

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <i>Adolfo G. CONTRERAS</i>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received FILED FOR RECORD AT 9:10 A M</p> <p style="color: red; text-align: center; font-weight: bold;">OCT 29 2014</p> <hr/> <p>Date Hand-delivered or Postmarked By <u>WALTER HERRERA</u> Clerk, County Court, Nueces County, Texas Deputy</p> <p>Receipt # <u>Deirdre</u> Amount</p> <p>Date Processed <u>Syamken</u></p> <p>Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>502 W. MAIN, Bishop, TX 78343</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 228-3677</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <i>Annette Villalobos</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1005 N. DAK, Bishop, TX 78343</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 675-0001</i>		
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 THROUGH Month Day Year <i>9 / 26 / 14 10 / 25 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 04 / 14</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace</i>	13 OFFICE SOUGHT (if known) <i>SAME</i>	

GOTC

2014-158

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Adolfo G. 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)

\$ 1,150.⁰⁰

EXPENDITURE TOTALS

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

\$ 156.⁰⁶

4. TOTAL POLITICAL EXPENDITURES

\$ 1,148.¹⁵

CONTRIBUTION BALANCE

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

\$ 277.⁰⁵

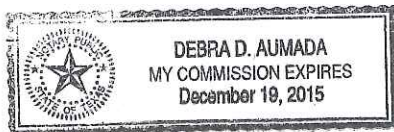
OUTSTANDING LOAN TOTALS

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

\$ 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.



Expires 12-19-15

AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Adolfo G. Contreras, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Debra D. Aumada
Signature of officer administering oath

Debra D. Aumada
Printed name of officer administering oath

Administrative Secretary
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:

2 FILER NAME

Adolfo G. Contreras

3 ACCOUNT # (Ethics Commission Filers)

4 Date

Oct 15, '14

5 Full name of contributor out-of-state PAC (ID# _____)

John Martinez

6 Contributor address; City; State; Zip Code

C.C. TX.

7 Amount of contribution (\$)

250.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Oct 15, '14

Full name of contributor out-of-state PAC (ID# _____)

HOUSE OF BURGERS

Contributor address; City; State; Zip Code

C.C. TX.

Amount of contribution (\$)

250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Oct 17, '14

Full name of contributor out-of-state PAC (ID# _____)

Kevin W. Giles

Contributor address; City; State; Zip Code

*500 N. WATER ST., STE 800
C.C. TX. 78401*

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Oct 25, '14

Full name of contributor out-of-state PAC (ID# _____)

Annette Contreras

Contributor address; City; State; Zip Code

1005 N. OAK, Bishop, TX

Amount of contribution (\$)

150.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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:

(2)

2 FILER NAME

Adolfo G. CONTRERAS

3 ACCOUNT # (Ethics Commission Filers)

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

\$

5 Date of loan

10-18-14

7 Name of lender

Adolfo G. CONTRERAS

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

9 Loan Amount (\$)

205.28

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

502 W. MAIN, BISHOP, TX 78343

10 Interest rate

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 deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

10-18-14

Name of lender

Adolfo G. CONTRERAS

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

Loan Amount (\$)

88.14

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Adolfo G. CONTRERAS</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <i>10-23-14</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adolfo G. CONTRERAS</i>	9 Loan Amount (\$) <i>56.06</i>
6 Is lender a financial Institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	8 Lender address; City; State; Zip Code <i>502 W. MAIN, Bishop, TX 78343</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>10-24-14</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A. G. CONTRERAS</i>	Loan Amount (\$) <i>217.46</i>
Is lender a financial Institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	Lender address; City; State; Zip Code <i>502 W. MAIN, " "</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.

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: (2)	2 FILER NAME Adolfo Contreras	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-25-14	5 Payee name C.R. Distributors
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6 Amount (\$) 218.00	7 Payee address; City; State; Zip Code 8761 TX. 44, C.C TX 78406
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-23-14	Payee name SAMS
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Amount (\$) 203.21	Payee address; City; State; Zip Code 4833 SPID, C.C, TX 78411
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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)
	Food & Beverage	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Núñez Co. Clerk
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Amount (\$)	Payee address; City; State; Zip Code PO. Bx 2422, C.C, TX 78403
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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)
	Pollins expense	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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)
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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 | 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:		2 FILER NAME <i>Adolfo G Contreras</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10-23-14</i>		5 Payee name <i>SAMS Club</i>			
6 Amount (\$) <i>205.26</i>		7 Payee address; City; State; Zip Code <i>SPTID, Everhart, C.C. TX.</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Bev. Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>political rally</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>10-23-14</i>		Payee name <i>Adolfo Contreras SAMS Club</i>			
Amount (\$) <i>88.14</i>		Payee address; City; State; Zip Code <i>SPTID, Everhart, C.C. TX.</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food & Bev.</i>		Description (If travel outside of Texas, complete Schedule T) <i>political rally</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>10-23-14</i>		Payee name <i>Walmart</i>			
Amount (\$) <i>56.06</i>		Payee address; City; State; Zip Code <i>1821 SPTID C.C. TX 78412</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food & Bev.</i>		Description (If travel outside of Texas, complete Schedule T) <i>political rally</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>10-24-14</i>		Payee name <i>Adolfo Contreras / Better Community Gro.</i>			
Amount (\$) <i>277.46</i>		Payee address; City; State; Zip Code <i>502 W. MAIN, Bishop, TX 78343</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food & Bev.</i>		Description (If travel outside of Texas, complete Schedule T) <i>political rally</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					

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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		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
11-29-14	Adolfo CONTRERAS	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 REIMBURSE ACT. EXPENSE SPENT IN ERROR FROM WRONG ACT.	
Date	Name of person from whom amount is received	Amount (\$)
Oct 6, 14.	Adolfo CONTRERAS	10.00
	6 Address of person from whom amount is received; City; State; Zip Code	
	502 W. MAIN, BISHOP, TX	
	7 Purpose for which amount is received Re imbursement to correct acct.	
Date	Name of person from whom amount is received	Amount (\$)
Oct 6 '14	Adolfo CONTRERAS	10.00
	6 Address of person from whom amount is received; City; State; Zip Code	
	" " "	
	7 Purpose for which amount is received Re imbursement to correct acct.	
Date	Name of person from whom amount is received	Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	

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: 1	2 FILER NAME Achofo Contreras	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-29-14	5 Payee name Achofo Co Andrews Distributing	
6 Amount (\$) 255.20	7 Payee address; City; State; Zip Code C.C. Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) ERPOR - pd. with ^{wrong} acct.	(b) Description (See instructions regarding type of information required.) REIMBURSE CAMPAIGN ACCT.
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	
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	
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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