

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/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 NICKNAME	FIRST LAST	MI SUFFIX
	Judge HANK	Henry Santana	A.
OFFICE USE ONLY FILED FOR RECORD Date Received AT 2:22 PM JAN 16 2014 DIANA T. BARRERA City/County Clerk of the Peace, County, Texas By Deputy			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
4033 Capitol Corpus Christi, TX 78401			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(361) 854-6381			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mrs. Lisa	Lisa Villarreal	S.
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
1917 Tara Corpus Christi, TX 78412			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(361) 994-7472			
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
07/01/13 THROUGH 01/15/2014			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	03/04/14		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Justice of the Peace Pct. 1 Pl. 2		Justice of the Peace Pct. 1 Pl. 2

GO TO PAGE 2

2014-047

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

GENERAL

SPECIFIC

COMMITTEE NAME

Committee to Re-Elect Dr. Henry Santana (CEDS)

COMMITTEE ADDRESS

P.O. Box 1593
Corpus Christi, TX 78401

COMMITTEE CAMPAIGN TREASURER NAME

Lisa Villarreal

COMMITTEE CAMPAIGN TREASURER ADDRESS

1917 Tara Corpus Christi, TX 78402

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ Itemized

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

\$ 4,200⁰⁰

EXPENDITURE
TOTALS

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

\$ Itemized

4. TOTAL POLITICAL EXPENDITURES

\$ 1,245⁰⁰

CONTRIBUTION
BALANCE

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

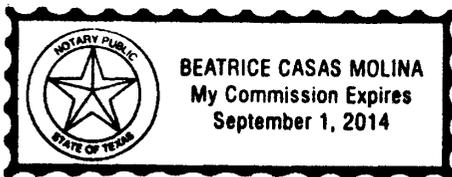
\$ 2,955⁰⁰

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.

Henry A. Santana

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Henry A. Santana, this the

15th day of January 20 14, to certify which, witness my hand and seal of office.

Beatrice C. Molina

Signature of officer administering oath

Beatrice C. Molina

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:	
2 FILER NAME Henry A. Santana		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/7/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adolpho / Rita Gonzales	7 Amount of contribution (\$) 2500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8002 Piedrabuena DR. C. Christi, TX 78414		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DR. Eisen J. Espina, MD	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5525 S. Staples E-2 C. Christi, TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Westergreen	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 3371 C. Christi, TX 78463		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Campbell	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 353 Merrill DR. C. Christi, TX 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry Silva	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1330 Bright C. Christi, TX 78405		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Henry A. Santana		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/6	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Vega	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2202 Woodcrest Dr. C. Christi, Tx 78418		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Harris	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2138 Highway 286 C. Christi, Tx 78415		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oil Patch	Amount of contribution (\$) 100 ⁰⁰	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 12/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Suarez	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 10812 C. Christi, Tx 78460		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nati Alaniz	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4725 S. Shea Pkwy C. Christi, Tx 78413		(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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Henry A. Santana		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/6	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ah & Betty Jean Longoria 6 Contributor address; City; State; Zip Code 4305 Aaron C. Christi, TX 78413	7 Amount of contribution (\$) 50 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Vela Contributor address; City; State; Zip Code 4501 Congressional DR C. Christi, TX 78413	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soe / Dalia Sanchez Contributor address; City; State; Zip Code 7022 Buttermilk DR. C. Christi, TX 78413	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aremaco, INC. Contributor address; City; State; Zip Code 6262 Weber, Suite 101 C. Christi, TX 78413	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Gossau Blair & Sampson LLP Contributor address; City; State; Zip Code 500 N. Shoreline, Suite 1111 C. Christi, TX 78401	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Henry A. Santana		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/1/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lula Castaneda 6 Contributor address; City; State; Zip Code 902 Sharon Dr. Corpus Christi, TX 78412	7 Amount of contribution (\$) 25 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rix Musslewhite Contributor address; City; State; Zip Code 5808 Wicklow Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ramon Gonzalez Contributor address; City; State; Zip Code 3154 Greenwood Dr. C. Christi, TX 78405	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: E. H. Bouligny Contributor address; City; State; Zip Code 309 Santa Monica Pl. C. Christi, TX 78411	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rodolfo Cantu Contributor address; City; State; Zip Code 4609 Canyon Creek Dr. C. Christi, TX 78413	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Henry A. Santana		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/2	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Delia Acuna 6 Contributor address; City; State; Zip Code 5814 Academy Dr. Corpus Christi, TX 78407	7 Amount of contribution (\$) 25 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martha Trevino Contributor address; City; State; Zip Code 7005 Dunsford Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Xavier F. Gonzalez Contributor address; City; State; Zip Code 5818 Beauvais Dr. Corpus Christi, TX 78414	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Willard Hammonds, SR. Contributor address; City; State; Zip Code 4021 Ocean Dr. Corpus Christi, TX 78411	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anson Nass, JR. Contributor address; City; State; Zip Code 56 Virginia HWS Corpus Christi, TX 78414	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Henry A. Sautaua

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/12

5 Full name of contributor

 out-of-state PAC (ID#: _____)

DR. & Mrs. Jose Carazos JR.

