

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|-------------------------------------|--|---------------------------------|--|----------------------------------|--|---|---|---------------------------------|--|--------------|-------------|-----------|----------------------------------|----------------------------------|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <div style="text-align: right; font-size: 24px; margin-top: 5px;">6</div> | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 10px;">MS / MRS / MR</td> <td style="font-size: 10px;">FIRST</td> <td style="font-size: 10px;">MI</td> </tr> <tr> <td style="text-align: center;"><i>Adolfo</i></td> <td style="text-align: center;"><i>CONTRERAS</i></td> <td style="text-align: center;"><i>G.</i></td> </tr> <tr> <td style="font-size: 10px;">NICKNAME</td> <td style="font-size: 10px;">LAST</td> <td style="font-size: 10px;">SUFFIX</td> </tr> </table> | MS / MRS / MR | FIRST | MI | <i>Adolfo</i> | <i>CONTRERAS</i> | <i>G.</i> | NICKNAME | LAST | SUFFIX | OFFICE USE ONLY Date Received FILED FOR RECORD AT 4:45PM FEB 19 2016 KARA SANDS CLERK, COUNTY CLERK, HUESGUES COUNTY, TEXAS BY <i>Deirdre Syamken</i> DEPUTY | | | | | | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | |
| <i>Adolfo</i> | <i>CONTRERAS</i> | <i>G.</i> | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 10px;">ADDRESS / PO BOX;</td> <td style="font-size: 10px;">APT / SUITE #;</td> <td style="font-size: 10px;">CITY;</td> <td style="font-size: 10px;">STATE;</td> <td style="font-size: 10px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;"><i>502 W. MAIN, Bishop, TX</i></td> </tr> <tr> <td colspan="5" style="text-align: right;"><i>78343</i></td> </tr> </table> | | | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | <i>502 W. MAIN, Bishop, TX</i> | | | | | <i>78343</i> | | | | | | | |
| ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | |
| <i>502 W. MAIN, Bishop, TX</i> | | | | | | | | | | | | | | | | | | | | | |
| <i>78343</i> | | | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 10px;">AREA CODE</td> <td style="font-size: 10px;">PHONE NUMBER</td> <td style="font-size: 10px;">EXTENSION</td> </tr> <tr> <td style="text-align: center;"><i>(361)</i></td> <td style="text-align: center;"><i>228-3677</i></td> <td></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | <i>(361)</i> | <i>228-3677</i> | | | | | | | | | | | | | |
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| <i>(361)</i> | <i>228-3677</i> | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 10px;">MS / MRS / MR</td> <td style="font-size: 10px;">FIRST</td> <td style="font-size: 10px;">MI</td> </tr> <tr> <td style="text-align: center;"><i>Suzanne</i></td> <td style="text-align: center;"><i>VILLALOBOS</i></td> <td></td> </tr> <tr> <td style="font-size: 10px;">NICKNAME</td> <td style="font-size: 10px;">LAST</td> <td style="font-size: 10px;">SUFFIX</td> </tr> </table> | MS / MRS / MR | FIRST | MI | <i>Suzanne</i> | <i>VILLALOBOS</i> | | NICKNAME | LAST | SUFFIX | Receipt # Amount \$ Date Processed Date Imaged | | | | | | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | |
| <i>Suzanne</i> | <i>VILLALOBOS</i> | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 10px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: 10px;">APT / SUITE #;</td> <td style="font-size: 10px;">CITY;</td> <td style="font-size: 10px;">STATE;</td> <td style="font-size: 10px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;"><i>1005 OAK ST., Bishop, TX</i></td> </tr> <tr> <td colspan="5" style="text-align: right;"><i>78343</i></td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | <i>1005 OAK ST., Bishop, TX</i> | | | | | <i>78343</i> | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | |
| <i>1005 OAK ST., Bishop, TX</i> | | | | | | | | | | | | | | | | | | | | | |
| <i>78343</i> | | | | | | | | | | | | | | | | | | | | | |
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| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | |
| <i>(361)</i> | <i>675-0001</i> | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input checked="" 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 type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | |
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| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 10px;">Month</td> <td style="font-size: 10px;">Day</td> <td style="font-size: 10px;">Year</td> <td style="font-size: 10px;">Month</td> <td style="font-size: 10px;">Day</td> <td style="font-size: 10px;">Year</td> </tr> <tr> <td style="text-align: center;"><i>12</i></td> <td style="text-align: center;"><i>18</i></td> <td style="text-align: center;"><i>15</i></td> <td style="text-align: center;"><i>01</i></td> <td style="text-align: center;"><i>21</i></td> <td style="text-align: center;"><i>2016</i></td> </tr> <tr> <td colspan="3" style="text-align: center;">THROUGH</td> <td colspan="3"></td> </tr> </table> | | | Month | Day | Year | Month | Day | Year | <i>12</i> | <i>18</i> | <i>15</i> | <i>01</i> | <i>21</i> | <i>2016</i> | THROUGH | | | | | |
| Month | Day | Year | Month | Day | Year | | | | | | | | | | | | | | | | |
| <i>12</i> | <i>18</i> | <i>15</i> | <i>01</i> | <i>21</i> | <i>2016</i> | | | | | | | | | | | | | | | | |
| THROUGH | | | | | | | | | | | | | | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 10px;">ELECTION DATE</td> <td colspan="3" style="font-size: 10px;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 10px;">Month</td> <td style="font-size: 10px;">Day</td> <td style="font-size: 10px;">Year</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;"><i>03</i></td> <td style="text-align: center;"><i>1</i></td> <td style="text-align: center;"><i>16</i></td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> | ELECTION DATE | | | ELECTION TYPE | | | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | <i>03</i> | <i>1</i> | <i>16</i> | <input type="checkbox"/> General | <input type="checkbox"/> Special | | | |
| ELECTION DATE | | | ELECTION TYPE | | | | | | | | | | | | | | | | | | |
| Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | | | | | | | | | | | | | | | | |
| <i>03</i> | <i>1</i> | <i>16</i> | <input type="checkbox"/> General | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <i>CONSTABLE (pct.) 3 NUCCES Co.</i> | | | | | | | | | | | | | | | | | | | |

