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: **33**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: **Ric** | MI: **D**
NICKNAME | LAST: **Galvan** | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 760272
San Antonio TX 78245

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(210)** | PHONE NUMBER: **330-5712** | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **Mr** | FIRST: **James** | MI
NICKNAME | LAST: **Hamric** | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
9916 Overlook Acres
San Antonio TX 78245

8 CAMPAIGN TREASURER PHONE

AREA CODE: **( )** | PHONE NUMBER: **-** | EXTENSION

9 REPORT TYPE

July 15: Semi-Annual

10 PERIOD COVERED

Month Day Year: **1/1/2026** THROUGH Month Day Year: **6/30/2026**

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)
District 6 Council

13 OFFICE SOUGHT (if known)
Council District 6

OFFICE USE ONLY

Date Received
7/2/2026 8:54:18AM

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed
7/2/2026 8:54:18AM

Date Imaged

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.

☐ Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS / EXPENDITURE TOTALS / CONTRIBUTION BALANCE / OUTSTANDING LOAN 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)	**$ 3397.00**
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES.	**$ 0**
4.	**TOTAL POLITICAL EXPENDITURES**	**$ 2054.53**
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	**$ 6773.07**
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 **2nd** day of **July**, 20**26**, 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

19 FILER NAME	**20** Filer ID (Ethics Commission Filers)
Ric D Galvan	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$ 3397.00**
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$ 0**
3.	[X]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$ 0**
4.	[X]	SCHEDULE E: LOANS	**$ 0**
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 2054.53**
6.	[X]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$ 0**
7.	[X]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
8.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$ 0**
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	**$ 0**
10.	[X]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$ 0**
11.	[X]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
12.	[X]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$ 0**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
1/4/2026	**Amanda Garcia** **6** Contributor address; City; State; Zip Code **1516 Ivy Ln** **Edinburg, TX 78539**	**10.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Higher Education Organized	**Texas AFT**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
1/8/2026	**Victoria Ramirez** Contributor address; City; State; Zip Code **8327 Shoal Creek Drive** **San Antonio, TX 78251**	**6.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Server	**Ch Guenther & son**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
1/15/2026	**James Branch** Contributor address; City; State; Zip Code **147 Magnolia Dr** **San Antonio, TX 78212**	**100.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Waiter	**Ã□cenar**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
1/17/2026	**Corrina Contreras** Contributor address; City; State; Zip Code **3850 Manchester Drive** **San Antonio, TX 78223**	**10.00**

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

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 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
1/24/2026	**Hamza Sait** **6** Contributor address; City; State; Zip Code **123 Pinecresr Bvld. #5** **San Antonio, TX 78209**	**15.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Freelance Data Engineer	**Self**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
1/24/2026	**Parisa Mahmud** Contributor address; City; State; Zip Code **1125 Walton Lane Unit #E** **Austin, TX 78721**	**10.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Advocate	**Asian Family Support Services of Austin**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
1/26/2026	**Kevin Ryan Baldwin** Contributor address; City; State; Zip Code **819 W Mulberry Avenue** **San Antonio, TX 78212**	**25.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Property management	**The Lynd Company**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
2/6/2026	**Victoria Ramirez** Contributor address; City; State; Zip Code **8327 Shoal Creek Drive** **San Antonio, TX 78251**	**6.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Server	**Ch Guenther & son**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

---

4 Date
2/17/2026

5 Full name of contributor ☐ out-of-state PAC (ID#_____)
Corrina Contreras

6 Contributor address; City; State; Zip Code
3850 Manchester Drive
San Antonio, TX 78223

7 Amount of contribution ($)
10.00

8 Principal occupation / Job title (See instructions)
Teacher

9 Employer (See instructions)
Edgewood

Date
2/24/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Hamza Sait

Contributor address; City; State; Zip Code
123 Pinecresr Bvld. #5
San Antonio, TX 78209

Amount of contribution ($)
15.00

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

Employer (See instructions)
Self

Date
2/24/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Parisa Mahmud

Contributor address; City; State; Zip Code
1125 Walton Lane Unit #E
Austin, TX 78721

