

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	OFFICE USE ONLY FILED FOR RECORD Date Received 12 04:01 PM JAN 15 2014 FRANA T. BARRERA Clerk, County Court, Nueces County, Texas Date Hand-Delivered or Postmarked Deputy	
	MARTHA HUERTA Quintanilla		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> change of address 309 Peerman Corpus Christi TX 78411			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount
(361) 537-8150			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	Date Processed	Date Imaged
AMANDA STEVE McClure			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE		
	3461 OCEAN Dr. C.C. TX 78411		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
(361) 537-8150			
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 14 THROUGH 1 / 15 / 2014		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	3 / 4 / 14	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICES SOUGHT (if known)	
		Nueces County Court at Law #5	

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2014-039

**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): 8

2 FILER NAME MARTHA Huerta Quintanilla 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>1/9/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>LARRY J. Adams</u>	7 Amount of contribution (\$) <u>250⁰⁰</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>555 N. Crenshaw ste 870 C. C. TX 78401</u>	(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation A. Henry 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <u>1/9/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mr. & Mrs Robert Becquet</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>5810 Lago Vista C. C. TX 78414</u>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Bus. owner Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <u>1/9/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Daniel Couch</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>320 Pasadena Pl C. C. TX 78411</u>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation A. Henry Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

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 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>1/6/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MELVYN Klein</i>	7 Amount of contribution (\$) <i>200⁰⁰</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>210 Jackson place C. C. TX 78411</i>	(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation *BUS. OWNER* 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <i>1/7/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Daniel Amaro</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>626 Mead C. C. TX 78434</i>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation *Fire Fighter* Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <i>1/7/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Amaro Jr</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>150 Cr 373 MATHIS TX 78368</i>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation *Rancher* Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

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 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/7/14	DAVID AMARO III 6 Contributor address; City; State; Zip Code 1517 CASA GRANDE C.C. TX 78411	50 ⁰⁰	
(If travel outside of Texas, complete Schedule T)			

9 Contributor's principal occupation 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/9/14	Jodi Escamilla Contributor address; City; State; Zip Code 7509 Cannes C.C. TX 78414	200 ⁰⁰	
(If travel outside of Texas, complete Schedule T)			

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/7/14	Cheryl & John Reed Contributor address; City; State; Zip Code 3703 Perry C.C. TX 78410	250 ⁰⁰	
(If travel outside of Texas, complete Schedule T)			

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Derrick Hegmon 6 Contributor address; City; State; Zip Code 5706 Stone SAN ANTONIO TX 78250	7 Amount of contribution (\$) 250 ⁰⁰	8 In-kind contribution description (if applicable) -
9 Contributor's principal occupation Developer		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	

13 If contributor is a child, law firm of parent(s) (if any)

Date 1/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Valls Contributor address; City; State; Zip Code 5601 SP10 #176 C.C TX 78419	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor's principal occupation CONSULTANT		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BART BRASELTON Contributor address; City; State; Zip Code 5337 Yorktown C.C TX 78413	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor's principal occupation Home Builder		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/3/14	Breat Stutzar 6 Contributor address; City; State; Zip Code 9314 Cross Mountain Tr SAN ANTONIO TX 78285	250 ⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
Developer			
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/9/14	Phyllis Stephanson Contributor address; City; State; Zip Code 530 Pal Mar C. C TX 78744	250 ⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Attorney			
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/9/14	Enrique Castillo Contributor address; City; State; Zip Code 358 Cleomar C. C TX 78412	500 ⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
BUS owner			
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
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 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>1/9/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>TONY CANALES</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>P.O. Box 5624 C.C. TX 78465</i>	(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation *Attorney* 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <i>1/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Patricia BEAN</i>	Amount of contribution (\$) <i>750⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>924 Leopard C.C. TX 78701</i>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation *Attorney* Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <i>1/7/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Freddy Ramirez</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>6020 SPID C.C. TX 78412</i>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

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 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>11/9/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>BELINDA PARIAS Villarreal</i>	7 Amount of contribution (\$) <i>300⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2408 Parkwood Portland TX 78374</i>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation *Admin* 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <i>11/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Randall Barrera</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5559 S. Staples St 208 C.C. TX 78413</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation *Attorney* Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <i>11/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Steve Luvorn</i>	Amount of contribution (\$) <i>400⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>202 Store Portland TX 78374</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation *Hospital Admin.* Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/9/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anthony J. James</i>	7 Amount of contribution (\$) <i>200⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>10201 SPID C.L. TX 78418</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Bus. owner</i>		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>11/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Homer GARZA</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10201 SPID 129 C.L. TX 78418</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Bus owner</i>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
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
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:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/15/14		5 Payee name Sutherland's			
6 Amount (\$) 10.58		7 Payee address; City; State; Zip Code 4041 Staples C. C. TX 78411			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Ad.		(b) Description (If travel outside of Texas, complete Schedule T) miscel.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/14/14		Payee name Express PAY			
Amount (\$) 55.01		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRAVEL		Description (If travel outside of Texas, complete Schedule T) GAS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/14/14		Payee name Staples HEB			
Amount (\$) 62.00		Payee address; City; State; Zip Code 3133 Alameda C. C. TX 78404			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRAVEL		Description (If travel outside of Texas, complete Schedule T) GAS - sign/camp worker	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/14/14		Payee name PANDA Express #2286			
Amount (\$) 31.24		Payee address; City; State; Zip Code C. C. TX 78404			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD		Description (If travel outside of Texas, complete Schedule T) meeting. food.	
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 |
| 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:		2 FILER NAME <i>MARTHA Huerta Quintana</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <i>11/7/14</i>		5 Payee name <i>Light House graphics</i>			
6 Amount (\$) <i>\$2876.98</i>		7 Payee address; City; State; Zip Code <i>3046 SP10 C.C. TX 78415</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Signs Banner</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/11/14</i>		Payee name <i>Sutherland</i>			
Amount (\$) <i>39.47</i>		Payee address; City; State; Zip Code <i>4041 Staples C.C. TX 78411</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Sign materials</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/11/14</i>		Payee name <i>Lowe's</i>			
Amount (\$) <i>89.88</i>		Payee address; City; State; Zip Code <i>1530 Airline Rd. C.C. TX 78412</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Adv.</i>		Description (If travel outside of Texas, complete Schedule T) <i>Sign materi.</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/12/14</i>		Payee name <i>Sutherlands</i>			
Amount (\$) <i>10.62</i>		Payee address; City; State; Zip Code <i>4041 Staples C.C. TX 78411</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADV.</i>		Description (If travel outside of Texas, complete Schedule T) <i>Material-</i>	
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 |
| 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/14/14	5 Payee name Bert Quintanilla	
6 Amount (\$) 375.00	7 Payee address; City; State; Zip Code 309 Pearman C. C. TX 78	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) Spirit Center Donation
9 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
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

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME <i>MARTHA Huerta Quintanilla</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: → → → → → → →			\$ <i>1,500⁰⁰</i>
5 Date of loan <i>11/1/13</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BERT Quintanilla</i>	9 Loan Amount (\$) <i>1,500⁰⁰</i>	
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address; City; State; Zip Code <i>309 Peerman C C T X 78411</i>	10 Interest rate <i>—</i>	
		11 Maturity date <i>—</i>	
12 Lender's Principal Occupation <i>Bus owner</i>		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input type="checkbox"/>	
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME MARTHA Huertha Quintanilla

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

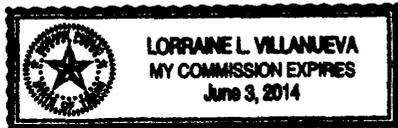
 additional pages

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,550.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Martha Huertha Quintanilla, this the 15 day of Jan, 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Lorraine Villanueva
Print name of officer administering oath

Court Clerk
Title of officer administering oath