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: 33
3 CANDIDATE/ OFFICEHOLDER	Ms/MRs/MR FIRST Mr. Larry	МІ	OFFICE USE ONLY
NAME			Date Received
ř 2	NICKNAME LAST	SUFFIX	FILED FOR RECORD
	Olivarez	a a	ATG: 24 AM
4 CANDIDATE/ OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; 6404 Lakewood Circle Co	CITY; STATE; ZIP CODE rpus Christi, Tx 78413	OCT 11 2016
ADDRESS		300	CLERK COUNTY COURT AUGUST A
Change of Address			BY JUNEUR CITEVERY TEXAS
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(361) 442-4906		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	ms/mrs/mr first Mr. Juan	мі М.	Receipt # Amount \$
NAME			Date Processed
- "	NICKNAME LAST Macias,	SUFFIX Jr.	Date Imaged
-	1.200200,	,	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY; STATE;	ZIP CODE
ADDRESS	3606 Braeburn Dr.	Corpus Christi,	Tx 78415
(Residence or Business)	78		
		n 	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(361) 215-0919		
6			
Þ	° "	~	· · · · · · · · · · · · · · · · · · ·
9 REPORT TYPE	January 15 X 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before e	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
2		and the second of the second o	A STATE OF THE PARTY OF THE PAR
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07 / 03 / 2016	THROUGH 10 /	08 / 2016
	* * *	TIMO GATT	
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
<u>।</u> । । । । । । । । । । । । । । । । । ।	11 / 08 / 2016 X Genera	C	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
as A s		Nueces County	Sheriff
		Nucces County	SHCIIII
*			
			

GO TO PAGE 2

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2016-148

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14	C/OH NAME Larry Olivarez	- WI	1	5 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		A	
		SPECIFIC	COMMITTEE ADDRESS	, , , , , , , , , , , , , , , , , , ,	
221				n ⁿ = n	
			COMMITTEE CAMPAIGN TREASURER NAME	1 %	
	Additional Pages				
		哲	COMMITTEE CAMPAIGN TREASURER ADDRESS	- "	
		5 Jilyan - J			
(60)(05)	CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 24,262.84			
	EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 28,930.73			
		4. TOTAL	POLITICAL EXPENDITURES	\$ 28,930.73	
	CONTRIBUTION BALANCE	5. TOTAL	DAY \$ 349.83		
	OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00			
	Note	ribed before me, er 20 (b., Juajard	true and correct and includes all info under Title 15, Election Code 2020 17 Signature of Cand	erjury, that the accompanying report is ormation required to be reported by me didate or Officeholder , this the	
	Digitature of officer a	diffillistering oath	Filnted name of officer administering oath	ritle of officer administeri	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co				
Larry Olivarez					
21		ILE SUBTOTALS F SCHEDULE	5	SUBTOTAL AMOUNT	
1.	X	N N	\$ 23,884.00		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 378.84	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS			
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 28,930.73	
6.	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			\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: Page 1 of 8 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Larry Olivarez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 07-22-16 Reynaldo A. Pena \$2,500.00 6 Contributor address; City; State; Zip Code 400 Mann St Ste 705 Corpus Christi, Tx 78401 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) Nova N. Herin 08-08-16 \$2,000.00 Contributor address; City; State; Zip Code 13742 Hillwood Trl Corpus Christi, Tx 78410 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 08-10-16 Jon Hurt, CPA \$200.00 City; State; Zip Code Contributor address: 4122 Russell Dr. Corpus Christi, Tx 78408 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 08-10-16 Gulley-Hurst, LLC \$500.00 City; State; Zip Code Contributor address; 4833 Saratoga Blvd Corpus Christi, Tx 78413 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.

