

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: <div style="text-align: center; font-size: 24pt;">4</div>																	
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8pt;">MS / MRS / MR</td> <td style="width:25%; font-size: 8pt;">FIRST</td> <td style="width:25%; font-size: 8pt;">MI</td> </tr> <tr> <td>Mr.</td> <td>Samuel</td> <td>Loyd</td> </tr> <tr> <td style="font-size: 8pt;">NICKNAME</td> <td style="font-size: 8pt;">LAST</td> <td style="font-size: 8pt;">SUFFIX</td> </tr> <tr> <td>Loyd</td> <td>Neal</td> <td>Jr.</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Samuel	Loyd	NICKNAME	LAST	SUFFIX	Loyd	Neal	Jr.	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED FOR RECORD AT 9:30 AM JUL 17 2018 KARA SANDS CLERK, COUNTY COURT, KEEFS COUNTY, TEXAS BY <i>[Signature]</i> DEPUTY </div> Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8pt;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: 8pt;">APT / SUITE #;</td> <td style="width:25%; font-size: 8pt;">CITY;</td> <td style="width:25%; font-size: 8pt;">STATE;</td> <td style="width:25%; font-size: 8pt;">ZIP CODE</td> </tr> <tr> <td colspan="5">P. O. Box 8347 Corpus Christi, Texas 78468-8347</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P. O. Box 8347 Corpus Christi, Texas 78468-8347													
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2018-103

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Samuel L. Neal, Jr. **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
<input checked="" type="checkbox"/> GENERAL	Loyd Neal Campaign
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	P. O. Box 8347 Corpus Christi, Texas 78468-8347
	COMMITTEE CAMPAIGN TREASURER NAME
	Claudia Lobell
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	P. O. Box 8347 Corpus Christi, Texas 78468-8347

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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 800.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,815.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

SABRA ROBINSON
My Notary ID # 130844746
Expires September 30, 2020

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel L. Neal, Jr., this the 17th day of July, 20 18, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Sabra Robinson

Printed name of officer administering oath

Admin. Secretary

Title of officer administering oath

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 NAME OF SCHEDULE		SUBTOTAL AMOUNT
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		\$ 800.00
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)
4 Date 2/17/18	5 Payee name Nueces County Junior Livestock Show	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code P. O. Box 260968 Corpus Christi, Texas 78426	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) donations made by officeholder	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
PURPOSE OF EXPENDITURE	Office held	
Date	Candidate / Officeholder name	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED