

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Adolfo Contreras

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 3,000.⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 986.71

4. TOTAL POLITICAL EXPENDITURES

\$ 2,068.89

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 931.11

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ ~~0.00~~

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adolfo G. Contreras, this the 15th day of July, 20 14, to certify which, witness my hand and seal of office.

Christina M. Tanner

Christina M. Tanner

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 1

2 FILER NAME **Adolfo G. CONTRERAS** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 4-4-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERESA AULT	7 Amount of contribution (\$) 3,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code BISHOP, TX 78343		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **HOUSE RENTALS - OWNER** 10 Employer (See Instructions) **SELF**

Date 2-28-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID CONTRERAS	Amount of contribution (\$) 838.25	In-kind contribution description (if applicable) political signs
Contributor address; City; State; Zip Code 502 W. MAIN, Bishop, TX 78343		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **RESTAURANT OWNER** Employer (See Instructions) **SELF**

Date 5-14-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tx Demo Party	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable) Voter File Access
Contributor address; City; State; Zip Code 4818 E. BEN WHITE, Suite 104 Austin, TX 78		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Adolfo G. CONTRERAS

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

4-29-14

7 Name of lender

Adolfo G. CONTRERAS

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

298.⁵⁰

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

502 W. MAIN, Bishop, TX 78343

10 Interest rate

NA

11 Maturity date

NA

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

N/A

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

4-16-14

Name of lender

Adolfo CONTRERAS

out-of-state PAC (ID#: _____)

Loan Amount (\$)

329.40

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

502 W. MAIN, Bishop, TX 78343

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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If lender 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: <i>1</i>	2 FILER/NAME <i>Adolfo G. CONTRERAS</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3-17-14</i>	5 Payee name <i>MACARENO Signs & Graphics</i>	
6 Amount (\$) <i>298.38</i>	7 Payee address; City; State; Zip Code <i>526 W. FRONT ST. / P.O. BX 1287, ALICE, TX 78533-1287</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>political signs</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought <i>Office held</i>
Date <i>5-27-14</i>	Payee name <i>LOWES</i>	
Amount (\$) <i>194.40</i>	Payee address; City; State; Zip Code <i>1420 E. GEN. CRAWFORD BLDG. KINGSVILLE, TX 78363</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>T-posts fl p. signs.</i>
	Candidate / Officeholder name	Office sought <i>Office held</i>
Date <i>4-11-14</i>	Payee name <i>SAMS Club</i>	
Amount (\$) <i>329.40</i>	Payee address; City; State; Zip Code <i>S.P.I.D. & Everhart, C.C. TX.</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Beverage exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>GRSET MEET & GRSET</i>
	Candidate / Officeholder name	Office sought <i>Office held</i>
Date <i>6-3-14</i>	Payee name <i>SUNSET GRAPHICS</i>	
Amount (\$) <i>260.00</i>	Payee address; City; State; Zip Code <i>P.O. BX 429, FALFURKINS, TX 78355</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought <i>Office held</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>1</i>	2 FILER NAME <i>Adolfo Contreras</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5-29-14</i>	5 Payee name <i>Andrews Distributing</i>
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6 Amount (\$) <i>255.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Corpus Christi, Tx</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>This payment was an</i>	(b) Description (See instructions regarding type of information required.) <i>ERROR</i>
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Date <i>5-21-14</i>	Payee name <i>Adolfo Contreras</i>
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Amount (\$) <i>150.⁰⁰</i>	Payee address; City; State; Zip Code <i>A.M. 502 W. MAIN</i>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>Bank error withdrawal</i>	(b) Description (See instructions regarding type of information required.) <i>From wrong acct.</i>
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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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

Adolfo Contreras

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-29-14
7

5 Name of person from whom amount is received

Adolfo Contreras

8 Amount (\$)

255.²⁰

6 Address of person from whom amount is received; City; State; Zip Code

502 W. MAIN, Bishop, TX 78343

7 Purpose for which amount is received

wrong check USED for this payment.

Date

5-21-14

Name of person from whom amount is received

Adolfo Contreras

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

" " "

Purpose for which amount is received

bank withdrew from wrong account.

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Amount (\$)

Purpose for which amount is received

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Amount (\$)

Purpose for which amount is received

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