

# 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: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Ms. Jacqueline A.</b>	<b>FILED FOR RECORD</b> <b>ADFFICE USE ONLY</b> Date Received <b>FEB 24 2014</b> <b>DIANA T. BARRERA</b> Clerk, County Court, Nueces County, Texas By <i>[Signature]</i> Judge Deputy Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <b>Jackie Chapa Dellano</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>P.O. Box 5147 Corpus Christi, Tx 78465</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 653 - 2269</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mrs. Sandra</b>	Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <b>Leeton</b>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <b>2727 Morgan Ave., 2nd Floor Corpus Christi, Tx 78405</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 834 - 1170</b>		
9 REPORT TYPE	<input 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 checked="" 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 <b>01 / 24 / 2014</b>	THROUGH	Month Day Year <b>02 / 22 / 2014</b>
11 ELECTION	Month ELECTION DATE Day Year <b>03 / 04 / 2014</b>	ELECTION TYPE <input checked="" 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) <b>Nueces County Court at Law No. 5 Judge</b>	

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**2014-076**

# 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.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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	\$ <u>40.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,187.94</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,893.17</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>832.04</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Jackie Chapa  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jackie Chapa, this the 24th day of February, 20 14, to certify which, witness my hand and seal of office.

Norma Linda Rios      Norma Linda 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): **2**

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

4 Date <b>2/17/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tony Bonilla, Sr.</b>	7 Amount of contribution (\$) <b>1,000.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>2727 Morgan Ave Corpus Christi, TX 78405</b>		(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 **Bonilla & Chapa, P.C.** 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 <b>2/7/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jacobo G. Munoz</b>	Amount of contribution (\$) <b>\$ 500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>719 S. Shoreline, Ste 500 Corpus Christi, TX 78401</b>		(If travel outside of Texas, complete Schedule T)	

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

Contributor's employer/law firm **Hilliard & Munoz** Law firm of contributor's spouse (if any) **N/A**

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

Date <b>2/18/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alice Orta</b>	Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>216 San Saba Portland, TX 78374</b>		(If travel outside of Texas, complete Schedule T)	

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

Contributor's employer/law firm **State of Texas** Law firm of contributor's spouse (if any) **N/A**

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 <b>Jackie Chapa</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/28/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Puente</b>	7 Amount of contribution (\$) <b>\$ 300.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>14006 Coquina Bay Dr. Corpus Christi, TX 78418</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Real Estate Agent / Realtor</b>		10 Contributor's job title <b>Realtor</b>	
11 Contributor's employer/law firm <b>Garron Dean Realtor</b>		12 Law firm of contributor's spouse (if any) <b>N/A</b>	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>2/3/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruben Bonilla</b>	Amount of contribution (\$) <b>\$ 200.<sup>00</sup></b>	In-kind contribution description (if applicable) <b>paid for political signs to Lighthouse Graphics</b>
Contributor address: City: State: Zip Code <b>P.O. Box 5080 Corpus Christi, TX 78465</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>	
Contributor's employer/law firm <b>Bonilla &amp; Chapa, P.C.</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any)			

Date <b>2/14/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruben Bonilla</b>	Amount of contribution (\$) <b>\$ 1,937.94</b>	In-kind contribution description (if applicable) <b>paid for political signs to Lighthouse Graphics</b>
Contributor address: City: State: Zip Code <b>P.O. Box 5080 Corpus Christi, TX 78465</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>	
Contributor's employer/law firm <b>Bonilla &amp; Chapa, P.C.</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
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: <b>2</b>	2 FILER NAME <b>Jaetle Chapa</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1/27/14</b>	5 Payee name <b>Cooper Outdoor Advertising</b>
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6 Amount (\$) <b>\$1,616.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 9431 Corpus Christi, TX 78469</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Billboard Advertising</b>
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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 <b>2/14/14</b>	Payee name <b>Cooper Outdoor Advertising</b>
------------------------	---

Amount (\$) <b>\$750.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 9431 Corpus Christi, TX 78469</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Billboard</b>
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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 <b>2/17/14</b>	Payee name <b>Time Warner Cable</b>
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Amount (\$) <b>\$2,628.00</b>	Payee address; City; State; Zip Code <b><del>4455</del> SPID 4455 SPID Corpus Christi, TX 78411</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>TV Advertising</b>
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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 <b>2/18/14</b>	Payee name <b>Renfrow &amp; Co.</b>
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Amount (\$) <b>\$2,068.98</b>	Payee address; City; State; Zip Code <b>P.O. Box 3519 Corpus Christi, TX 78463</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Mailouts / Political Ads</b>
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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**

**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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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 <b>Jackie Chapa</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>2/19/14</b>	5 Payee name <b>Jeff Courter</b>	
6 Amount (\$) <b>\$ 450.00</b>	7 Payee address; City; State; Zip Code <b>933 Ashland Drive Corpus Christi, TX 78412</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>TV Commercial Production</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/21/14</b>	Payee name <b>Lighthouse Graphics</b>	
Amount (\$) <b>\$ 1,380.19</b>	Payee address; City; State; Zip Code <b>3046 SP10 Corpus Christi, TX 78415</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Political Signs</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	
Amount (\$)	Payee address; City; State; Zip Code	
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

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:	2 FILER NAME <i>Jackie Chapa</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2/13/14</i>	5 Payee name <i>Home Depot</i>
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6 Amount (\$) <i>\$ 47.90</i>	7 Payee address; City; State; Zip Code <i>4038 S. Port Ave. Corpus Christi, TX 78415</i>
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>T. Posts for signs</i>
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Date <i>2/17/14</i>	Payee name <i>Home Depot</i>
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Amount (\$)	Payee address; City; State; Zip Code <i>4038 S. Port Ave. Corpus Christi, TX 78415</i>
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>T. Posts for signs</i>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED