

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Samuel Loyd <small>NICKNAME LAST SUFFIX</small> Loyd Neal Jr.	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 8347 Corpus Christi, Texas 78468-8347	Date Received FILED FOR RECORD AT M JAN 16 2018 KARA SANDS CLERK, COUNTY CO. ST. ANTONIO COUNTY, TEXAS BY <i>[Signature]</i> DEPUTY 11:20 AM Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 549-2744	Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Claudia L <small>NICKNAME LAST SUFFIX</small> Lobell	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6409 Clearlake Circle Corpus Christi, Texas 78468-8347 (Residence or Business)	
7 CAMPAIGN TREASURER ADDRESS	AREA CODE PHONE NUMBER EXTENSION (361) 549-2744	<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)	
8 CAMPAIGN TREASURER PHONE	Month Day Year Month Day Year 7 / 01 / 2017 THROUGH 12 / 31 / 2017		
9 REPORT TYPE	ELECTION DATE Month Day Year 11 / 6 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
10 PERIOD COVERED	OFFICE HELD (if any) County Judge	OFFICE SOUGHT (if known)	
11 ELECTION	GO TO PAGE 2 2018-015		

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Samuel L. Neal, Jr.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 200.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Samuel L. Neal, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 10/5/17	5 Payee name Retired Teachers Association
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6 Amount (\$) \$ 100.00	7 Payee address; City; State; Zip Code 518 Peerman Place Corpus Christi, Texas 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/5/17	Payee name Nueces County Republican Women PAC
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Amount (\$) \$ 50.00	Payee address; City; State; Zip Code P. O. Box 270054 Corpus Christi, Texas 78427
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) membership dues	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/29/17	Payee name Nueces County Republican Club
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Amount (\$) \$ 50.00	Payee address; City; State; Zip Code Corpus Christi, Texas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) membership dues	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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