GO TO PAGE

2016-077

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Adolfo G. Contreras 15 Filer ID (Ethics Commission Filers)

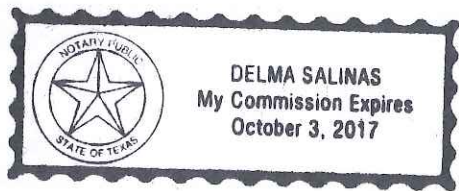
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

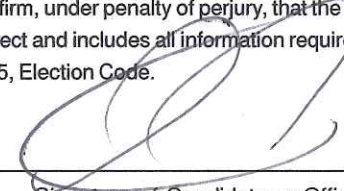
| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|-----------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 20. ⁰⁰ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 520. ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 930. ⁰⁰ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| 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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adolfo Contreras, this the February day of 18, 2016, to certify which, witness my hand and seal of office.

| | | |
|---|--|-------------------------------------|
| <u>Delma Salinas</u> | <u>Delma Salinas</u> | <u>Notary Public</u> |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|---|---|--|
| 19 FILER NAME <i>Adolfo G. Contreras</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>520.00</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>880.00</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>430.00</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **2 FILER NAME** *Adolfo G. Contreras* **3 Filer ID (Ethics Commission Filers)**

4 Date *1-2-16* **5 Payee name** *RICHARD GARCIA*

6 Amount (\$) *880.⁰⁰* **7 Payee address; City; State; Zip Code** *4110 BASCULIE, C.C. TX. 78416*

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Printing (signs)* (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 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
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule G: | 2 FILER NAME <i>Adolfo G. Contreras</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>JAN. 21-16</i> | 5 Payee name <i>Richard Garcia</i> | |
| 6 Amount (\$) <i>430.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>4110 BASCOLE, Ct. TX 78716</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Signs/Printing</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|--|---|
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|--|---|
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Adolfo G. CONTRERAS

3 Filer ID (Ethics Commission Filers)

4 Date

1-8-16

5 Full name of contributor

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

Adan A. CONTRERAS

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address;

City; State; Zip Code

~~502 W. MAIN~~ Bishop, TX 78343

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-14-16

Full name of contributor

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

Adan A. CONTRERAS

Amount of contribution (\$)

250.⁰⁰

Contributor address;

City; State; Zip Code

502 W. MAIN, Bishop, TX 78343

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-21-16

Full name of contributor

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

MARIA SENDERO

Amount of contribution (\$)

20.⁰⁰

Contributor address;

City; State; Zip Code

Bishop, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.