

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY FILED FOR RECORD Date Received <u>T</u> <u>M</u> JAN 16 2018 KARA SANDS CLERK COUNTY COURT, NUECES COUNTY TEXAS Date Hand Delivered or Postmarked <u>9:50 AM</u> DEPUTY Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
	NICKNAME LAST SUFFIX		
	Deeanne M. Galvan		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	1632 Agnes, Corpus Christi, Texas 78401		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(361) 442-9330		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY FILED FOR RECORD Date Received <u>T</u> <u>M</u> JAN 16 2018 KARA SANDS CLERK COUNTY COURT, NUECES COUNTY TEXAS Date Hand Delivered or Postmarked <u>9:50 AM</u> DEPUTY Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
	NICKNAME LAST SUFFIX		
	Mr. Darrell Barger		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1632 Agnes, Corpus Christi, Texas 78401		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(361) 813-0646		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <u>7</u> / Day <u>1</u> / Year <u>17</u> THROUGH Month <u>12</u> / Day <u>31</u> / Year <u>17</u>		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month <u>11</u> / Day <u>6</u> / Year <u>18</u>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Nueces County Court at Law #3	Nueces County Court at Law #3	

GO TO PAGE 2

2018-008

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME 15 ACCOUNT # (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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$ 6,100

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 595.88

CONTRIBUTION BALANCE

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

\$ 16,565.05

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Deeanne Galvan, this the 16th day of January, 2018, to certify which, witness my hand and seal of office.

Patricia Resendez

Signature of officer administering oath

Patricia Resendez

Print name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

Deeanne Galvan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/6/17

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

The Rangel Law Firm, P.C.

6 Contributor address; City; State; Zip Code

615 N. Upper Broadway, #2020
Corpus Christi, TX 78401

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

The Rangel Law Firm, P.C.

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

7/7/17

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

Linebarger, Gogan, Blair & Sampson

Contributor address; City; State; Zip Code

500 N. Shoreline Blvd. Ste. 1111 Corpus Christi, TX 78401

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Linebarger, Gogan, Blair & Sampson

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

9/8/18

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

Kenneth Culbreth

Contributor address; City; State; Zip Code

500 N. Shoreline Blvd. Ste. 900 Corpus Christi, TX 78401

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Lawyer

Contributor's employer/law firm

Jordan, Hyden, Womble, Culbreth & Holzer, P.C.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

Deeanne Galvan

3 ACCOUNT # (Ethics Commission Filers)

4 Date
7/17/17

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

Roland Gonzales

6 Contributor address; City; State; Zip Code

10999 West IH-10 Ste. 800
San Antonio, TX 78230

7 Amount of contribution (\$) \$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Lawyer

10 Contributor's job title

11 Contributor's employer/law firm

Cikonos, Young

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date
7/17/17

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

Cokinos Young

Contributor address; City; State; Zip Code

10999 West IH-10 Ste. 800
San Antonio, TX 78230

Amount of contribution (\$) \$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
7/17/17

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

Kenneth Berry

Contributor address; City; State; Zip Code

P.O. Box 868
Corpus Christi, TX 78403

Amount of contribution (\$) \$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

businessman

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

Deeane Galvan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/13/17

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

Kilpatrick Townsend & Stockton LLP

6 Contributor address; City; State; Zip Code

1100 Peachtree St. Atlanta Ga. 30309

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Kilpatrick Townsend & Stockton LLP

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

11/13/17

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

Court Smith

Contributor address; City; State; Zip Code

5556 Mallard Trce Frisco, TX 75034

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Plunk Smith PLLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Deeanne Galvan	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/19/17	5 Payee name Parkdale Printing
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6 Amount (\$) 50.88	7 Payee address; City; State; Zip Code 4337 S. Alameda St. Corpus Christi, Texas 78412
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing expense	(b) Description (If travel outside of Texas, complete Schedule T) Thank you cards
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/17	Payee name Gray Photography
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Amount (\$) 325.00	Payee address; City; State; Zip Code 3850 S. Alameda St. Corpus Christi, Texas 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Campaign photos
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/17	Payee name Railroad Seafood Station
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Amount (\$) 220.00	Payee address; City; State; Zip Code 1214 N. Chaparral St. Corpus Christi, Texas 78401
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/beverage expense	Description (If travel outside of Texas, complete Schedule T) Staff luncheon
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/11/17	Payee name Nueces County Democratic Party
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Amount (\$) \$1,500	Payee address; City; State; Zip Code 2701 Morgan AVE #600 Corpus Christi TX 78405
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Filing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED