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 / OFFICEHOLDER NAME	Mr. HERONDON	۵.	Date Received 4 4
	NICKNAME TARCIA	SUFFIX -	JAN 1 5 2014
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / POBOX; APT/SUITE#; CITY;	STATE; ZIP CODE	DIANA T. BARRERA Clerk, Postyx Court, Typecas County, Texas Deputy Date Hand-delivered or Postmarked
ADDRESS change of address	Capir Chart, To	78413	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 510-2001	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST INXS	мі	Date Imaged
	NICKNAME SIDIVAR	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT / SUITE #; 3926 GIBROHER CARPUS CHRISTI	CITY; STATE;	ZIPCODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (32/) 537-6446	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 12 / 9 / 13 THROUGH	Month Day 12 / 31 /	Year //3
11 ELECTION	ELECTION DATE Month Day Year 3 14 14 Timary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	no Pence
		ACT-2	, M2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME HEX CARCIO, Vn. 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	TTEE TYPE COMMITTEE NAME			
	GENERAL				
	SPECIFIC	SPECIFIC COMMITTEE ADDRESS			
additional pages		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 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
			s - O -		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		MIZED \$ -0 -		
	4. TOTAL POLITICAL EXPENDITURES \$ (00)				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
Swear of affirm binder benalty of perjury, that the accompanying report is true and correct and includes all interportion required to be reported by me under title 15, Pleation Code. Signature of Candidate or Officeholder Signature of Candidate or Officeholder					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMPHYSEAL ABOVE Sworn to and subscribed before me, by the said Alex Will Garlia (Y, this the					
day of John, 20 14, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

LOANS			SCHEDULE E		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:		
2 FILER NAME THE CIP UN. 3 ACCOL			3 ACCOUNT # (Ethics Commission Filers)		
4 TOTA	\$				
5 Date of loan 12/9/13	9 Loan Amount (\$)				
6 Is lender a financial Institution?	8 Lender address; Gity; State;	10 Interest rate			
(<u>N</u>	Coepus Christ,	18 7413	11 Maturity date		
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 11 Improver (See Instructions)		leyers			
14 Description of Coll	lateral	15 Check if personal funds were o	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	Name of lender [out-of-state PAC (ID#:	Loan Amount (\$)		
Is lender a financial	Lender address; City; State;		Interest rate		
Institution?			Maturity date		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)			
Description of Collateral		Check if personal funds were d	eposited into political account		
GUARANTOR INFORMATION	Name of guarantor	<u> </u>	Amount Guaranteed (\$)		
not applicable	Guarantor address; City;				
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					