

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:** 7

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Ms. Jacqueline A.	OFFICE USE ONLY Date Received: FILED FOR RECORD AT 3:48 PM FEB 03 2014
	NICKNAME LAST SUFFIX Jackie Chapa DelUano	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 5147 Corpus Christi, TX 78465	Date Hand-delivered: DIANA BARRERA Clerk, County Court, Nueces County, Texas By: Deirdre Syamken Deputy
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 653-2269	Receipt # Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Sandra	Date Imaged
	NICKNAME LAST SUFFIX Leeton	

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
2727 Morgan Ave., 2nd Floor
Corpus Christi, TX 78405

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(361) 834-1170

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year
01 / 01 / 2014 THROUGH 01 / 23 / 2014

11 ELECTION
ELECTION DATE: Month Day Year
03 / 04 / 2014

ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Nueces County Court at Law No. 5 Judge

GOT

2014-060

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

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

14 C/OH NAME Jackie Chapa **15 ACCOUNT # (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

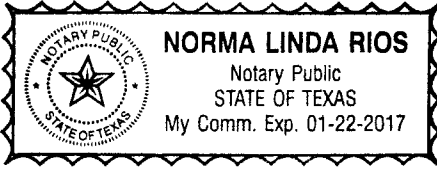
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,500. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,898. ⁶⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,635. ²¹
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.



NORMA LINDA RIOS
Notary Public
STATE OF TEXAS
My Comm. Exp. 01-22-2017

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jackie Chapa, this the 3rd day of February, 20 14, to certify which, witness my hand and seal of office.

Norma L Rios Norma L Rios Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**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): **3**

2 FILER NAME **Jackie Chapa** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 1/3/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Reyna	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 809 S. Port Avenue Corpus Christi, TX 78405		(If travel outside of Texas, complete Schedule T)	

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

11 Contributor's employer/law firm **Law Office of Armando L. Reyna** 12 Law firm of contributor's spouse (if any) **N/A**

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

Date 1/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James O. Garner	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 81393 Corpus Christi, TX 78468		(If travel outside of Texas, complete Schedule T)	

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

Contributor's employer/law firm **Law Office of James O. Garner** Law firm of contributor's spouse (if any) **—**

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

Date 1/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Gale	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 115 E. Travis, 19th Floor San Antonio, TX 78205		(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 Jackie Chapa		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/13/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wigington, Rumley, Dunn & Ritch, LLP	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 123 N. Carrizo St. Corpus Christi, TX 78401		(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 1/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben Bonilla	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 5080 Corpus Christi, TX 78465		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Bonilla & Chapa, P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 1/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brett Anthony	Amount of contribution (\$) \$ 2,500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 500 N. Water St., Suite 1010 Corpus Christi, TX 78401		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Anthony & Peterson, LLP		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 Jackie Chapa		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/17/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Peterson	7 Amount of contribution (\$) \$ 2,500.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 500 N. Water St., Suite 1010 Corpus Christi, TX 78401		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Anthony & Peterson, LLP		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Bailey	Amount of contribution (\$) \$ 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 2951 Corpus Christi, TX 78403		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Law Office of Carol Bailey		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Bunting	Amount of contribution (\$) \$ 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 500 N. Shoreline Blvd., Suite 307 Corpus Christi, TX 78471		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Bunting & Bunting		Law firm of contributor's spouse (if any) Same	
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: 1	2 FILER NAME Jackie Chapa	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/11/14	5 Payee name Lighthouse Graphics
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6 Amount (\$) \$ 2,451.86	7 Payee address; City; State; Zip Code 3046 South Padre Island Drive Corpus Christi, TX 78415
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Political candidate signs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/17/14	Payee name Home Depot
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Amount (\$) \$ 162.93	Payee address; City; State; Zip Code 4038 South Port Avenue Corpus Christi, TX 78415
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign T-Posts/Ties/Post Driver
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Jackie Chapa	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/11/14	5 Payee name Lowe's	
6 Amount (\$) \$142.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1530 Airline Rd. Corpus Christi, Tx 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Sign T. Posts
Date 1/11/14	Payee name Home Depot	
Amount (\$) \$74.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5041 South Padre Island Drive Corpus Christi, Tx 78411	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign T. Posts & Ties
Date 1/17/14	Payee name Lowe's	
Amount (\$) \$67.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1530 Airline Rd. Corpus Christi, Tx 78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign T. Posts/screws/washers
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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