



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

LARRY GALBREATH

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

LARRY GALBREATH

COMMITTEE ADDRESS

P.O. Box 539070  
Hm Tx. 78553

COMMITTEE CAMPAIGN TREASURER NAME

Louis Gonzalez  
Sidney Broyles

COMMITTEE CAMPAIGN TREASURER ADDRESS

23851 Wilcox Rd Hm Tx 78552  
1302 Maple Ct Hm Tx 78550

additional pages

18 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)

\$

2320<sup>11</sup>

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

-

4. TOTAL POLITICAL EXPENDITURES

\$

2774<sup>42</sup>

CONTRIBUTION BALANCE

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

\$

0

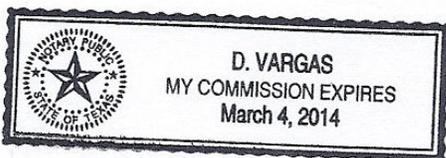
OUTSTANDING LOAN TOTALS

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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Galbreath, this the 14th day of May, 20 10, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

D. Vargas  
Printed name of officer administering oath

*[Signature]*  
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>2</b>	
2 FILER NAME <b>LARRY GAUBREATH</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/3/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIA FIELDS</b>	7 Amount of contribution (\$) <b>\$ 25<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1649 Hamilton St. Hgn TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Realtor / Home wife</b>		10 Employer (See Instructions)	
Date <b>5/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa de la Garza</b>	Amount of contribution (\$) <b>\$ 150<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2814 Lotus St. Hgn TX. 78550-8535</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions)	
Date <b>5/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Farris</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1870 Hgn TX. 78551-1870</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>President - Bus Company</b>		Employer (See Instructions)	
Date <b>5/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Curtis Bonner</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 288 - Hgn TX. 78551-0288</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)	
Date <b>5/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERI Youngblood</b>	Amount of contribution (\$) <b>\$ 300<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>534 Lake Dr. Hgn TX. 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Home Wife</b>		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>5/3/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony Rodriguez</i>	7 Amount of contribution (\$) <i>\$250<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 3426 Hm TX 78551-3426</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Property manager</i>		10 Employer (See Instructions)	
Date <i>5/3/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRANK Baggus</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></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>Business owner (Baggus Food)</i>		Employer (See Instructions)	
Date <i>5/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PAT KORNE GAY</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>28315 Norma Linda San Benito TX. 78582</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>PILOT / Business owner</i>		Employer (See Instructions)	
Date <i>5/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rachel Pletcher</i>	Amount of contribution (\$) <i>\$300<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>Retiree</i>		Employer (See Instructions)	
Date <i>5/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LARRY GAUBREATH</i>	Amount of contribution (\$) <i>\$45<sup>11</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1408 Hepatic Ct Hm TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Property manager/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

### 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.

<b>1</b> Total pages Schedule F: <i>2</i>	<b>2</b> FILER NAME <i>LARRY GAUBRENTA</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>5/3/10</i>	<b>5</b> Payee name <i>Valley Morning Star</i>	
<b>6</b> Amount (\$) <i>\$ 851.11</i>	<b>7</b> Payee address; City; State; Zip Code <i>1310 S. Commerce Hwy Tx. 78550 PO BOX 511</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Newspaper Ad</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Newspaper Ad</i>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <i>5/5/10</i>	<b>Payee name</b> <i>United States Postal Service</i>	
<b>Amount (\$)</b> <i>\$ 296<sup>30</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>1502 New Combs Highway Hwy Tx. 78550</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Postage</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>USPS - Postage</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <i>5/6/10</i>	<b>Payee name</b> <i>Valley Morning Star</i>	
<b>Amount (\$)</b> <i>\$ 942<sup>62</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>1310 S. Commerce Hwy Tx. 78550 PO BOX 511</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Newspaper</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>Newspaper Ad</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b>	<b>Payee name</b> <i>Valley Morning Star</i>	
<b>Amount (\$)</b> <i>\$ 337<sup>21</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>1310 S. Commerce Hwy Tx 78550 PO BOX 511</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Newspaper</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>Newspaper Ad</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 <i>LARRY GALBREATH</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>5/8/10</i>	5 Payee name <i>Rio Grande Grill</i>
-------------------------	---

6 Amount (\$) <i>\$200<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>417 W. Van Buren Hwy Tx. 78550</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food &amp; beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Food &amp; beverage</i>
--------------------------	--	---

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

Date <i>5/12/10</i>	Payee name <i>Valley Morning Star</i>
------------------------	--

Amount (\$) <i>\$147<sup>18</sup></i>	Payee address; City; State; Zip Code <i>1310 S. Commerce P.O. Box 511 Hm Tx. 78550</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Newspaper</i>	Description (If travel outside of Texas, complete Schedule T) <i>Newspaper AT</i>
------------------------	--	--

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
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

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" ••

1 C/OH NAME

LARRY GAUBREATH

2 ACCOUNT # (Ethics Commission Filers)

3 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

4 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

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

  
Signature of Officeholder