# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	CIM APRON	MI	OFFICE	USEONLY
NAME	NICKNAME	GILSON	SUFFIX	Date Received 9/27/2021	1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX		CITY; STATE: ZIP CODE  NYON  7X 78232		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210)	218-9286	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS (MR) / MR	MALLORY	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date 110cessed	
		GILSON	2	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	2635	(NO PO BOX PLEASE); APT / S Spring Cany	on	STATE;	ZIP CODE
(Residence or Business)	Sa	a Autonio Ti	x 78232		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 274-1619				
9 REPORT TYPE	January 15 July 15	30th day before e	Custoded Medified	treasurer a (Officeholde	fter campaign ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year /16 /2021	THROUGH 7	Day Yea / 15 / 24	
11 ELECTION	ELECTION DA	Primary	ELECTION TYPE	<u> </u>	
	Month Day // / 3 /	AO20 General	Description  Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	HEITER	GO TO	PAGE 2		

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	CIMARRON GILSON 16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 691.48.
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>O</i>
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 459.75
	Signature of Candidate  Please complete either option below:	or Officeholder
(1) Affidavit  NOTARY STAMP/SEA	LAWRENCE K. My Notary ID # 1 Expires September	26669942
Sworn to and subscribed	before me by Comaron 6150n this the 23	day of September.
20 21, to certify Signature of officer administer	which witness my hand and seal of office.  Lawrence K. Cleary  Printed name of officer administering oath	day of <u>September</u> , otary Public, Texas Title of officer administering oath
		的多年。在北京主创
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
	(street) (city) (state)	
Executed in	County, State of , on the day of (month)	, 20
	Signature of Candidate/Office	ceholder (Declarant)

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	CIMARRON GILSON  20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 691.48
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 7.50

## 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 I	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
3	2 FILER NAME CIM ARRON GILSO	<i>N</i>	
4 Date 2-11-21	5 Payee name Wells Fargo Bank Ni	4	
6 Amount (\$)	7 Payee address; 1930 N. Loop 1604 E	San Antonio	State; Zip Code  7x 78232
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Banking	Montly	Suc Fee
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-11-21	Wells Fargo Bank NA Payee address;		
Amount (\$)	Payee address;		State; Zip Code
10.00	1930 N. Loop 1604 E.	Sau Antonio	TX 78232
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Banking	· Monthly	Suc fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-13-21	Wells Fargo Bank NA		
Amount (\$)	Payee address;	City;	State; Zip Code
10.00	1930 N. Loop 1604 E Sau	Autonio	TX 78232
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Banking	Monthly	Suc. Fee.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir by Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement a Overhead/Rental Expense ng Expense ng Expense nes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Great Garar ayment	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:	Pin NERDIL GIL	SON	3 Filer ID (Ethics Commission Filers)
4 Date 5 13-21	5 Payee name Wells Fargo Bar	ik	
6 Amount (\$)	5 Payee name  Wells Fargo Bas  7 Payee address;  1930 N. Loop 1604 E	San Artonio	State; Zip Code 78232
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Banking  (c) Check if travel outside of Texas. Complete Schedule	Month	ly Suc Fee
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6-11-21	Wells Fargo Bank		
Amount (\$)	Well's Fargo Bank Payee address; 1930 N. Loop 1604 E S	an Autonio 7	State; Zip Code 78232
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule  Ran king		ly Sucfee
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
7-14-21	Wells Fargo Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
10.00	Wells Furgo Bank Payee address; 1930 N. Loop 1604 E.	San Antoni	o Tx 78232
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule  Banking		Suc Fee
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEI	EDED

## 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 Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking 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 Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name CIM ARRON GILSON 7 Payee address: 2635 Spring Congon San Antonio, 4 Date 7-15-21 6 Amount (\$) State: 206.55 (a) Category (See Categories listed at the top of this schedule) Repayment of (b) Description 8 10-15-20 loan, partial repayment, Loan Repayment **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name CIM ARRON GILSON Payee address; City; 2635 Spring Canyon San Antonio 7-15-21 Amount (\$) State: Zip Code Category (See Categories listed at the top of this schedule) pay with transfer of remaining assets of compaign - flag pole kits x2, flagx1, speaker phone for corx1 PURPOSE Loan Repayment OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Pavee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

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 Sched	dule K:
2 FILER NAME	CIMERRON GILSON	3 Filer ID (Ethics	Commission Filers)
4 Date 7-15-21	5 Name of person from whom amount is received  Wells Fargo Bank  6 Address of person from whom amount is received; City; Star  1930 N. Loop 1604 E San Antonio TX		8 Amount (\$) 7.50
	7 Purpose for which amount is received Check if Banking - Reversal of Monthly SUL Fee	political contribution (lartial)	returned to filer
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	ate; Zip Code	Amount (\$)
	Purpose for which amount is received	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	AND ARRANGED AND A CONTROL OF A STATE OF A S	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	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 the	is form.
	<ul> <li>Complete only if "Report Type" on page 1 is marked</li> </ul>	"Final Report" ••
C/C	CIMARRON GILSON	2 Filer ID (Ethics Commission Filers)
SIC	GNATURE	
des	o not expect any further political contributions or political expenditures in connection visignating a report as a final report terminates my campaign treasurer appointment. I ampaign contributions or make any campaign expenditures without a campaign treasurement.	also understand that I may not accept any
	LER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
С	Check only one:	
L	I do not have unexpended contributions or unexpended interest or income earn	ned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest or personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political filing this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the requirements.	r income earned on political contributions to ided contributions and that I may not retain I contributions longer than six years after political contributions and unexpended
B.	ASSETS	
С	Check only one:	
Þ	I do not retain assets purchased with political contributions or interest or other i	income from political contributions.
Ī	I do retain assets purchased with political contributions or interest or other incomplete that I may not convert assets purchased with political contributions or interest of personal use. I also understand that I must dispose of assets purchased with perequirements of Election Code, § 254.204.	or other income from political contributions to
		Signature of Candidate
	FICEHOLDER Complete this section only if you are an officeholder ••	The state of the s
	I am aware that I remain subject to filing requirements applicable to an officeholder file. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ons if, after filing the last required report as
		Signature of Officeholder