Amount of contribution ($)
10.00

Principal occupation / Job title (See instructions)
Advocate

Employer (See instructions)
Asian Family Support Services of Austin

Date
2/26/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Kevin Ryan Baldwin

Contributor address; City; State; Zip Code
819 W Mulberry Avenue
San Antonio, TX 78212

Amount of contribution ($)
25.00

Principal occupation / Job title (See instructions)
Property management

Employer (See instructions)
The Lynd Company

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
3/7/2026	**Justin Rodriguez** **6** Contributor address; City; State; Zip Code **PO Box 100153** **San Antonio, TX 78201**	**500.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Campaign Management	**Justin Rodriguez Campaign Fund**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/9/2026	**Dan Rossiter** Contributor address; City; State; Zip Code **4606 Lone Eagle St #102** **San Antonio, TX 78238**	**35.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Real Estate	**Self**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/11/2026	**Pablo Escamilla** Contributor address; City; State; Zip Code **1301 Richmond Ave.** **Houston, TX 77006**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Attorney	**E&P LLP**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/17/2026	**Corrina Contreras** Contributor address; City; State; Zip Code **3850 Manchester Drive** **San Antonio, TX 78223**	**10.00**

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

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: **5 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

---

4 Date
3/24/2026

5 Full name of contributor ☐ out-of-state PAC (ID#_____)
Hamza Sait

6 Contributor address; City; State; Zip Code
123 Pinecresr Bvld. #5
San Antonio, TX 78209

7 Amount of contribution ($)
15.00

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

9 Employer (See instructions)
Self

Date
3/24/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Parisa Mahmud

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

Amount of contribution ($)
10.00

Principal occupation / Job title (See instructions)
Advocate

Employer (See instructions)
Asian Family Support Services of Austin

Date
3/26/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Jacob Ramos

Contributor address; City; State; Zip Code
303 Anton Drive
San Antonio, TX 78223

Amount of contribution ($)
50.00

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
3/26/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Kevin Ryan Baldwin

Contributor address; City; State; Zip Code
819 W Mulberry Avenue
San Antonio, TX 78212

Amount of contribution ($)
25.00

Principal occupation / Job title (See instructions)
Property management

Employer (See instructions)
The Lynd Company

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: **6 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
3/26/2026	**Maricruz Galvan** **6** Contributor address; City; State; Zip Code **3311 Meadow Drive** **San Antonio, TX 78251**	**25.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Teacher assistant	**NISD**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/26/2026	**Mic Galvan** Contributor address; City; State; Zip Code **3311 Meadow Drive** **San Antonio, TX 78251**	**35.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Cashier	**Dragons Lair**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/26/2026	**Hannah Hughes** Contributor address; City; State; Zip Code **302 W 51st St #A** **Austin, TX 78751**	**25.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Data Coordinator	**Workers Defense Action Fund**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/26/2026	**Michelle Gonzalez** Contributor address; City; State; Zip Code **6207 Deerskin St** **San Antonio, TX 78238**	**25.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Research Associate	**Digital Promise**

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: **7 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
3/26/2026	**James McKnight** **6** Contributor address; City; State; Zip Code **2019 Flint Oak** **San Antonio, TX 78248**	**500.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Attorney	**Ortiz McKnight PLLC**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/26/2026	**Marissa Moraga** Contributor address; City; State; Zip Code **7830 Sunrise Cay** **San Antonio, TX 78251**	**25.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Instructional Assistant	**NISD**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/26/2026	**MICHAEL RENDON** Contributor address; City; State; Zip Code **10138 Ranger Canyon** **San Antonio, TX 78251**	**35.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Banker	**Broadway Bank**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/26/2026	**Alejandra Lopez** Contributor address; City; State; Zip Code **118 Arlington Ct.** **San Antonio, TX 78210**	**100.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Teacher	**San Antonio Ind. School District**

