

# 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

2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  
**MR**

FIRST  
**Rafael**

MI

OFFICE USE ONLY

Date Received

NICKNAME

LAST  
**Galvan**

SUFFIX

RECEIVED  
OCT - 7 2019  
CITY SECRETARY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

**8526 Edgemoor Dr**

ZIP CODE

**Houston, TX 77036**

Date Hand-delivered or Date Postmarked

Change of Address

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR  
**MR**

FIRST  
**Nicholas**

MI

**C**

NICKNAME

LAST  
**Poore**

SUFFIX

6 CAMPAIGN TREASURER ADDRESS

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

**46 Cheswood Manor Dr**

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**The Woodlands, TX 77382**

(Residence or Business)

7 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**865-318-2376**

8 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year

**08/15/2019**

THROUGH

Month Day Year

**09/26/2019**

10 ELECTION

ELECTION DATE

Month Day Year

**11/05/2019**

ELECTION TYPE

Primary

Runoff

Other

General

Special

11 OFFICE

OFFICE HELD (if any)

**None**

12 OFFICE SOUGHT (if known)

**Candidate for City Council, District J District J**

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

2 of 6

**13 C / OH NAME** **Mr. Rafael Galvan**

**14 Filer ID**

**15 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.


Additional Pages

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

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	200.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	695.34
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	200.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering      Printed name of officer administering      Title of officer administering oath



**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> <b>Mr. Rafael Galvan</b>	<b>19 Filer ID</b>
--	--------------------

<b>20 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 195.34
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 500.00
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
<b>2</b> FILER NAME <b>Mr. Rafael Galvan</b>		<b>3</b> Filer ID
<b>4</b> Date 09/12/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvan, Rafael (Mr.)	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code 8526 Edgemoor Dr  Houston, TX 77036		
<b>8</b> Principal occupation / Job title (See Instructions) Candidate for City Council, District J		<b>9</b> Employer (See Instructions) Self



# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/1 Rpt: 5/6	<b>2</b> FILER NAME <b>Mr. Rafael Galvan</b>	<b>3</b> Filer ID
--	---	-------------------

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

<b>5</b> Date 08/15/2019	<b>6</b> Payee name Harris County - County Clerk's Office
-----------------------------	--

<b>7</b> Amount (\$) \$16.00	<b>8</b> Payee address; City; State; Zip Code 6000 Chimney Rock  Houston, TX 77081
---------------------------------	---

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

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filed Assumed Name with Harris County (Galvan for the People of District J Campaign)
----------------------------------	---	--

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

<b>Date</b> 09/16/2019	<b>Payee name</b> Sam's Club
---------------------------	---------------------------------

<b>Amount (\$)</b> \$179.34	<b>Payee address; City; State; Zip Code</b> 5310 S Rice Ave  Houston, TX 77081
--------------------------------	---

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

<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchased Trays of food, nonalcoholic beverages, and snacks. For a kick off event on September 16
-------------------------------	--	---

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

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 6/6		<b>2</b> FILER NAME <b>Mr. Rafael Galvan</b>		<b>3</b> Filer ID
<b>4</b> Date 08/16/2019		<b>5</b> Payee name City of Houston		
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 901 Bagby St  Houston, TX 77002		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee-- District J. Paid via Cashier's Check from Personal Account	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held