

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)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Manuel</i>	MI	OFFICE USE ONLY Date Received FILED FOR RECORD AT 2:34 M JAN 15 2016 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <i>Rebecca Clark</i> Date Hand-delivered or Date Postmarked
	NICKNAME	LAST	SUFFIX	
<i>'Manny' Bangel</i>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS				
ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE; ZIP CODE	
<input type="checkbox"/> Change of Address		<i>P.O. Box 9571 Corpus Christi, TX 78469</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	<i>(361)</i>	<i>444-4443</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
<i>(MRS) Martha Bangel</i>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE	
	<i>P.O. Box 9571 Cor 3802 Mueller, Corpus Christi, TX 78408</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	<i>(361)</i>	<i>980-7177</i>		
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	
	<i>08</i>	<i>01</i>	<i>2015</i>	
THROUGH		Month	Day	
THROUGH		<i>12</i>	<i>31</i>	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
<i>03 / 01 / 2015</i>		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	
		<input type="checkbox"/> General	<input type="checkbox"/> Special	
<input type="checkbox"/> Other Description				
12 OFFICE	OFFICE HELD (if any)			
	<i>NA</i>			
13 OFFICE SOUGHT (if known)	OFFICE HELD (if any)			
	<i>J.P. Pct 1 P11</i>			

GO TO PAGE 2

2016-032

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME

Manuel Rangel

15 Filer ID (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

SPECIFIC

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *1800*

EXPENDITURE
TOTALS

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

\$ *100*

4. TOTAL POLITICAL EXPENDITURES

\$ *1800*

CONTRIBUTION
BALANCE

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

\$ *-0-*

OUTSTANDING
LOAN TOTALS

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

\$ *-0-*

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.

Manuel Rangel

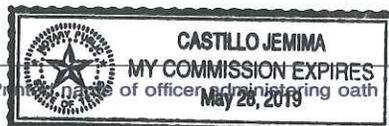
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Manuel Rangel*, this the *15* day of *Jan*, 20*16*, to certify which, witness my hand and seal of office.

Jemima Castillo

Signature of officer administering oath



Printed name of officer administering oath

Title of officer administering oath

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Manuel Rangel</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>Dec 14, 2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Michael Bergsma</i>	7 Amount of contribution (\$) <i>\$500.</i>
6 Contributor address; City; State; Zip Code <i>4117 Acushnet Corpus Christi, TX</i>		
8 Contributor's principal occupation <i>Geophysicist</i>		9 Contributor's job title <i>President</i>
10 Contributor's employer/law firm <i>Bergsma Consulting</i>		11 Law firm of contributor's spouse (if any) <i>—</i>
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>Dec 14 2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Tom Knight</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>1202 South Bay, Corpus Christi, TX 78412</i>		
Contributor's principal occupation <i>Retired</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 (\$)
Contributor address; City; State; Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Manuel Rangel</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>\$100</i>	
5 Date <i>Sept 15 2015</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrian Chiquito</i>	8 Amount of Contribution \$ <i>\$100</i>	9 In-kind contribution description <i>Sign Pointe</i>
7 Contributor address; City; State; Zip Code <i>UNKNOWN</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Laborer</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>self</i>	
12 Contributor's principal occupation (FOR JUDICIAL) <i>''</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <i>none</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>none</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>NA</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Manuel Rangel</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>Aug 1, 2015</i>	5 Payee name <i>El Tejano Magazine</i>	
6 Amount (\$) <i>\$400</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2505 Sarita St, Corpus Christi, TX 78405</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Magazine ad</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Manuel Rangel</i>	Office sought <i>J P Pet 1 P 11</i>
		Office held <i>none</i>
Date <i>Aug 1, 2015</i>	Payee name <i>Ad Sack</i>	
Amount (\$) <i>\$300</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2660 SPFD Corpus Christi, TX 78415</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Magazine Ad</i>	Description <input type="checkbox"/> Check 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 <i>Manuel Rangel</i>	Office sought <i>J P Pet 1 P 11</i>
		Office held <i>none</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> 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 <input type="checkbox"/> Check 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