6 Contributor address; City; State; Zip Code

5425 Whitmarsh
Corpus Christi, TX 784137 Amount of
contribution (\$)35⁰⁰8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/2

Full name of contributor

 out-of-state PAC (ID#: _____)

Claude Melton

Contributor address; City; State; Zip Code

4609 Bonner Dr. 78413
Corpus Christi, TXAmount of
contribution (\$)25⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2

Full name of contributor

 out-of-state PAC (ID#: _____)

Gladys Lippincott

Contributor address; City; State; Zip Code

6013 Lost Creek Dr.
Corpus Christi, TX 78413Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2

Full name of contributor

 out-of-state PAC (ID#: _____)

David Hinojosa

Contributor address; City; State; Zip Code

Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2

Full name of contributor

 out-of-state PAC (ID#: _____)

Maxine Sommers

Contributor address; City; State; Zip Code

4270 Ocean Dr.
Corpus Christi, TX 78411Amount of
contribution (\$)25⁰⁰In-kind contribution
description (if applicable)

(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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Henry A. Santana

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/2

5 Full name of contributor out-of-state PAC (ID# _____)

Ruth Xavier Perez

6 Contributor address; City; State; Zip Code

3601 Capri Dr.
Corpus Christi, TX 78415

7 Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/2

Full name of contributor out-of-state PAC (ID# _____)

DR. Lowell Norman

Contributor address; City; State; Zip Code

1229 Clarion Dr.
Corpus Christi, TX 78412

Amount of contribution (\$)

25⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3

Full name of contributor out-of-state PAC (ID# _____)

Robert De la Garza

Contributor address; City; State; Zip Code

5034 Merganser
Corpus Christi, TX 78413

Amount of contribution (\$)

50⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3

Full name of contributor out-of-state PAC (ID# _____)

Robert | Chris Adler

Contributor address; City; State; Zip Code

106 Rainbow Ln
Corpus Christi, TX 78411

Amount of contribution (\$)

200⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3

Full name of contributor out-of-state PAC (ID# _____)

Danny & Angie Gutierrez

Contributor address; City; State; Zip Code

4501 Nicholson St
Corpus Christi, TX 78415

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Henry A. Santana		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/3	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rudy Barza 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Manuel Cuellar Contributor address; City; State; Zip Code 1225 Vernon Dr. Corpus Christi, TX 78407	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: E.R. Mungia Contributor address; City; State; Zip Code 2212 Niagara St Corpus Christi, TX 78405	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: O.B. Garcia Contributor address; City; State; Zip Code 4021 Kingston Dr. Corpus Christi, TX 78411	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Stone Contributor address; City; State; Zip Code 7002 Pharaoh Dr C. Christi, TX 78412	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Henry A. Santana		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/3	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel Garza 6 Contributor address; City; State; Zip Code 4014 Congressional Dr. Corpus Christi, TX 78413	7 Amount of contribution (\$) 25⁰⁰ <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOPE / Joe Garza Contributor address; City; State; Zip Code 4026 Kevin Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 25⁰⁰ <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Cuvik Contributor address; City; State; Zip Code 7249 Valley Circle Corpus Christi, TX 78413	Amount of contribution (\$) 100⁰⁰ <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Moncada Contributor address; City; State; Zip Code 4421 Driftwood Corpus Christi, TX 78411	Amount of contribution (\$) 25⁰⁰ <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Isabel Dotson Contributor address; City; State; Zip Code -	Amount of contribution (\$) 15⁰⁰ <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Henry A. Santana		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/3	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DR. & Mrs. Antonio Perez 6 Contributor address; City; State; Zip Code 175 Kush Ln Corpus Christi, TX 78401	7 Amount of contribution (\$) 50⁰⁰ <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Flores Contributor address; City; State; Zip Code 500 N. Water Ste 505 Corpus Christi, TX 78401	Amount of contribution (\$) 100⁰⁰ <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ignacio Ramos Contributor address; City; State; Zip Code 6301 Sault DR. Corpus Christi, TX 78414	Amount of contribution (\$) 30⁰⁰ <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rosario / Esperanza Lopez Contributor address; City; State; Zip Code 3329 S. Staples St. Corpus Christi, TX 78411	Amount of contribution (\$) 100⁰⁰ <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. & Mrs. Gilbert Graves Contributor address; City; State; Zip Code -	Amount of contribution (\$) 25⁰⁰ <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Henry A. Santana		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/5	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tony / Sosie Santana 6 Contributor address; City; State; Zip Code 4834 Easter DR. Corpus Christi, TX 78455	7 Amount of contribution (\$) 20 ⁰⁰ (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Art Delgado Contributor address; City; State; Zip Code 6222 Gardenert. Corpus Christi, TX 78414	Amount of contribution (\$) 50 ⁰⁰ (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Corpus Christi RV Resorts Contributor address; City; State; Zip Code 1717 Waldron Rd. Corpus Christi, TX 78418	Amount of contribution (\$) 100 ⁰⁰ (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Esther Oliver Contributor address; City; State; Zip Code 205 W. Longview St. Corpus Christi, TX 78408	Amount of contribution (\$) 25 ⁰⁰ (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. Cafe Valenzuela Contributor address; City; State; Zip Code 4958 High Meadow Corpus Christi, TX 78413	Amount of contribution (\$) 25 ⁰⁰ (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Henry A. Santana		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/5	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert Villarreal	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code —		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston Hernandez	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4422 Sutton Ln Corpus Christi, TX 78411		(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)	
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.

1 Total pages Schedule F:	2 FILER NAME Henry A. Santana	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-13-14	5 Payee name Beatrice Molina
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6 Amount (\$) \$ 245⁰⁰	7 Payee address; City; State; Zip Code 7013 Buttermilk Dr. Corpus Christi, TX 78413
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Exp.	(b) Description (If travel outside of Texas, complete Schedule T) Gift trays
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 1-3-14	Payee name Nueces County Democratic Party
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Amount (\$) \$ 1,000⁰⁰	Payee address; City; State; Zip Code Unity Headquarters 827 N. Tancahua Corpus Christi, TX 78401
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Filing Fee	Description (If travel outside of Texas, complete Schedule T) Filing for office
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Judge Henry A. Santana	Office sought Justice of the Peace Pet 1 P1 2	Office held - Same
---	--	---	---------------------------

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Amount (\$)	Payee address; City; State; Zip Code
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED