

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00033033		2 Total pages filed: 8		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/09/2015	
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR The Honorable		FIRST Jose			
		NICKNAME Longoria		LAST SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED		Month Day Year 01/01/2015		THROUGH Month Day Year 06/30/2015	

Date Hand-delivered or Date Postmarked
FILED FOR RECORD AT 11:38 AM
 Receipt #
JUL 10 2015
 Date Processed
KARA SANDS
 CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS
 Date Imaged BY *[Signature]* DEPUTY

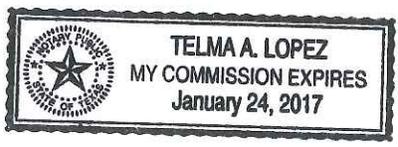
6 EXPLANATION OF CORRECTION
Included Contributor's Employer - "Susser Holdings".

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

- Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Signature] The Honorable Jose Longoria
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Honorable Jose Longoria, this the 10th day of July, 20 15, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Telma A. Lopez Printed name of officer administering oath
Notary Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Correction

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 Filer ID (Ethics Commission Filers) 00033033	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Jose	MI
	NICKNAME	LAST Longoria	SUFFIX
OFFICE USE ONLY			
Date Received ELECTRONICALLY FILED 07/09/2015			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 901 Leopard St., Rm. 902		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jackie	MI
	NICKNAME	LAST Jennings	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4525 Gollihar Ste. 300		
	Corpus Christi, TX 78411		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(361) 852-4998			
8 REPORT TYPE	<input 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 checked="" 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)		
9 PERIOD COVERED	Month	Day	Year
	01/01/2015	THROUGH	06/30/2015
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) District Judge Place Texas District 214		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

3 of 8

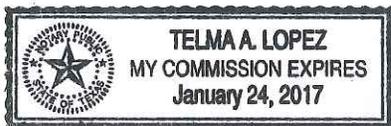
13 C / OH NAME Longoria, Jose (The Honorable)	14 Filer ID (Ethics Commission Filers) 00033033
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 35,738.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
The Honorable Jose Longoria
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Honorable Jose Longoria, this the 10th day of July, 20 15, to certify which, witness my hand and seal of office.

[Signature] Telma A. Lopez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Longoria, Jose (The Honorable)		19 Filer ID (Ethics Commission Filers) 00033033
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 3,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1.63

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 5/8
2 FILER NAME Longoria, Jose (The Honorable)		3 Filer ID (Ethics Commission Filers) 00033033
4 Date 06/15/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrington, Steven P.	7 Amount of Contribution (\$) \$2,000.00
6 Contributor address; City; State; Zip Code 719 S. Shoreline Suite 200 Corpus Christi, TX 78401		
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm Steven P. Carrington		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susser Sr., J. Sam (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3835 Ocean Dr. Corpus Christi, TX 78411		
Contributor's Principal Occupation self employed		Contributor's Job Title Business man
Contributor's employer/law firm Susser Holdings		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 6/8
2 FILER NAME Longoria, Jose (The Honorable)		3 Filer ID (Ethics Commission Filers) 00033033
4 Date 01/26/2015	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$0.31
	6 Address of person from whom amount is received; City; State; Zip Code P. O. Box 1600 San Antonio, TX 78296-1600	
	7 Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/24/2015	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.26
	Address of person from whom amount is received; City; State; Zip Code P. O. Box 1600 San Antonio, TX 78296-1600	
	Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/23/2015	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.24
	Address of person from whom amount is received; City; State; Zip Code P. O. Box 1600 San Antonio, TX 78296-1600	
	Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/22/2015	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.27
	Address of person from whom amount is received; City; State; Zip Code P. O. Box 1600 San Antonio, TX 78296-1600	
	Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/22/2015	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.27
	Address of person from whom amount is received; City; State; Zip Code P. O. Box 1600 San Antonio, TX 78296-1600	
	Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 7/8
2 FILER NAME Longoria, Jose (The Honorable)		3 Filer ID (Ethics Commission Filers) 00033033
4 Date 06/22/2015	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$0.28
6 Address of person from whom amount is received; City; State; Zip Code P. O. Box 1600 San Antonio, TX 78296-1600		
7 Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer		

TEXT ANNOTATION

Sch: 1/1 Rpt: 8/8

FILER NAME

Longoria, Jose (The Honorable)

Filer ID (Ethics Commission Filers)

00033033

Schedule

Corrected Items

Record Type	Tracking Info	Record Detail
Contribution Info	Report	
Report Info	Report	
Contribution Info	Report	