•						
exas Ethics Commission	n P.O. Box 12070	Austin, Texas 7	78711-2070	(512) 463-5800	) (TDD 1-	800-735-298
	CANDIDATE / N FINANCE RE		HOLDER		FORM J	
The JC/OH Instruction	Guide explains how to comp	plete this form.	1 ACCOUNT # (Ethics Commission		otal pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	H/C ~	EST		Date F	OFFICE USI FILED FOR I	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE	trescet	STATE; Z	IP CODE	JAN 1 5	2014
OFFICEHOLDER MAILING ADDRESS	250 Cape Ht			Clade By	DIANA T. BAF	RRERA markeynty, Texas Deput
change of address				Recei	pt # Ar	mount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NU (361) 334-	(923	EXTENSION	Date F	Processed	
6 CAMPAIGN TREASURER NAME	NICKNAME LAS	neret		Date In	naged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEAS	•	Cherris	TATE; ZIPC TY 18412	ODE	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUI	MBER -1353	EXTENSION			
<del></del>						

9	REPORT	TYPE

July 15

•			
uary 15	30th	day before	election

	Rı

Runoff	15th d
	 treasur
	(officeho

Exceeded	\$500
 limit	

	15th day after campaign treasurer appointment (officeholder only)
٦	Final report (Attach C/OH - FR)

10	PERIOD
	COVERED

<b>Month</b>	Day	Year
7/	1	~ <del>20</del> 13

THROUGH

Month	Day	Year
13	18\	\9013

11	ELE	ECT	ION

ELECTION DATE				
Month		De	y	Ye
3	/	4	/	13

ELECTION TYPE
ELECTION TIFE
_
Primary
Primary

8th day before election

Runoff

$\Box$	Conomi	

Special	
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12 OFFICE

OFFICE HELD (if any)

13	OFFICE	SOUGHT	(if known
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Judge, Heces Law 5 Heces Corry Consonsiver Preciset 4

**GOTO PAGE 2** 

2014-036

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)	
130	ext Che	srey		
16 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION				
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ (	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$	
	4. TOTAL POLITICAL EXPENDITURES \$ 7,013.76			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	\$ 7.013.76 \$ 5871.24	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
		true and correct and includes all i	f perjury, that the accompanying report is nformation required to be reported by me	
		under Title 15, Election Code.		
3t (horney				
Signature of Candidate or Office holder				
AFFIX NOTARY STA	MP / SEAL ABOVE	1 -1		
Sworn to and subscribed before me, by the said				
day of Jamuanu, 20 14 , to certify which witness myning and apple of office.				
Badard	nes	Brinda Jones	Notary Public STATE OF TEXAS	
Signature of officer admi	nistering oath	Print name of officer administering oath of	Title of officer administering oath	

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

#### **POLITICAL EXPENDITURES**

# SCHEDULE F

	EXPENDITUR	E CATEGORIES FOR BOX 8(a
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense
Consulting Expense	Food/Beverage Expense	Travel In District
Event Expense	Polling Expense	Travel Out Of District
Fees	Printing Expense	Office Overhead/Rental Expense
	The Instruction Guid	le explains how to complete this f
Total pages Schedule F:	2 FILER NAME	c 1

P.O. Box 12070

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F:	2 FILER NAME For Chesney		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
7-17-13	5 teve Ray 7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code	_	7/ 700
320.00	2816 N. 19 1 Street	-ixMaco,	Tx 76 10°
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
EXPENDITURE	Consulting expense	aduce:	· credtetur
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
7-23-13	BI Tejano		
Amount (\$)	Payee address; City; State; Zip Code		
150.00	2505 Sarvier, Carps	Charti,	<b>7</b> +
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advotación expense	moibo	agazire
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
<b>9</b> -15-13	Payee name  Book Chesopy		
Amount (\$)	Payee address; City; State; Zip Code		
1,000	250 Cape 14ky, Carpus	Chr. H.	k 78412
PURPOSE	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Miteage, Travel in Dist. Food	cembuser	h in category
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-20-13	Forter Angels of South	Texas	
Amount (\$)	Payee address; City; State; Zip Code		
250.00	P.O. Box 18863 Corpus CV	Xt. iken	78480 *
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Carribbias Doration	Devota	$\wedge$
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	SOUEDIN E AS NES	DED

### **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE F

	EXPENDITURE C	ATEGORIES I	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense S	alaries/Wages/Co	ntract Labor	Loan Repayment/Rei	mbursement
Accounting/Banking	•	olicitation/Fundrai	sing Expense	Transportation Equipr	nent & Related Expense
Consulting Expense		ravel In District		Contributions/Donatio	ns Made By older/Political Committee
Event Expense Fees		ravel Out Of Disti office Overhead/R			gory not listed above)
1 003	The Instruction Guide ex		•	•	gory not nated above,
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
	Bout Ches	ret			,
4 Date	5 Payee name	,			
8-27-13	Podre Island Bu	i. Assac	• .		
6 Amount (\$)	7 Payee address; City; State	; Zip Code			
150.00	14493 5870,	XT, 22	78418		
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Event expanse		Sports	hip of ev	ect
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Date	Payee name				
9-10-13	Steve Ray:	district	<b>S</b>		
Amount (\$)	Payee address; City; State	; Zip Code		>10	
750.00	3816 N 1 8th K	Vaco	X 76	)() (	
PURPOSE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Polling expense		P011-	15151606.	(portion)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	it	Office held
Date	Payee name .				
9-18-13	12 Interactive				
Amount (\$)	Pavee address: City: State	; Zip Code		—	
162.38	6317 Herr	ck, C	C. Tr	7841/	
PURPOSE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Advertising Ex		Enail	blasts	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
Date	Payee name				
10-16-13	12 Inseraction				
Amount (\$)	Payee address; City; State	; Zip Code			
81.19	6317 Horas	ich (C	CITY	78417	
PURPOSE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Advotising		Empil	blasts	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
	ATTACH ADDITIONAL COL	PIES OF THIS S	SCHEDULE AS	NEEDED	

### **POLITICAL EXPENDITURES**

# SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ontract Labor	Loan Repayment/Rein	nbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense		ent & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of Dist	rict	Contributions/Donation Candidate/Officeho	ns Made By Ilder/Political Committee
Fees	Printing Expense	Office Overhead/R		OTHER (enter a categ	
	The Instruction Guide	explains how to	complete this fo	rm.	•
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
	13 cest Chesi	ce 4			
4 Date	5 Payee name			<u> </u>	
10-17-13	Steve Row As	sociales	•		
6 Amount (\$)	7 Payee address;	ate; Zip Code			
, , , >,	4011		T/ 7/	2708	
080,1	2816 H 1940	KHaco,	, 14 1	٠, ١	
8 PURPOSE OF	(a) Category (See categories listed at the top	o of this schedule)	(b) Description	(If travel outside of Texas, o	complete Schedule T)
EXPENDITURE	Pollery expor	5-C	J0010	cal poll (	Ertion)
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held
expenditure to benefit C/O	PH				
Date	Payee name				
11-90-13	Page Island	(DU3 · (A5)	SOC TOTI	S	
Amount (\$)	Payee address; City; St	ate; Zip Code			
295.00	295.00 14493 5 PID, CC-TX 78418				
3 (3.00	( ( ( ) ) ( )				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	Advertising		1-617	क्रम व्ये	
Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held
expenditure to benefit C/O	H				
Date	Payee name		- \		
11-21-13	Roelia Tames	(Tors F	「02」と	onist 1	
Amount (\$)	Payee address; City; Sta	ate; Zip Code		<u> </u>	
50.00					
75.00	2505 Sarita	CCC			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	Donation		Ons	in ferchi	Hisotophy
	Candidate / Officeholder name		Office soual		Office held
Complete ONLY if direct expenditure to benefit C/O			omoc coug.		
Date	Payee name				
11-224-3	12 Indeact	J+			
Amount (\$)	·····	ate; Zip Code			
```		· · · · · ·		78417	
81.19	6311 Hero	uce, c	1, 14	78417	
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Ad wateria		Email	1 blasts	
Complete ONLY if direct	Candidate / Officeholder name		Office sough	·	Office held
expenditure to benefit C/O	Н				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of District Office Overhead/R explains how to o	sing Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) irm.
1 Total pages Schedule F:	2 FILER NAME Brut Chese	ef		3 ACCOUNT # (Ethics Commission Filers)
4 Date Dec. 2613	5 Payee name  Pecco Ster			
6 Amount (\$)		ate; Zip Code		22
340.00	P.O. Box 1610	Alice. in, Street	to byro	12x 78333
8 PURPOSE OF	(a) Category (See categories listed at the top	o of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Howtiste		1-6119	by Ad
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH		Office soug	ht Office held
Dec. 2013	Payee name Corps Chris	ri Police	Office	s Assoc.
Amount (\$)	Doves address: City: St	ate: Zin Code		
500.00	3122 Leek	yard, C	CIP	18900
PURPOSE OF	Category (See categories listed at the top	o of this schedule)	•	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event Experi	re	F009 C	oct. Christmas porty
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date Payee name				
12-243	Foster Hagels		th Le	<del>6</del> 07
Amount (\$)		ate; Zip Code	- 4	SUSA
1,500	P.O. Box 18863	Corps	· Ch 14	; TX 78480 ★
PURPOSE OF	Category (See categories listed at the top	o of this schedule)	-	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Doration	.,	Dart	is to fedo children
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office soug	ht Office held
Date	Payee name	,	······································	
12-50-13	Island Hoon			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		7041×
500.00	12301 28±0	, CC, Tx	======================================	( 0 - 110
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising		polid	ay ad
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	•	Office soug	ht Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### **POLITICAL EXPENDITURES**

SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense **Printing Expense** 

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Dort Chesrey		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
12-20-13	D. 2 St.		
	T Para address City State 7 in Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
29.00	PO Oxx (1610), Alice, TX 78333  400 E. Main, Plice TX 78333  (a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas complete Schedule T)		
	400 E. Main, Phice, TX 78332		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Holide	4 (2)
EXPENDITURE			1 0
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF		•	
EXPENDITURE			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
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 tra	vel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office field
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 tra	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			