

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  8
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr. <u>Samuel</u> <u>Loyd</u> Loyd NICKNAME                      LAST                      SUFFIX Loyd                      Neal                      Jr.	<b>OFFICE USE ONLY</b> Date Received <b>FILED FOR RECORD</b> <b>AT 10:30 AM</b> <b>JAN 13 2015</b> KARA SANDS Date Hand-delivered or Postmarked BY: _____ TEXAS DEPUTY Receipt # <u>Deirdre</u> Amount Date Processed <u>Syamken</u> Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE P. O. Box 8347, Corpus Christi, Texas 78468-3847		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                      549-2744		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Gabe NICKNAME                      LAST                      SUFFIX Hernandez		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 3218 Leopard, Corpus Christi, Texas 78408		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                      881-9091		
<b>9 REPORT TYPE</b>	<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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 10 / 26 / 2014                      12 / 31 / 2014		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 11 / 04 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>  OFFICE HELD (if any)  County Judge	<b>13 OFFICE SOUGHT (if known)</b>  County Judge		

GO TO PAG

# 2015-008

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

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

COMMITTEE NAME

GENERAL

Loyd Neal Campaign

SPECIFIC

COMMITTEE ADDRESS

P. O. Box 8347  
Corpus Christi, Texas 78468-8347

COMMITTEE CAMPAIGN TREASURER NAME

Mr. Gabe Hernandez

COMMITTEE CAMPAIGN TREASURER ADDRESS

3218 Leopard St.  
Corpus Christi, Texas 78408

additional pages

17 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)

\$ 6,450.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 47,685.65

CONTRIBUTION  
BALANCE

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

\$ 37,126.57

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Samuel L. Neal, Jr.*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Samuel L. Neal, Jr., this the 12<sup>th</sup> day of January, 20 15, to certify which, witness my hand and seal of office.

*Jennifer Drago*  
Signature of officer administering oath

Jennifer Drago  
Printed name of officer administering oath

Notary Public  
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>3</b>	
2 FILER NAME <b>Samuel L. Neal, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/3/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Avinash Ahuja</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6217 Lost Creek Corpus Christi, Texas 78413</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <b>Mangum Producing</b>	
Date <b>10/20/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gulfway Shopping Center</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P. O. Box 8229 Corpus Christi, Texas 78468</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>property owner</b>		Employer (See Instructions) <b>Gulfway Shopping Center</b>	
Date <b>10/28/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alan &amp; Robin Dinn</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>206 Leming Corpus Christi, Texas 78404</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>	
Date <b>10/28/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donald M. Feferman</b>	Amount of contribution (\$) <b>\$ 200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>318 Bermuda Place Corpus Christi, Texas 78411</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>business owner</b>		Employer (See Instructions)	
Date <b>10/30/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda S. Strong</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4843 Ocean Drive Corpus Christi, Texas 78412</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>N/A</b>	

**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

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>Samuel L. Neal, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/27/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barton H. Braselton</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5337 Yorktown Blvd. Corpus Christi, Texas 78413</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>owner homebuilder</b>		10 Employer (See Instructions) <b>Braselton Homes</b>	
Date <b>10/30/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael A. Fallek</b>	Amount of contribution (\$) <b>\$ 300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P. O. Box 720190 McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>investor</b>		Employer (See Instructions)	
Date <b>11/3/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glenn E. Lyons</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13901 Cabana North Corpus Christi, Texas 78418</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>investor</b>		Employer (See Instructions) <b>GELAI</b>	
Date <b>11/4/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca Rios</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>402 Barracuda Place Corpus Christi, Texas 78411</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>housewife</b>		Employer (See Instructions)	
Date <b>10/28/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roetta C. Rock</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13710 Cayo Cantiles St. Corpus Christi, Texas 78418</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>businessowner</b>		Employer (See Instructions) <b>Rock Engineering</b>	

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

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center; font-size: 1.2em;">3</p>	
2 FILER NAME <p style="text-align: center;">Samuel L. Neal, Jr.</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="text-align: center;">10/31/14</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Leo J. Welder, Jr.</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$ 1,000.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">345 Grant Corpus Christi, Texas 78411</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">attorney</p>		10 Employer (See Instructions) <p style="text-align: center;">Welder, Leshin</p>	
Date <p style="text-align: center;">8/14/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">Sherwin Alumina Company PAC</p>	Amount of contribution (\$) <p style="text-align: center;">\$ 500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">P. O. Box 9911 Corpus Christi, Texas 78469</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">PAC</p>		Employer (See Instructions) <p style="text-align: center;">Sherwin Alumina</p>	
Date <p style="text-align: center;">10/24/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center;">R. B. Wallace, Jr.</p>	Amount of contribution (\$) <p style="text-align: center;">\$ 500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">711 N. Carancahua, Suite 800 Corpus Christi, Texas 78401-0545</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;"><i>Attorney</i></p>		Employer (See Instructions) <p style="text-align: center;"><i>Self</i></p>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**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            |
| 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: 3	<b>2</b> FILER NAME Samuel L. Neal, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11/3/14	<b>5</b> Payee name Claudia Lobell	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 6409 Clearlake Circle Corpus Christi, Texas 78413	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) salaries/wages/contract labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/4/14	Payee name Connie Guterrez	
Amount (\$) \$1,360.00	Payee address; City; State; Zip Code Corpus Christi, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) salaries/wages/contract labor food/beverage expense	Description (If travel outside of Texas, complete Schedule T) working polling sites election day <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/14/14	Payee name Port Aransas South Jetty	
Amount (\$) \$ 413.10	Payee address; City; State; Zip Code P. O. Box 1117 Port Aransas, Texas 78373	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) ad in paper <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/14/14	Payee name PIBA	
Amount (\$) \$ 295.00	Payee address; City; State; Zip Code 14493 SPID, Suite A, PMB313 Corpus Christi, Texas 78418	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising	Description (If travel outside of Texas, complete Schedule T) ad in bulletin <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME Samuel L. Neal, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11/14/14	<b>5</b> Payee name American GI Forum, Beatrice T. Perez	
<b>6</b> Amount (\$) \$ 250.00	<b>7</b> Payee address; City; State; Zip Code c/o Leslie E. Cristen 2902 Alta Gigonella Dr., Corpus Christi, Texas 78415	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) advertising expense event expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) ad in program and 4 tickets for 1/15/15 event @ Ortiz <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/24/14	Payee name Jennifer Drago	
Amount (\$) \$ 800.00	Payee address; City; State; Zip Code Corpus Christi, Texas 78410	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) salaries/wages/contract labor	Description (If travel outside of Texas, complete Schedule T) facebook and 2 newsletters <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12/8/14	Payee name Nueces County Republican Women	
Amount (\$) \$ 50.00	Payee address; City; State; Zip Code P. O. Box 270054 Corpus Christi, Texas 78427	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) membership	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12/15/14	Payee name Dr. Hector P. Garcia Memorial Foundation	
Amount (\$) \$ 750.00	Payee address; City; State; Zip Code P. O. Box 10807 Corpus Christi, Texas 78460	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) event expense food/beverage expense	Description (If travel outside of Texas, complete Schedule T) sponsor table for 1/16/15 luncheon <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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: <b>3</b>	2 FILER NAME <b>Samuel L. Neal, Jr.</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--	--

4 Date <b>12/17/14</b>	5 Payee name <b>Hi-Fairnessee Girls Club</b>
---------------------------	---

6 Amount (\$) <b>\$ 70.00</b>	7 Payee address; City; State; Zip Code <b>Corpus Christi, Texas</b>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>advertising expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>ad for program</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	---

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

Date <b>12/17/14</b>	Payee name <b>US Postal Service</b>
-------------------------	--

Amount (\$) <b>\$ 299.75</b>	Payee address; City; State; Zip Code <b>Corpus Christi, Texas</b>
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>office overhead</b>	Description (If travel outside of Texas, complete Schedule T) <b>stamps</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

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) <input type="checkbox"/> Check if Austin, 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 NEEDED