Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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: 7

FILED FOR RECORD AT 2:10p

OFFICE USE ONLY

Date Received: FEB 24 2014

DIANA T. BARRERA
Clerk, County Court, Nueces County, Texas
By [signature] Deputy

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms. FIRST: Jacqueline MI: A. NICKNAME: Jackie LAST: Chapa SUFFIX: Del Llano
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P.O. Box 5147 Corpus Christi, Tx 78465
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 653 - 2269 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Sandra MI: NICKNAME: LAST: Leeton SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 2727 Morgan Ave., 2nd Floor Corpus Christi, Tx 78405
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361) PHONE NUMBER: 834 - 1170 EXTENSION:
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☑ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year: 01 / 24 / 2014 THROUGH Month Day Year: 02 / 22 / 2014
11 ELECTION	ELECTION DATE Month Day Year: 03 / 04 / 2014 ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any): 13 OFFICE SOUGHT (if known): Nueces County Court at Law No. 5 Judge

GO TO PAGE 2

2014-076

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME: Jackie Chapa

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 40.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4,187.94
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 8,893.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 832.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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.

NORMA LINDA RIOS
Notary Public
STATE OF TEXAS
My Comm. Exp. 01-22-2017

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jackie Chapa, this the 24th day of February, 20 14, to certify which, witness my hand and seal of office.

Norma L. Rios	Norma Linda Rios	Notary Public
Signature of officer administering oath	Print name of officer administering oath	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

2 FILER NAME: Jackie Chapa

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/17/14	Tony Bonilla, Sr. 2727 Morgan Ave Corpus Christi, Tx 78405	1,000.00	

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: Attorney

10 Contributor's job title: Attorney

11 Contributor's employer/law firm: Bonilla & Chapa, P.C.

12 Law firm of contributor's spouse (if any): N/A

13 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)
2/7/14	Jacobo G. Munoz 719 S. Shoreline, Ste 500 Corpus Christi, Tx 78401	$500.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

Contributor's employer/law firm: Hilliard & Munoz

Law firm of contributor's spouse (if any): N/A

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)
2/18/14	Alice Orta 216 San Saba Portland, Tx 78374	$250.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

Contributor's employer/law firm: State of Texas

Law firm of contributor's spouse (if any): N/A

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: Jackie Chapa

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/28/14	Susan Puente 14006 Coquina Bay Dr. Corpus Christi, TX 78418	$300.00	(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: Real Estate Agent / Realtor

10 Contributor's job title: Realtor

11 Contributor's employer/law firm: Garon Dean Realtor

12 Law firm of contributor's spouse (if any): N/A

13 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)
2/3/14	Ruben Bonilla P.O. Box 5080 Corpus Christi, TX 78465	$200.00	paid for political signs to Lighthouse Graphics (If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

Contributor's employer/law firm: Bonilla & Chapa, P.C.

Law firm of contributor's spouse (if any): N/A

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)
2/14/14	Ruben Bonilla P.O. Box 5080 Corpus Christi, TX 78465	$1,937.94	paid for political signs to Lighthouse Graphics (If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

Contributor's employer/law firm: Bonilla & Chapa, P.C.

Law firm of contributor's spouse (if any): N/A

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	2 FILER NAME Jackie Chapa	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/27/14	5 Payee name Cooper Outdoor Advertising	
6 Amount ($) $1,616.00	7 Payee address; City; State; Zip Code P.O. Box 9431 Corpus Christi, TX 78469	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Billboard Advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2/14/14	Payee name Cooper Outdoor Advertising	
Amount ($) $750.00	Payee address; City; State; Zip Code P.O. Box 9431 Corpus Christi, TX 78469	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Billboard
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2/17/14	Payee name Time Warner Cable	
Amount ($) $2,628.00	Payee address; City; State; Zip Code ~~4455~~ ~~SPID~~ 4455 SPID Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) TV Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2/18/14	Payee name Renfrow + Co.	
Amount ($) $2,068.98	Payee address; City; State; Zip Code P.O. Box 3519 Corpus Christi, TX 78463	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Mailouts / Political Ads
Complete ONLY 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 Jackie Chapa

3 ACCOUNT # (Ethics Commission Filers)

4 Date 2/19/14

5 Payee name Jeff Courter

6 Amount ($) $450.00

7 Payee address; City; State; Zip Code
933 Ashland Drive
Corpus Christi, Tx 78412

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule) Advertising

(b) Description (If travel outside of Texas, complete Schedule T) TV Commercial Production

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

---

Date 2/21/14

Payee name Lighthouse Graphics

Amount ($) $1,380.19

Payee address; City; State; Zip Code
3046 SPID
Corpus Christi, Tx 78415

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule) Advertising

Description (If travel outside of Texas, complete Schedule T) Political Signs

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 G:	2 FILER NAME Jackie Chapa	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/13/14	5 Payee name Home Depot	
6 Amount ($) $47.90 ☑ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4038 S. Port Ave. Corpus Christi, Tx 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) T. Posts for signs
Date 2/17/14	Payee name Home Depot	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4038 S. Port Ave. Corpus Christi, Tx 78415	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) T. Posts for signs
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED