

# 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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	Mr.	Mauricio			
	NICKNAME	LAST	SUFFIX	Date Received	
		Galante		<b>24 JAN 15 11:50 AM '20</b>	RECI

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #.	CITY,	STATE,	ZIP CODE
	1301 NE Green Oaks Blvd.		Arlington	TX.	76006
Change of Address					

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
	(817 )	808-4161		<b>24 JAN 15 11:50 AM '20</b>

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	Mrs.	Larissa	D		
	NICKNAME	LAST	SUFFIX	Date Processed	
		Vilela			

7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #.	CITY,	STATE,	ZIP CODE
(Residence or Business)	2701 Ranger Run Circle.		Arlington, TX.		76006

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(860 )	861-5577	

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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	8	14	23		01	07	24

11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	Primary	Runoff	Other Description
	05	04	24	<input checked="" type="checkbox"/> General	Special	

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	N/A	Arlington City Council District 1

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
Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	

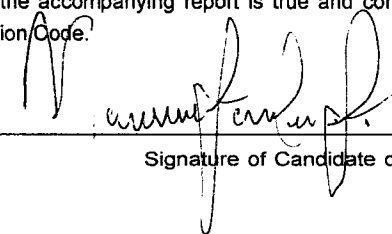
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Mauricio Galante		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 6,475.86
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,593.07
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,882.79
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 240

**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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mauricio Galante this the 7th day of January,

20 24, to certify which, witness my hand and seal of office.

Willie Rodriguez Signature of officer administering oath      Willie Rodriguez Printed name of officer administering oath      Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Maurício Galante		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,475.86
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 240.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1593.07
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

# 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: <b>4</b>
2 FILER NAME <b>Mauricio Galante</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/29/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Arlington Police Association PAC</b>	7 Amount of contribution (\$) <b>\$3,000</b>
6 Contributor address; City; State; Zip Code <b>1801 W. Park Row Dr. Arlington TX 76006</b>		
8 Principal occupation / Job title (See Instructions) <b>PAC</b>		9 Employer (See Instructions)
Date <b>8/29/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ken Cox</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>1325 Blue Lake Blvd. Arlington TX 76005</b>		
Principal occupation / Job title (See Instructions) <b>Owner Arlington Vacation Rentals</b>		Employer (See Instructions) <b>Self</b>
Date <b>8/29/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brig Serman</b>	Amount of contribution (\$) <b>\$150</b>
Contributor address; City; State; Zip Code <b>1716 Autumn Lane Arlington TX 76012</b>		
Principal occupation / Job title (See Instructions) <b>Owner Advanced Integrated Marketing Inc</b>		Employer (See Instructions) <b>Self</b>
Date <b>9/01/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Mosby</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>3116 Westador Dr. Arlington TX 76015</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Self</b>

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

**Reset Form**

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# 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 FILER NAME Maurício Galante		3 Filer ID (Ethics Commission Filers)
4 Date 8/29/23	5 Full name of contributor out-of-state PAC (ID#: _____) Larissa Vilela ..... 6 Contributor address; City; State; Zip Code 2701 Ranger Run Circle. Arlington TX 76006	7 Amount of contribution (\$)  \$5
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self
Date 9/3/23	Full name of contributor out-of-state PAC (ID#: _____) Alan Malizia ..... Contributor address; City; State; Zip Code 41 Margaret Henry Dr. Danielson CT 06239	Amount of contribution (\$)  \$25
Principal occupation / Job title (See Instructions) Retired sports coach		Employer (See Instructions) N/A
Date 9/30/23	Full name of contributor out-of-state PAC (ID#: _____) John M. Bethune ..... Contributor address; City; State; Zip Code 2209 Mediterranean Ave. Arlington TX. 76011	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/15/23	Full name of contributor out-of-state PAC (ID#: _____) James Monroe ..... Contributor address; City; State; Zip Code 100 Supreme Court. Irving. TX. 75061	Amount of contribution (\$)  \$1,041.44
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mauricio Galante		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/23	5 Full name of contributor out-of-state PAC (ID#: _____) Brian Cotter ----- 6 Contributor address; City; State; Zip Code 2004 Hill Country Court. Arlington TX 76012	7 Amount of contribution (\$)  \$100
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self
Date 11/29/23	Full name of contributor out-of-state PAC (ID#: _____) Long Pham public campaign fund ----- Contributor address; City; State; Zip Code PO Box 182436. Arlington TX 76096	Amount of contribution (\$)  \$200
Principal occupation / Job title (See Instructions) Retired Colonel		Employer (See Instructions) N/A
Date 11/29/23	Full name of contributor out-of-state PAC (ID#: _____) Denise Wilkerson ----- Contributor address; City; State; Zip Code 1808 Winewood Ln. Arlington TX. 76013	Amount of contribution (\$)  \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/23	Full name of contributor out-of-state PAC (ID#: _____) Thomas Spink ----- Contributor address; City; State; Zip Code 1319 N. Irving Heights Dr. Irving TX 75061	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Insurance Team One

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**Reset Form**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mauricio Galante		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/23	5 Full name of contributor out-of-state PAC (ID#: _____) Clay Kelly ----- 6 Contributor address; City; State; Zip Code 1300 Canterbury Ct. Arlington TX 76013	7 Amount of contribution (\$)  \$104.42
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/4/24	Full name of contributor out-of-state PAC (ID#: _____) Thanh D. Le ----- Contributor address; City; State; Zip Code 1904 Wilder Ln Arlington TX 76006	Amount of contribution (\$)  \$1,000
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
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**  
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# 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.		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME Mauricio Galante		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 240
<b>5</b> Date of loan 8/15/23	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mauricio Galante	<b>9</b> Loan Amount (\$) \$40
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code 2701 Ranger Run Circle. Arlington TX 76006	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) Business Owner		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)

Date of loan 8/29/23	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mauricio Galante	Loan Amount (\$) \$200
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 2701 Ranger Run Circle. Arlington TX 76006	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Maurício Galante	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/29/23	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$3.72	<b>7</b> Payee address; 780 E Road to Six Flags St.	City; State; Zip Code Arlington TX 76011
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expenses	<b>(b)</b> Description A4 signs for campaign kick-off event
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maurício Galante	Office sought Arlington City Council District 1
		Office held
Date 01/07/24	Payee name Donorbox	
Amount (\$) \$89.35	Payee address; www.donorbox.com	City; State; Zip Code
<b>8</b>  PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing fees (8/14/23 thru 01/07/24) 9/5/23 9/7/23 10/18/23 11/5/23 01/2/24
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maurício Galante	Office sought Arlington City Council District 1
		Office held
Date 10/09/23	Payee name Campaign Solutions Inc.	
Amount (\$) \$1,500	Payee address; PO Box 1454	City; State; Zip Code Colleyville TX 76034
<b>8</b>  PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Political consulting fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Maurício Galante	Office sought Arlington City Council District 1
		Office held

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