

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: 8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

Mr. Jose Joe

NICKNAME LAST SUFFIX

Gallegos, II

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

214 W. Academy ST.
San Antonio, Tx. 78226

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 363-9160

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

Mr. Timothy W.

NICKNAME LAST SUFFIX

Payne

7 CAMPAIGN
TREASURER
ADDRESS

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

614 England Dr.
San Antonio, Tx. 78226

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 878-6166

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year

July 1 / 2026 THROUGH September 24 / 2026

11 ELECTION

ELECTION DATE

Month Day Year

11 / 03 / 2026

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Edgewood ISD Trustee Pl. 2

14 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

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Jose Joe Gallegos, II</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>220.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,309.64</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>71.58</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,317.83</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>491.81</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,500.00</u>

18 SIGNATURE 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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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

OR

(2) Unsworn Declaration

My name is Jose Joe Gallegos, II, and my date of birth is 8-18-1953.
My address is 214 W. Academy ST, San Antonio TX, 78226, Bexar.
(street) (city) (state) (zip code) (country)
Executed in Bexar County, State of Texas on the 5th day of Oct., 2026.
(month) (year)
[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <u>Jose Joe Gallegos, II</u>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>1,309.64</u>
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u>250.00</u>
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u>0</u>
4.	☒ SCHEDULE E: LOANS	\$ <u>1,500.00</u>
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>2,317.83</u>
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <u>0</u>
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>0</u>
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u>0</u>
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u>0</u>
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u>0</u>
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>0</u>
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <u>0</u>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>José Joe Gallegos, II</u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>José Joe Gallegos, II</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>
6 Contributor address; City; State; Zip Code <u>214 W. Academy ST San Antonio, TX 78226</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>9-15-26</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>JOE L. TOVAR</u>	Amount of contribution (\$) <u>\$ 200.00</u>
Contributor address; City; State; Zip Code <u>3550 Arroyo Alamo San Antonio, TX 78253</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) _____
Date <u>9-17-26</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Juanita Saenz</u>	Amount of contribution (\$) <u>\$ 400.00</u>
Contributor address; City; State; Zip Code <u>219 Iroquois ST. San Antonio, TX 78211</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9-17-26</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Marta Dimas</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>219 Iroquois ST. San Antonio, TX 78211</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Jose Joe Gallegos, II		3 Filer ID (Ethics Commission Filers)
4 Date 9-19-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jose Joe Gallegos, II	7 Amount of contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code 214 W. Academy ST. San Antonio, TX 78226		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-18-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gloria Garcia	Amount of contribution (\$) \$44.82
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9-18-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Timothy Payne	Amount of contribution (\$) \$44.82
Contributor address; City; State; Zip Code 614 England Drive, Suite 1686A San Antonio, TX 78226		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Arturo Ramirez	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code Ret 1014 Dreamland Dr SA 78230		
Principal occupation / Job title (See Instructions) Retired		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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>JOSE JOE GALLEGOS, II</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>9-24-26</u>	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Noe Medina</u>	8 Amount of Contribution \$ <u>\$250.00</u>	9 In-kind contribution description <u>T-shirts</u>
7 Contributor address; City; State; Zip Code <u>1241 Cas Hills Dr San Antonio, TX 78213</u>		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Retired</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>N/A</u>	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		☐ 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.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E: 1	
2 FILER NAME Jose Joe Gallegos, II			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS			\$ 0	
5 Date of loan 9-19-26	7 Name of lender ☐ out-of-state PAC (ID#: _____) Jose Joe Gallegos, II		9 Loan Amount (\$) \$1,500.00	
6 Is lender a financial institution? Y ☒ N ☐	8 Lender address; City; State; Zip Code 2141 W. Academy ST. San Antonio, TX 78226		10 Interest rate 0	
			11 Maturity date 12-1-26	
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self		
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		19 Amount Guaranteed (\$)	
	18 Guarantor address; City; State; Zip Code		\$1,500.00	
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? Y N	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 ☐ not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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

If the requested information is not applicable, **DO NOT** include this page in the report.

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.

1 Total pages Schedule F1: 1	2 FILER NAME Jose Joe Gallegos, II	3 Filer ID (Ethics Commission Filers)
4 Date 9-21-26	5 Payee name 3D Signs	
6 Amount (\$) \$2,113.58	7 Payee address; City; State; Zip Code 7986 L ST, Somerset, TX. 78069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 9-21-26	Payee name Printing & Designing		
Amount (\$) \$89.64	Payee address; City; State; Zip Code 4536 W. Commerce San Antonio, TX. 78237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 9-21-26	Payee name McCoy's Building Supply		
Amount (\$) \$43.03	Payee address; City; State; Zip Code 1654 Gen. McMullen San Antonio, TX. 78237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Fence Post, Cable Ties	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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