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: **8 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
3/26/2026	**Christian De Los Santos** **6** Contributor address; City; State; Zip Code **8815 Rustling Branches** **San Antonio, TX 78254**	**35.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Cashier	**HEB**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/27/2026	**Amador Salazar** Contributor address; City; State; Zip Code **6503 Arrid Pass** **San Antonio, TX 78238**	**27.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Graduate Student	**University of Texas at San Antonio4670**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/27/2026	**alexus garcia** Contributor address; City; State; Zip Code **130 e Norwood Ct #2** **San Antonio, TX 78212**	**50.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Organizer	**Texas freedom network**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
3/30/2026	**Daniel Ortiz** Contributor address; City; State; Zip Code **9103 Mellbrook St.** **San Antonio, TX 78230**	**500.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Attorney	**Ortiz McKnight PLLC**

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 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
4/3/2026	**Nora P Galvan** **6** Contributor address; City; State; Zip Code **1615 S. Pine** **San Antonio, TX 78210**	**100.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Not Employed	**Not Employed**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/14/2026	**Lilia Ann Rodriguez** Contributor address; City; State; Zip Code **5354 San Benito** **San Antonio, TX 78228**	**20.00**

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

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/17/2026	**Corrina Contreras** Contributor address; City; State; Zip Code **3850 Manchester Drive** **San Antonio, TX 78223**	**10.00**

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

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/19/2026	**Danielle M Rodriguez** Contributor address; City; State; Zip Code **11507 High Meadow** **San Antonio, TX 78253**	**35.00**

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

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: **10 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
4/19/2026	**Noe Perez** **6** Contributor address; City; State; Zip Code **2014 Cincinnati Ave.** **San Antonio, TX 78228**	**25.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Construction	**MI Homes**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/22/2026	**Lawson Picasso** Contributor address; City; State; Zip Code **5205 Roan Field** **San Antonio, TX 78251**	**200.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Consultant	**Self-Employed**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/22/2026	**Olga Idrogo** Contributor address; City; State; Zip Code **9839 Sable Green** **San Antonio, TX 78251**	**25.00**

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

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/24/2026	**Hamza Sait** Contributor address; City; State; Zip Code **123 Pinecresr Bvld. #5** **San Antonio, TX 78209**	**15.00**

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

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: **11 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
4/24/2026	**Parisa Mahmud** **6** Contributor address; City; State; Zip Code **1125 Walton Lane #E** **Austin, TX 78721**	**10.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Advocate	**Asian Family Support Services of Austin**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/26/2026	**Kevin Ryan Baldwin** Contributor address; City; State; Zip Code **819 W Mulberry Avenue** **San Antonio, TX 78212**	**25.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Property management	**The Lynd Company**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/27/2026	**Amador Salazar** Contributor address; City; State; Zip Code **6503 Arrid Pass** **San Antonio, TX 78238**	**6.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Graduate Student	**University of Texas at San Antonio4670**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/17/2026	**Corrina Contreras** Contributor address; City; State; Zip Code **3850 Manchester Drive** **San Antonio, TX 78223**	**10.00**

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

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: **12 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
5/24/2026	**Hamza Sait** **6** Contributor address; City; State; Zip Code **123 Pinecresr Bvld. #5** **San Antonio, TX 78209**	**15.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Freelance Data Engineer	**Self**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/26/2026	**Kevin Ryan Baldwin** Contributor address; City; State; Zip Code **819 W Mulberry Avenue** **San Antonio, TX 78212**	**25.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Property management	**The Lynd Company**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/27/2026	**Amador Salazar** Contributor address; City; State; Zip Code **6503 Arrid Pass** **San Antonio, TX 78238**	**6.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Graduate Student	**University of Texas at San Antonio4670**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/28/2026	**Parisa Mahmud** Contributor address; City; State; Zip Code **1125 Walton Lane #E** **Austin, TX 78721**	**10.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Advocate	**Asian Family Support Services of Austin**

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: **13 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
6/17/2026	**Corrina Contreras** **6** Contributor address; City; State; Zip Code **3850 Manchester Drive** **San Antonio, TX 78223**	**10.00**

8 Principal occupation / Job title (See instructions)	**9** Employer (See instructions)
Teacher	**Edgewood**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
6/20/2026	**Aaron Lurin** Contributor address; City; State; Zip Code **102 Driftway Ln** **Brewster, NY 10509**	**25.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Campaign Management	**Nathan Johnson Campaign**

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
6/24/2026	**Hamza Sait** Contributor address; City; State; Zip Code **123 Pinecresr Bvld. #55** **San Antonio, TX 78209**	**15.00**

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

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
6/26/2026	**Kevin Ryan Baldwin** Contributor address; City; State; Zip Code **819 W Mulberry Avenue** **San Antonio, TX 78212**	**25.00**

Principal occupation / Job title (See instructions)	Employer (See instructions)
Property management	**The Lynd Company**

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: **14 of 14**

2 FILER NAME
Ric D Galvan

3 Filer ID (Ethics Commission Filers)

---

4 Date
6/27/2026

5 Full name of contributor ☐ out-of-state PAC (ID#_____)
Amador Salazar

6 Contributor address; City; State; Zip Code
6503 Arrid Pass
San Antonio, TX 78238

7 Amount of contribution ($)
6.00

8 Principal occupation / Job title (See instructions)
Graduate Student

9 Employer (See instructions)
University of Texas at San Antonio4670

Date
6/28/2026

Full name of contributor ☐ out-of-state PAC (ID#_____)
Parisa Mahmud

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

Amount of contribution ($)
10.00

Principal occupation / Job title (See instructions)
Advocate

Employer (See instructions)
Asian Family Support Services of Austin

Date

Full name of contributor ☐ out-of-state PAC (ID#_____)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#_____)

Contributor address; City; State; Zip Code

Amount of contribution ($)

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

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 ☐ out-of-state PAC (ID#_____)

7 Contributor address; City; State; Zip Code

8 Amount of Contribution $

9 In-kind contribution description

☐ 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 ☐ out-of-state PAC (ID#_____)

Contributor address; City; State; Zip Code

Amount of Contribution $

In-kind contribution description

☐ 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 ☐ out-of-state PAC (ID#______________) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge $ 9 In-kind contribution description ☐ 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 ☐ out-of-state PAC (ID#______________) Pledgor address; City; State; Zip Code	Amount of Pledge $ In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)	Employer (See instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#______________) Pledgor address; City; State; Zip Code	Amount of Pledge $ In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)	Employer (See instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#______________) Pledgor address; City; State; Zip Code	Amount of Pledge $ In-kind contribution description ☐ 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#_____)

8 Lender address; City; State; Zip Code

6 Is lender a financial institution?

9 Loan Amount ($)

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
☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Lender address; City; State; Zip Code

Is lender a financial institution?

Loan Amount ($)

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
☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **1 of 4**

2 FILER NAME **Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

---

4 Date **1/5/2026**

5 Payee name **Web Flow**

6 Amount ($) **30.91**

7 Payee address; City; State; Zip Code
398 12th Street
San Francisco, CA 94103

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Fees**

(b) Description **Website**

(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Ric Galvan**

Office sought **Council District 6**

Office held

Date **2/5/2026**

Payee name **Web Flow**

Amount ($) **30.91**

Payee address; City; State; Zip Code
398 13th Street
San Francisco, CA 94103

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Fees**

Description **Website**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Ric Galvan**

Office sought **Council District 6**

Office held

Date **2/12/2026**

Payee name **Monarch Trophy Studio**

Amount ($) **445.72**

Payee address; City; State; Zip Code
16227 San Pedro
San Antonio, TX 78232

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **Fiesta Medals**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Ric Galvan**

Office sought **Council District 6**

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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **2 of 4**

2 FILER NAME **Ric D Galvan**

3 Filer ID (Ethics Commission Filers)

4 Date **2/23/2026**

5 Payee name **3D Signs**

6 Amount ($) **652.96**

7 Payee address; City; State; Zip Code
7986 2nd Street
Somerset, TX 78069

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Fees**

(b) Description **Signs**

(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Ric Galvan**

Office sought **Council District 6**

Office held

Date **3/5/2026**

Payee name **Web Flow**

Amount ($) **30.91**

Payee address; City; State; Zip Code
398 14th Street
San Francisco, CA 94103

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Fees**

Description **Website**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Ric Galvan**

Office sought **Council District 6**

Office held

Date **3/26/2026**

Payee name **Amols Store**

Amount ($) **46.54**

Payee address; City; State; Zip Code
227 Fredricksburg
San Antonio, TX 78201

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **Event Supplies**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Ric Galvan**

Office sought **Council District 6**

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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **3 of 4**	**2** FILER NAME **Ric D Galvan**	**3** Filer ID (Ethics Commission Filers)

4 Date **4/5/2026**

5 Payee name **Web Flow**

6 Amount ($) **30.91**

7 Payee address; City; State; Zip Code
398 15th Street
San Francisco, CA 94103

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) **Fees**

(b) Description **Website**

(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Ric Galvan**

Office sought **Council District 6**

Office held

Date **4/13/2026**

Payee name **Monarch Trophy Studio**

Amount ($) **445.72**

Payee address; City; State; Zip Code
16228 San Pedro
San Antonio, TX 78233

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Other:**

Description **Fiesta Medals**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Ric Galvan**

Office sought **Council District 6**

Office held

Date **5/5/2026**

Payee name **Web Flow**

Amount ($) **30.91**

Payee address; City; State; Zip Code
398 16th Street
San Francisco, CA 94103

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) **Fees**

Description **Website**

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **Ric Galvan**

Office sought **Council District 6**

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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **4 of 4**	**2** FILER NAME **Ric D Galvan**	**3** Filer ID (Ethics Commission Filers)
4 Date **6/6/2026**	**5** Payee name **Web Flow**	
6 Amount ($) **30.91**	**7** Payee address; City; State; Zip Code **398 17th Street** **San Francisco, CA 94103**	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule) **Fees**	**(b)** Description **Website**
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Ric Galvan**	Office sought **Council District 6** Office held

Date **6/22/2026**	Payee name **Costco Store**	
Amount ($) **199.93**	Payee address; City; State; Zip Code **1201 N Loop 1604 E** **San Antonio, TX 78232**	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other:**	Description **Event Supplies**
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Ric Galvan**	Office sought **Council District 6** Office held

Date **6/22/2026**	Payee name **Target Store**	
Amount ($) **78.20**	Payee address; City; State; Zip Code **8223 8223 TX 151** **San Antonio, TX 78245**	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) **Other:**	Description **Event Supplies**
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name **Ric Galvan**	Office sought **Council District 6** Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: **1 of 1**	**2** FILER NAME **Ric D Galvan**	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		**$ 0**

5 Date	**6** Payee name	
7 Amount ($)	**8** Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description
	(c) ☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: **1 of 1**	**2** FILER NAME **Ric D Galvan**	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		**$ 0**

5 Date	**6** Payee name	
7 Amount ($)	**8** Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description
	(c) ☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: **1 of 1**	**2** FILER NAME **Ric D Galvan**	**3** Filer ID (Ethics Commission Filers)

4 Date

5 Payee Name

6 Amount ($)

☐ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

(b) Description

(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date

Payee name

Amount ($)

☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date

Payee name

Amount ($)

☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

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

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

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: **1 of 1**	**2** FILER NAME **Ric D Galvan**	**3** Filer ID (Ethics Commission Filers)
4 Date	**5** Payee name	
6 Amount ($)	**7** Payee address; City; State; Zip Code	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See instructions for examples of acceptable categories.)	**(b)** Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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 **6** Address of person from whom amount is received; City; State; Zip Code	**8** Amount ($)
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule T: **1 of 1**
2 FILER NAME **Ric D Galvan**	**3** Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel	**7** Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	**11** Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Filer ID (Ethics Commission Filers)
Ric D Galvan	

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 of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder