CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Adolfo	G.	Date Received LED FOR RECORD
	NICKNAME LAST	SUFFIX	AT Q 10 A M
	CONTRERI	45	007 0 0 2014
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	OCT 2 9 2014
OFFICEHOLDER MAILING	502 W. MAIN, Bisi	1 P. Tx 78242	Date Hand-delivered Postmarked ERA
ADDRESS change of address		11.1. 10212	Clerk, County Court, Nueces County, Texas By Depu
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Dell Amount
OFFICEHOLDER PHONE	(361) 228-3677		Date Processed. Syamken
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged
NAME	ANNette	CALLERY	
65	VILLA Loho S	SUFFIX	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS		2 10 21-11	7. 10242
(residence or business)	1005 N. U	PAK, BISHOP	74 78343
	Č		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(361) 675-0001		
9 REPORT TYPE		Para tal	15th day ofter compaign
I THE STATE OF THE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
25		limit	
10 PERIOD COVERED	Month Day Year	Month Day	Year
COVERED	9/26/14 THROUGH	10/25/	2014
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Disperse		
	11 / QUL / III Primary	Runoff	General Special
	My Ly My	<u> </u>	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Justice of the Peace	C 06	:
_		Same	
	GOT	2014-1	58

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	do 1Fo	G. CONTRERAS 15 ACCO	OUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POL HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S O ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECE	R OFFICEHOLDER'S KNOWLEDGE OR	
-	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,150.00	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 156.			
	4. TOTAL POLITICAL EXPENDITURES \$ 1,148, 15			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 277.05			
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. DEBRA D. AUMADA				
MY COMMISSION EXPIRES December 19, 2015				
Explies 12-19-15				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Adolf G. Control, this the				
Signature of officer administering oath Debra D. Aumada Administrative Secretary Printed name of officer administering oath Title of officer administering oath				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A:
2 FILER NAME	Adolfo G. Carte	F.RA (3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
octs,	6 Contributor address; City; State; Zip Code		250.12	
14	CC To	×.	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
001.	Contributor address; City; State; Zip Code		250.00	*
Pul	CC	TX.		
17	SS . V	. ,,	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date 0 11	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
oct,"	Contributor address; City; State; Zip Code		500.00	
-14	500 N. WATER St.,	SHE YOU		
	C. C TX. 78401			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
outs.	Contributor address; City; State; Zip Code		150,00	
1	. 5 11 5 2 11		130.	
10	1005 N. OAK, BISH	o. X	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
nere	**********			
	Contributor address; City; State; Zip Code			
				i
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
		Law satisfactions		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

LOANS		SCHEDULE E		
The Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:		
2 FILER NAME Ach IFO G.	3 ACCOUNT # (Ethics Commission Filers)			
TOTAL OF UNITEMIZED LOANS:	D D D D	\$		
5 Date of loan 10-18-14 6 Islender a financial Institution 2	out-of-state PAC (ID#:	9 Loan Amount (\$) 265.26 10 Interest rate		
Institution? YN SOZ W. MAIN	, BISHOP, TX 18	11 Maturity date		
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Collateral none	15 Check if personal funds were	e deposited into political account		
16 GUARANTOR INFORMATION 17 Name of guarantor 18 Guarantor address; City; State; Zip Code not applicable				
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)			
Date of loan Name of lender 10-18-14 Adolfo G. Co	out-of-state PAC (ID#:	Loan Amount (\$)		
Is lender address; City; State; a financial Institution?	Distry TI	Interest rate Maturity date		
YN	7834			
Principal occupation / 300 title (See instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Description of Collateral none	Check if personal funds were deposited into political account			
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)		
Guarantor address; City;	State; Zip Code			
Principal Occupation (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

P.O. Box 12070

LOANS				SCHEDULE E	
The	Instruction Guide explains how to comple	ete this form.	1 Total pa	ages Schedule E:	
2 FILER NAME	2 FILER NAME Adolfo 6. ContRERA 3 ACCOUNT # (Ethics Commission Filers)				
4 тота	L OF UNITEMIZED LOANS:	>	⇔	\$	
5 Date of loan 7 Name of lender out-of-state PAC (ID#) 10-23_14 Acholfo G Contractats 6 Is lender a financial Institution? Y N 8 Lender address; City; State; Zip Code State Apin, Bishty, T+38343			9 Loan Amount (\$) 56.06 10 Interest rate 11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	L	
14 Description of Coll none	ateral	15 Check if personal funds wer	re deposited	d into political account	
16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$) 18 Guarantor address; City; State; Zip Code 20 Principal Occupation (See Instructions) 21 Employer (See Instructions)					
Date of loan	Name of lender			Loan Amount (\$)	
ls lender a financial Institution?	Is lender a financial Institution?		217.40		
Y N 502 W. MAIN, " Maturity date		Maturity date			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Description of Collateral Check if personal funds were deposited none		l into political account			
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City; S	State; Zip Code	POS SONO	Amount Guaranteed (\$)	
	ion (See Instructions)	Employer (See Instructions)			
If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NE		quirements.	

POLITICAL EXPENDITURES

SCHEDULE F

A STATE OF THE PROPERTY OF THE		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to compare the comparison of th	tract Labor ing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ott OTHER (enter a category not listed above)
	The Instruction Guide explains now to co	ombiere cuis totur
1 Total pages Schedule F:	2 FILER NAME 1/1 NOTES PAY PAY	3 ACCOUNT # (Ethics Commission Filers)
	5 Payee name	
10-25-14	LAR Distributor	
6 Amount (\$)	7 Payee address; City; State; Zip Códe	
218.00	8761 Tx. 44, C.C	Tx 18406
0 1011100	(a) Category (See categories listed at the top of this scriedule)	(b) Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
		Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
D-1-	Payee name	
Date 10-23-14	SAM (
Amount (\$)	Payee address; City; State; Zip Code	
203.21	4833 SPID.	C.C. Tx 78411
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	- 10	solities 18816
EXPENDITURE	1000 7 DEVENIGE	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought
Date	Payee name Co. C	lerk
Amount (\$)	Payee address; Sity; State; Zip Code	A.
	PO. Bx 2622 PC	Tx 78403
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	D11- 5 5 x 22. 5 4	Check traustin, TX, officeholder living expense
EXPENDITURE	follows Expense	Office sought Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	San San July and San	=
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/		SCHEDULE AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS	JOHEL TO MEEDED
		Revised 07/28/2

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense		EGORIES FOR BOX 8(a) ries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking		citation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense		el In District	Contributions/Donations Made By
Event Expense		el Out Of District	Candidate/Officeholder/Political Committee
Fees		e Overhead/Rental Expense	OTHER (enter a category not listed above)
1 663	S 1	45	N SEE TO SEE
	The Instruction Guide expl	ains how to complete this fo	rm.
1 Total pages Schedule F:	2 FILER NAME	2	3 ACCOUNT # (Ethics Commission Filers)
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	17 CO150 6 6	NTRERAS	
4 Date	5 Payee name		
10 22 14	600 c []		-
10-23-14	27/115 (105		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
. 26			
205.26	SPID E EVER	haut, CCT	<u></u>
8 PURPOSE	(a) Category (See categories listed at the top of this	schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF	20040	2	1.1. 1 2011
EXPENDITURE	Too OB	_ /	11-hal WALL
	Food Bev. Exp	2n (F Check if /	Austin, TX, officeholder living expense
O Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Since adugi	Omos field
expenditure to benefit C/C	Ш		
	D. COLLAND OF THE COL		
Date	Payee name		\mathcal{O}_{1}
10-23-14	"TI 1/0/F	THERA CAG	mi Chil
	1700118 CON-	THE CRAIT ST	70 000
Amount (\$)	Payee address; City; State;	Zip Code	
000 11			
XX 14	CDTN & C.	1/2011	
00, 1	21 LU, FUCK	MART, (1	, / × .
PURPOSE	Category (See categories listed at the top of this	schedule) Description	(If travel outside of Texas, complete Schedule T)
OF		D-	litical 122/16
EXPENDITURE	To O 3 R	1 - /	
	food (Dev.	Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/C			en e
experience to benefit over			
B .	Payee name		e .
Date			1
	rayee hame		
10-23-14	La Smaret		
10-23-14	ha maret	265 Codo	A.
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70-23-14 Amount (\$)	ha maret	Ztp Code	78416
-, (ha maret	· ·	78416
56.06	ha maret	D C.C. 74	(If travel outside of Texas, complete Schedule T)
56.06 PURPOSE	Payee address; City; State;	D C.C. 74	(If travel outside of Texas, complete Schedule T)
56.06 PURPOSE OF	Payee address; City; State;	schedule) Description	litical nella
56.06 PURPOSE	Payee address; City; State;	schedule) Description	(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
50,06 PURPOSE OF EXPENDITURE	Payee address; City; State;	schedule) Description	Litical Mills Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; R 2	schedule) Description	Litical Mills Austin, TX, officeholder living expense
50,06 PURPOSE OF EXPENDITURE	Payee address; City; State; R 2	schedule) Description	Litical Mills Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee address; City; State; R 2	schedule) Description	Litical Mills Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; R 2	schedule) Description	Litical Mills Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee address; City; State; R 2	schedule) Description	Litical Mills Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10-24-14	Payee address; City; State; Payee address; City; State; Payee categories listed at the top of this Candidate / Officeholder name Payee name	schedule) Description Coneck if Office sough	Litical Mills Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee address; City; State; 1821 SPT Category (See categories listed at the top of this Candidate / Officeholder name Payee name Add Car HERN Ba	schedule) Description	Litical Mills Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10-24-14 Amount (\$)	Payee address; City; State; Payee address; City; State; Payee categories listed at the top of this Candidate / Officeholder name Payee name	schedule) Description Check if Office sough Zip Code	Litical Mills Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10-24-14	Payee address; City; State; Payee address; City; State; Payee categories listed at the top of this Candidate / Officeholder name Payee name	schedule) Description Check if Office sough Zip Code	Litical Mills Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10-24-14 Amount (\$)	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name Payee name Payee address; City; State; SOL W. MAIN	schedule) Description Description Check if Office sough Zip Code Bishy, 1x	Austin, TX, officeholder living expense ont Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10-24-14 Amount (\$) 277-46	Payee address; City; State; Payee address; City; State; Payee categories listed at the top of this Candidate / Officeholder name Payee name	schedule) Description Description Check if Office sough Zip Code Bishy, 1x	Litical Mills Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date JO-24-14 Amount (\$) PURPOSE	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name Payee name Payee address; City; State; SOL W. MAIN	schedule) Description Description Check if Office sough Zip Code Bishy, 1x	Austin, TX, officeholder living expense ont Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10-24-14 Amount (\$) PURPOSE OF	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name Payee name Payee address; City; State; SOL W. MAIN	schedule) Description Office sough Sign Community Zip Code Bishy schedule) Description Description	Austin, TX, officeholder living expense Int Office held Austin, TX, officeholder living expense It Office held Austin, TX, officeholder living expense It Office held It I Austin, TX, officeholder living expense It I Austin, TX, officeholder living expense I Austin, TX, offic
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10-24-14 Amount (\$) PURPOSE	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name Payee name Payee address; City; State; SOL W. MAIN	schedule) Description Check if Office sough Zip Code Description Description Description	Austin, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10-24-14 Amount (\$) PURPOSE OF	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name Payee name Payee address; City; State; SOL W. MAIN	schedule) Description Office sough Sign Community Zip Code Bishy schedule) Description Description	Austin, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10-24-14 Amount (\$) PURPOSE OF EXPENDITURE	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name Payee name Payee address; City; State; Category (See categories listed at the top of this Category (See categories listed at the top of this Low L. Bew- Candidate / Officeholder name	schedule) Description Check if Office sough Zip Code Description Description Description	Austin, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10-24-14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Category (See categories listed at the top of this Candidate / Officeholder name Payee name Payee address; City; State; Category (See categories listed at the top of this Category (See categories listed at the top of this Candidate / Officeholder name OH	schedule) Description Check if Office sough Zip Code Bishy schedule) Description Check if Office sough	Austin; TX, officeholder living expense Office held
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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

P.O. Box 12070

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 ACCOUNT # (Eth	hics Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
114-29-14	AcholFo CONTRERAS		255. 20
,	6 Address of person from whom amount is received; City; State; Zip Code		
7.	149	18345	
	7 Purpose for which amount is received REIMBURSE RECEIVED EKROR FROM	+.	
	EXPENSE Spart IN ERROR FROM	wheng s	gat.
Date	Name of person from whom amount is received		Amount (\$)
L C.	Adolfo ContraRAS		
DCT 14.	Address of person from whom amount is received; City; State; Zip Code		10.
	502 W. Main, Bis	- 11 -	
) 12/3	Map, 1x	
	Purpose for which amount is received	, 1	
	Re insurser	nt to co	rnect Acct.
Date	Name of person from whom amount is received		Amount (\$)
Oct	Address of person from whom amount is received; City; State; Zip Code		10-
14		1,	
3 ,			
	Purpose for which amount is received	care	r
	Re inburse	must to	connect Aget.
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	•	
	*		
	Purpose for which amount is received	¥1	
	I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
)	5 Payee name Adolfo ContRepAs 6 Andrews			
4 Date	5 Payee name			
5-29-14	Adotto Co Andrews	Distributions		
6 Amount (\$)	7 Payee address; City; State; Zip Code	8		
255,20	C.C.	TX		
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
EXPENDITURE		10000		
	eppon-pd. with next.	REIMBER CAMPAIGN Act.		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
	*			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	5		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
EXPENDITURE				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
	9			
PURPOSE OF	(a) Category (See instructions for examples of acceptable	(b) Description (See instructions regarding type of information		
EXPENDITURE	categories)	required.)		