# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	GAZONER	SUFFIX	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	AT 2:30 PM
OFFICEHOLDER MAILING ADDRESS	P.O. Box 81393	3	DCT 3 1 2016
Change of Address	Coepur CHEISTI	7x 78468	SPA SANDS
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(361) 774.0359		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	LAWRENCE		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT		ZIP CODE
ADDRESS	1743 319 Stacks	1 Gen, Chein	TP 75404
(Residence or Business)	P.C. BOX 3005 COR	2011 CLEUTI TY	78463-3085
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(202) 552,9803		
	A		
9 REPORT TYPE	January 15 30th day befo	ore election Runoff	15th day after campaign
			treasurer appointment (Officeholder Only)
	July 15 &th day before	e election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year		Day Year
	9/29/16	THROUGH (6 /	79/16
11 ELECTION	ELECTION DATE	ELECTION TYPE	sing and the second
5	Month Day Year Prima	Description	
	11/06/16 Gene	eral Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
		NUKES COU	17
		DISTRICT A	Moreun
2016	5-161	O DACE O	9
111	GOT	O PAGE 2	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME			5 Filer ID (Ethics Commission Filers)
J	Annes O	CARONER	
16 NOTICE FROM POLITICAL COMMITTEE(S)	TICE FROM  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		
	COMMITTEE TYPE	COMMITTEE NAME	Control of the second of the s
*	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 1,360.**		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL POLITICAL EXPENDITURES \$ 5, 262.24		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 7,69.42		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 7,500.55		
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.  YOLANDA GUAJARDO under Title 15, Election Code.			
Notary ID 12038617  Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said James O. (JALDUM, this the			
day of October , 20 \ , to certify which, witness my hand and seal of office.			
Colanda Duajardo Volanda (Tuajardo NoTARY			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A1:		
2 FILER NAME  JAMES O. GARDUER	3 Filer ID (Ethics Commission	Filers)	
Resurvi			
55169	(ID#:) Amount of contribution (\$)		
Contributor address; City; State;			
2004 SENTINEL DR CORDS (	brent Tyzsels		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date Full name of contributor out-of-state PAC	Amount of contribution (\$)		
Contributor address; City; State; 3002 Cyant SPRUG ROM, CORON C	Zip Code \$ 250 =		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Disterce CLERK			
Date Full name of contributor out-of-state PAC	Amount of contribution (\$)		
	Zip Code \$50,50		
230 INDIANA ANE CORONI CHRUTI TY 78404			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
a A			
	· v		
ATTACH ADDITIONAL COPIES OF			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	ENES O. GARDIDER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  uut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/17/14	CONTRIBUTE AND SW VIEWNA, VA 22/80		1200.
	pation / Job title (See Instructions)	9 Employer (See Instruct	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
10/24/14	Contributor address; City; State  That LANG BOW ENA CORAS  CHART	:	\$100. W
	7601 LAKE BOW BUA CORAS CHELF	(TX 78413	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)
Date		(ID#:)	Amount of contribution (\$)
10/24/16	Contributor address; City; State	; Zip Code	₹500.50
	4817 WOOLDRINGS ED CORNE	Tx 78413	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
-			
*			
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see instructions of the contributor is out-of-state.		

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Ex		
Credit Card Tayment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
10 04 16	GUE COST MAILIUL	2 PRIJTNG	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
2, 184.24	P.O. Buy 9312 coness clf	eutity 78469	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	1	Check if travel outside of Texas. Complete Schedule T.	
OF	Pelutius	Check if Austin, TX, officeholder living expense	
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/12/14	GULF COMT MAILULA	Pewerna	
Amount (\$)	Payee address; City; State; Zip Code		
7 1130.25	P.O. Box 9312 Corns	CHOUR TO 78469	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	_	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Pawtic's	Check if Austin, TX, officeholder living expense	
	3 3 2 3 3 3		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/19/14	GANNETT CO.		
Amount (\$)	Payee address; City; State; Zip Code		
5 786.25	SOUZ SPIP CORPII CHEIFI TY 78411		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	AOUERTISING	Check if Austin, TX, officeholder living expense	
	* 25 5 5 - 35 5 C 2.1		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
- Application to bollone 0/01	JAME, O. (HAZDAEK	NCDA	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## 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)

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  4 Date 5 Payee name EUTCAUSCU 6 Amount (8) 7 Payee address; City; State; Zip Code  6 Loc WEQUETE CURL CHART TV 9840  8 PURPOSE COMPLETE CURL CHART TV 9840  9 Complete CMLY if direct expenditure to benefit Cith  Date Payee name  Candidate / Officeholder name Office sought Office hold Teast Complete Schedule T. Check if Austin, TX, officeholder fiving expense  Candidate / Officeholder name Office sought Office hold Teast Complete Schedule T. Check if Austin, TX, officeholder fiving expense  Complete CMLY if direct expenditure to benefit Cith  Date Payee name  Candidate / Officeholder name Office sought Office hold  Amount (8) Payee address; City; State; Zip Code  Category (3se Categories listed at the top of this schedule) Office sought Office hold  Date Payee name  Candidate / Officeholder name Office sought Office hold  Payee name  Candidate / Officeholder name Office sought Office fived categories flowdule T. Office hold  Payee name  Candidate / Officeholder name Office sought Office flowdule living expenses  Complete CMLY if direct expenditure to benefit Cith  Category (See Categories listed at the top of this schedule) Office sought Office hold  Payee name  Candidate / Officeholder name Office sought Officeholder living expenses  Complete CMLY if direct expenditure to benefit Cith  Category (See Categories listed at the top of this schedule) Office sought Office hold  Category (See Categories listed at the top of this schedule) Office sought Office hold office		The Instruction Guide explains how to	complete this form.
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JAMES O GALOUTE DCDA			Office sought Office held
	expenditure to benefit C/OH	JAMES O GALOUTE	HCDA