

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  20
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <i>LARRY</i> <input checked="" type="checkbox"/> NICKNAME LAST SUFFIX <i>GALBREATH</i>	<b>OFFICE USE ONLY</b>  Date Received Date Handled (if not marked) Receipt # Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1408 Magnolia Ct Harlingen, Texas 78550</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(936) 423-2703</i>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <i>Louis Gonzalez</i> NICKNAME LAST SUFFIX <i>SI ONEY Broyles</i>		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>23851 Wilcox Road Harlingen TX 78552 1302 Maple Court Harlingen TX 78550</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(936) 454-2626 / 423-1245</i>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <i>1 / 16 / 10    4 / 8 / 10</i>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <i>5 / 8 / 10</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>Commissioner, District ONE</i>	<b>13 OFFICE SOUGHT (if known)</b> <i>Commissioner, District ONE</i>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code  <input type="checkbox"/> additional pages		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME \_\_\_\_\_ 16 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

**17 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. ..

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		LARRY GAUBREATH Campaign
	COMMITTEE ADDRESS	PO Box 530070 Harlingen, Texas 78553
	COMMITTEE CAMPAIGN TREASURER NAME	Louis Gonzales Sidney Brayles
	COMMITTEE CAMPAIGN TREASURER ADDRESS	23851 Wilcox Rd Hqn Tx 78552 1302 Maple Ct. Hqn Tx 78550

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 4500 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1824 <sup>26</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4063 <sup>38</sup>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**19 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.

*Jay Miller*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Gaubreath, this the 8th day of April, 2010, to certify which, witness my hand and seal of office.

