	<b>5</b> Payee name <b>Mr Web Flow</b>	
<b>6</b> Amount (\$) <b>30.92</b>	<b>7</b> Payee address; City; State; Zip Code <b>398 12th Street San Francisco, CA 94103</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Web host</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <b>Ric Galvan</b> Office sought <b>Council District 6</b> Office held		

  

Date <b>5/9/2025</b>	Payee name <b>Mr 3D Signs</b>	
Amount (\$) <b>963.42</b>	Payee address; City; State; Zip Code <b>7986 2nd Street Somerset, TX 78069</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <b>Ric Galvan</b> Office sought <b>Council District 6</b> Office held		

  

Date <b>5/14/2025</b>	Payee name <b>Mr Prestige Printing</b>	
Amount (\$) <b>725.28</b>	Payee address; City; State; Zip Code <b>8 Burwood Lane San Antonio, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Shirts</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <b>Ric Galvan</b> Office sought <b>Council District 6</b> Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 4</b>	<b>2</b> FILER NAME <b>Ric D Galvan</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/15/2025</b>	<b>5</b> Payee name <b>Mr Prestige Printing</b>		
<b>6</b> Amount (\$) <b>1078.17</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Burwood Lane San Antonio, TX 78216</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Door Hangers</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Ric Galvan</b> Office sought <b>Council District 6</b> Office held			

  

Date <b>5/15/2025</b>	Payee name <b>Mr 3D Signs</b>		
Amount (\$) <b>270.63</b>	Payee address; City; State; Zip Code <b>7986 3rd Street Somerset, TX 78069</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Ric Galvan</b> Office sought <b>Council District 6</b> Office held			

  

Date <b>5/22/2025</b>	Payee name <b>Mr Prestige Printing</b>		
Amount (\$) <b>2357.69</b>	Payee address; City; State; Zip Code <b>8 Burwood Lane San Antonio, TX 78216</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Mailers</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Ric Galvan</b> Office sought <b>Council District 6</b> Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 4</b>	<b>2</b> FILER NAME <b>Ric D Galvan</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/22/2025</b>	<b>5</b> Payee name <b>Mr Alamo Mailing</b>		
<b>6</b> Amount (\$) <b>5195.40</b>	<b>7</b> Payee address; City; State; Zip Code <b>13114 Lookout Run San Antonio, TX 78233</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Postage</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Ric Galvan</b> Office sought <b>Council District 6</b> Office held			
Date <b>5/27/2025</b>	Payee name <b>Mr 3D Signs</b>		
Amount (\$) <b>270.63</b>	Payee address; City; State; Zip Code <b>7986 1st Street Somerset, TX 78069</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Ric Galvan</b> Office sought <b>Council District 6</b> Office held			
Date <b>5/27/2025</b>	Payee name <b>Mr Bill Miller BBQ</b>		
Amount (\$) <b>43.90</b>	Payee address; City; State; Zip Code <b>8802 FM471 San Antonio, TX 78251</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Volunteer Lunch</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Ric Galvan</b> Office sought <b>Council District 6</b> Office held			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 4</b>	<b>2</b> FILER NAME <b>Ric D Galvan</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/28/2025</b>	<b>5</b> Payee name <b>Mr Bill Miller BBQ</b>		
<b>6</b> Amount (\$) <b>40.05</b>	<b>7</b> Payee address; City; State; Zip Code <b>8802 FM471 San Antonio, TX 78251</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Volunteer Lunch</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Ric Galvan</b> Office sought <b>Council District 6</b> 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			

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# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ric D Galvan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	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
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:  
**1 of 1**

**2** FILER NAME  
**Ric D Galvan**

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom investment is purchased

.....  
**6** Address of person from whom investment is purchased; City; State; Zip Code

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....  
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ric D Galvan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	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
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule G: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ric D Galvan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee Name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;                      City;      State;      Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	
	<b>(b)</b> Description	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

  

Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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 (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule H: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ric D Galvan</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;                      City;        State;        Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      Candidate / Officeholder name                      Office sought                      Office held		
Date	Business name	
Amount (\$)	Business 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	Business name	
Amount (\$)	Business 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		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Ric D Galvan</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Ric D Galvan</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
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Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME  
Ric D Galvan

Filer ID (Ethics Commission Filers)

## SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

## FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

### A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

## OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder