CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed	d:
The C/OH Instruction G	uide explains how to complete this form.		6	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI A	OFFICE L	JSE ONLY
NAME	MRS. LAURA	CEN GATASUFFIX	Date Received	
	JIMENEZ			R RECORD
4 CANDIDATE/		DITY: STATE: ZIP CODE	A 10	: 27M
OFFICEHOLDER MAILING	509 LAWRENCE, S Corpus CHRISTI,		JAN 1	5 2016
ADDRESS	Corpus CHRISTI, 7	×. 78401	Provide Company Compan	SANDS
Change of Address			BY 12 WOLCE	AWECES COUNTY, TEXAS
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
PHONE	(361) 888-774	14		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	BARROSO	33	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP GODE	
TREASURER ADDRESS	5350 S. STAP		01	7
(Residence or Business)	Corpus CHristi,			
	Corpos Cirrosi)	72. 201.		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(361) 994-72	.00		
a DEDORT TVDE		William To the Control of the Contro		and the second s
9 REPORT TYPE	January 15 30th day before 6	election Runoff	treasurer ap	
	July 15 8th day before ele	ection Exceeded \$500 limit	(Officeholder	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year	
COVERED	7/16/2015	THROUGH	15/20	016
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other		
	Month Day Year General General	Description		
Control of the Contro				
12 OFFICE	OFFICE HELD (If any) NUECES COUNTY ATTORNEY	NUECES (
	Attorney	100	*	
Х.		Attor		

GO TO PAGE 2

2016-019

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics LAURA A. JIMÉNEZ GARZA	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1850 · °°
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	эн \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
, «	
*	×

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME AURA A. JIMENEZ MAIDEN VAME 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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$			
EXPENDITURE TOTALS	3. TOTAL UNLES	\$ 1865.00		
	4. TOTAL	\$ 1865.00		
CONTRIBUTION BALANCE	5. TOTAL OF REI	\$ 0		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
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/SEALABOVE				
Sworm to and subscribed before me, by the said LAVRA A. JIMENEE, this the				
day of January, 20 16, to certify which, witness my hand and seal of office.				
Usemaldsoo NORMA CASAS NOTARY STATE OF TEXAS				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

,	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir	Overhead/Rental Expense Tr. g Expense Tr. g Expense Tr. es/Wages/Contract Labor Of	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District ther (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME	MAIDEN 3	Filer ID (Ethics Commission Filers)	
3	LAURA A. JIMENE	Z GAVEA	THE ID (Earlie Commission Files)	
7-21-2015	COASTAL BEND TEXAS	Democratic	Women	
6 Amount (\$) 150 ¹⁰	LOTH LISTEMAN 11:			
Reimbursement from political contributions intended	Corpus CHristi, T:	x. 1870 t	3	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Contributions/ Donations	Check if travel outside of To	exas. Complete Schedule T.	
EXPENDITURE	MADE BY CANDIDATE!	Check if Austin, TX, off	ficeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
			COCOUS	
8-25-2015	HISPANIC WOMEN	VETWORK OF	TEXAS CHAPTER, REGI	ON
Amount (\$) 65°	Payee address; City; State; Zip Code P. O. Box 60977		. , , , ,	
Reimbursement from political contributions intended	Corpus CHRISTI, Tx. 7	8466-0977		
	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Made by Condidate	Check if travel outside of 7	Texas. Complete Schedule T.	
EXPENDITURE	OFFICE HOLDER	Check if Austin, TX, of	fficeholder living expense	
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held	
Date	Payee name			
9-25-2015	LOPEZ RADIO STA	No. of the last of		
Amount (\$)	Payee address; City; State; Zip Code P. O. Box 270547 Corpus CHristy, TEX			
Reimbursement from political contributions intended	Corpus CHristi, TEX	ins 18421		
DUDDOOF	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Advertising Expense	Check if travel outside of	Texas. Complete Schedule T.	
EXPENDITURE	Cottonfest Sponsor	Check if Austin, TX, or	fficeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
1				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Annual Annua				
	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Show to complete this form.		
	<u> </u>			
1 Total pages Schedule G:	LAURA ATTIMENER	2 3 Filer ID (Ethics Commission Filers)		
4 Date 11-18-2015	Democratic Pa	ret y		
Amount (\$) 1250 Reimbursement from political contributions intended	P.O. Box 853 Corpus CHristi, Tx. 78403			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scr PARTY Filing Fee Be on BALLOT			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/6		Office sought Office sought Office held NUECES COUNTY Attorney Attorney		
Date 11-2-2015	Payee name Women's Shelte	R.		
Amount (\$)	Payee address; City; State; Zi			
Reimbursement from political contributions intended	Corpus CHristi, T	TEKAS 78463-3368		
	Category (See Categories listed at the top of this so	chedule) (b) Description		
PURPOSE	Donation	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Fund rAISER	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/		Office sought Office held		
Date	Payee name	T.		
1-1-2016	DEMOCRATIC PAR	74		
Amount (\$)	Payee address; City; State; Zi	ip Code		
Reimbursement from political contributions intended	Corpus CHristi) TEXAS 78403		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Donation	chedule) (b) 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 AURA A. JINENEZ (GAREN) Attorney Office sought NUFCES COUNTY NUFCES COUNTY Attorney Attorney				
	ATTACH ADDITIONAL COPIES O	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 Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Pol by Gift/Awards/Memorials Expense Prir	ce Overhead/Rental Expense ling Expense titing Expense aries/Wages/Contract Labor w to complete this form.	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 Date	5 Payee name TEXAS Democratic	Party	<u> </u>
Amount (\$) 50 00 00 00 00 00 00 00 00 00 00 00 00	7 Payee address; City; State; Zip Co P. O. BOX IILP AUSTIN, TEXAS T	8767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name LAURA A - TIMENET (GAV.	Office sought NVECES A HORN	County Diffice held County ey Attachery
Date	Payee name		*
Amount (\$)	Payee address; City; State; Zip Co	de	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outsi	de of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	de	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEE	DED

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