*Sylvia R. Trevino*  
Signature of officer administering oath

Sylvia R. Trevino  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME <b>LARRY GAUBREATH</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-26-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEBBIE G. ELIZABEK</b>	7 Amount of contribution (\$) <b>\$346.32</b>	8 In-kind contribution description (if applicable) <b>FUND - RAISER LA PLAYA RESTAURANT</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 2934 Hm Tx 78551-2934</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>BUILDER</b>		10 Employer (See Instructions)	
Date <b>3-19-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEBBIE G. ELIZABEK</b>	Amount of contribution (\$) <b>\$46.60</b>	In-kind contribution description (if applicable) <b>Invitation</b>
Contributor address; City; State; Zip Code <b>P.O. Box 2934 Hm Tx 78551-2934</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>BUILDER</b>		Employer (See Instructions)	
Date <b>3-23-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEBBIE G. ELIZABEK</b>	Amount of contribution (\$) <b>\$55.00</b>	In-kind contribution description (if applicable) <b>Postage</b>
Contributor address; City; State; Zip Code <b>P.O. Box 2934 Hm Tx 78551-2934</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>BUILDER</b>		Employer (See Instructions)	
Date <b>3-26-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NORBER EVERS</b>	Amount of contribution (\$) <b>\$346.32</b>	In-kind contribution description (if applicable) <b>FUND RAISER LA PLAYA RESTAURANT</b>
Contributor address; City; State; Zip Code <b>138 Palm Valley Circle Hm Tx 78552</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>LARRY GAUBREATH</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/15/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TOM MASON</i>	7 Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>101 Woodlawn Hm Tx - 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Realtor</i>		10 Employer (See Instructions)	
Date <i>3-15-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rachel Fletcher</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1302 Maple Ct. Hm Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>3-20-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Archer</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>202 E. Flynn Hm Tx. 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mrs Max Ham's</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>126 Arcade Dr. Hm Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retiree</i>		Employer (See Instructions)	
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charlotte Dalum</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2938 Lazy Lake Dr. Hm Tx. 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retiree</i>		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>LARRY GARBREATH</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/23/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JO ANN CLECKLER</i>	7 Amount of contribution (\$) <i>* 50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3109 Cobblestone Hm Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Topo</i>	Amount of contribution (\$) <i>* 50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1222 E. Tyler Suite (A) Hm Tx 78703-7194</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>DIRECT MAIL</i>		Employer (See Instructions)	
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Phillips</i>	Amount of contribution (\$) <i>* 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>222 E. Austin Hm Tx 78750</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>TRUCKING</i>		Employer (See Instructions)	
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TRUDI MAYO</i>	Amount of contribution (\$) <i>* 50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2213 E. Adams Hm Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>J. A. Gonzalez</i>	Amount of contribution (\$) <i>* 75.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1410 Summer Ct. Hm Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ELECTRICIAN</i>		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME <i>LARRY GAWBREATH</i>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-23-10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FLOYD ENGELG</i>	7 Amount of contribution (\$) <i>\$ 7500</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>418 Woodlawn Dr. Hm Tx 78556</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <i>Mortgage</i>			10 Employer (See Instructions)	
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN STAS</i>	Amount of contribution (\$) <i>\$ 5000</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>613 S. M. Hm Tx, 78550</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Retired</i>			Employer (See Instructions)	
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JEAN PREEHEL</i>	Amount of contribution (\$) <i>\$ 2500</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>2708 BINCANA Hm Tx 78550</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Retired</i>			Employer (See Instructions)	
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALAN JOHNSON</i>	Amount of contribution (\$) <i>\$ 12500</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>4900 CARLETT Rd Hm Tx 78552</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Retired</i>			Employer (See Instructions)	
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>S. Drey Broyles</i>	Amount of contribution (\$) <i>\$ 10000</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>132 Maple Ct Hm Tx 78550</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Retired</i>			Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME <i>Larry GAUBREATH</i>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-23-10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOAN BOGGUS</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>3202 Pebble beach Hm TX-78350</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <i>Homemaker</i>		10 Employer (See Instructions)		
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee Means</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>2700 JACARANDA Hm TX 78350</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)		
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Cano</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>27194 Baker Potts Rd Hm TX. 78352</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe White</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>1605 WALNUT Ct Hm TX 78350</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Retired / Comm. taker</i>		Employer (See Instructions)		
Date <i>3-23-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eduvelia Loyola</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>1401 Magnolia St Hm TX 78350</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME <i>Larry Garbrecht</i>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-23-10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BLAS CENTER</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>1428 Pine Ct Hm Tx 78550</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <i>Human Community</i>			10 Employer (See Instructions)	
Date <i>3-24-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID Alex</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>3118 Clifton I Hm TX 78550</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Realtor</i>			Employer (See Instructions)	
Date <i>3-24-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRANK Boggus</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>Po Box 1111 Hm TX 78551</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Car dealer</i>			Employer (See Instructions)	
Date <i>3-25-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JR Cooke</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>Box 5 21805 Hm TX 78553</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Retired</i>			Employer (See Instructions)	
Date <i>3-25-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Graham McCullough</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>PBox 2744 Hm TX 78557-0044</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Attorney</i>			Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Larry Galbreath</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-29-10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Lizaro</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1723 Pecan Ct Hgt Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Sign Shop/decals</i>		10 Employer (See Instructions)	
Date <i>3-29-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary E. Phillips</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>205 BARBARA Hgt Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-29-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alliye Bullock</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4006 Castleman Ave. St Louis Mo 63110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-29-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TROENA LOYA</i>	Amount of contribution (\$) <i>\$ 20.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1327 E. Washington #200 Hgt Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Doctor</i>		Employer (See Instructions)	
Date <i>4-1-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William McKenna</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>802 Palm Valley Dr W. Hgt Tx 78552</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Doctor</i>		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Carmy Galbreath</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4-1-10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>K. K. Roberts</i>	7 Amount of contribution (\$) <i>7150<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2801 Pine Valley Dr. Hm TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Bicycle Shop</i>		10 Employer (See Instructions)	
Date <i>4-5-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Scalet</i>	Amount of contribution (\$) <i>4300<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 1064 San Antonio TX 78296</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Developer</i>		Employer (See Instructions)	
Date <i>4-5-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pat Korney</i>	Amount of contribution (\$) <i>300<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>28315 Norma Linda San Antonio TX 78286</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>PILOT</i>		Employer (See Instructions)	
Date <i>4-7-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bert White</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1101 Ferguson Dr. Hm TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ACC</i>		Employer (See Instructions)	
Date <i>4-7-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Garza</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business owner</i>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME Larry Galbreath

3 ACCOUNT # (Ethics Commission filers)

4 Date  
3-15-10

5 Payee name  
Dubose Signs

7 Amount (\$)  
\$303.<sup>10</sup>

6 Payee address; City; State; Zip Code  
601 E. Buchanan Hwy TX 78550

8 Purpose of payment (See instructions regarding type of information required.)  
Campaign Signs  
(If travel outside of Texas, complete Schedule T)

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

Date  
3-31-10

Payee name  
MS Designs

Amount (\$)  
\$487.<sup>13</sup>

Payee address; City; State; Zip Code  
424 W. Harrison Hwy TX 78550

Purpose of payment (See instructions regarding type of information required.)  
Campaign Signs  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
4-2-10

Payee name  
Topp Direct Mail

Amount (\$)  
\$138.<sup>27</sup>

Payee address; City; State; Zip Code  
1222 E. Tyler (suite A) Hwy TX 78550-7156

Purpose of payment (See instructions regarding type of information required.)  
Direct Mailing Labels  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
4-2-10

Payee name  
ALLEGRA

Amount (\$)  
\$623.<sup>52</sup>

Payee address; City; State; Zip Code  
1801 S. 77 Sunshine Strip Hwy TX 78550

Purpose of payment (See instructions regarding type of information required.)  
Campaign Printing  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *LARRY GAUBREATH* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4-6-10</i>	5 Payee name <i>United States Postal Service</i>	7 Amount (\$) <i>\$ 272.24</i>
6 Payee address; City; State; Zip Code <i>1502 Newcomb's Highway HNTX. 78550</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>US Postal Service (Postage)</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**