The	e Instruction Guide explains how	w to complete this	form.	1 Total pages Schedule A1: Page 2 Of 8
FILER NAME Larry Oliv				3 Filer ID (Ethics Commission Filers)
Date 08-16-16	 5 Full name of contributor Wesley Rogers 6 Contributor address; 501 Bluebonnet 	out-of-state PAC City; State; Bishop, Tx	Zip Code	7 Amount of contribution (\$) \$500.00
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instr	ructions)
Date 08-16-16	Full name of contributor Wesley Rogers Contributor address; 501 Bluebonnet	out-of-state PAC City; State; Bishop, Tx	; Zip Code	Amount of contribution (\$) \$1,500.00
Principal occu	upation / Job title (See Instructions)	14	Employer (See Instr	ructions)
Date 09-10-16	Full name of contributor Cole Park Event - Can Contributor address; P. O. Box 260605	npaign To Elect 		Amount of contribution (\$) \$328.00
Principal occu	upation / Job title (See Instructions)	1	Employer (See Instr	ructions)
Date 08-29-16	Full name of contributor Golf Tournment Even Contributor address; 4717 Everhart Road	City; State		Amount of contribution (\$) \$200.00
Principal occu	upation / Job title (See Instructions))	Employer (See Instr	ructions)
e	в в в	6		5

MONET	TARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how	to complete this	s form.	1 Jotal pages Schedule A1: Page 3 of 8
2 FILER NAME Larry Oliva	arez			3 Filer ID (Ethics Commission Filers)
4 Date 09-16-16	5 Full name of contributor Cars 4 Credit 6 Contributor address; P. O. Box 271477		e; Zip Code aristi, Tx 78427 9 Employer (See Instruc	7 Amount of contribution (\$) \$2,000.00
C , imelpai sees	peder, see alle (ese mediane)		2 Employor (ede marae	1010)
Date 09-16-16	Full name of contributor Cole Park & Golf Event- Contributor address; P. O. Box 853	City; State		Amount of contribution (\$) \$656.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 09-19-16	Full name of contributor Irene M. Bocanergra Contributor address; 5333 Everhart	City; State	e; Zip Code	Amount of contribution (\$) \$200.00
Principal occup	pation / Job title (See Instructions)	0 1	Employer (See Instruc	tions)
Date 09-21-16	Full name of contributor Robert Vela, M.D. Contributor address; 5201 Greenbriar	2500 200	e; Zip Code risti, Tx 78413	Amount of contribution (\$) \$300.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITIO		OF THIS SCHEDULE AS N	

MONET	TARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: Page 4 of 8
2 FILER NAME Larry Oliva	arez	10	· n= 8	3 Filer ID (Ethics Commission Filers)
4 Date 09-23-16	5 Full name of contributorDavid Hewitt, Jr.6 Contributor address;4806 Olympia	1822 - N	; Zip Code	7 Amount of contribution (\$) \$3,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	cions)
Date 09-24-16	Full name of contributor Janie C. Rodela Contributor address; 7033 Winter Park	City; State	e; Zip Code risti, Tx 78413	Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ons)
Date 09-02-16	Full name of contributor Golf Tournment Benef Contributor address; Country Club	City; State	c (ID#:) c; Zip Code cristi, Tx 78411	Amount of contribution (\$) \$1,050.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 09-21-16	Full name of contributor Miguel F. Carranco Contributor address; 4325 Murphy Dr		e; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions)	Vi	Employer (See Instruct	tions)
(9.5	ATTACH ADDITI		OF THIS SCHEDULE AS NE	

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 5 of 8
FILER NAME Larry Oliv		3 Filer ID (Ethics Commission Filers)
Date 09-25-16	5 Full name of contributor	7 Amount of contribution (\$) \$100.00
Principal occ	supation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 10-07-16	Full name of contributor out-of-state PAC (ID#:) Mike Westergren Contributor address; City; State; Zip Code 2033 18th Street Corpus Christi, Tx 78404	Amount of contribution (\$) \$100.00
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date 10-07-16	Full name of contributor	Amount of contribution (\$) \$6,000.00
0 2 A	6406 Lakewood Circle Corpus Christi, Tx 78413	
Principal occi	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date 10-07-16	Full name of contributor out-of-state PAC (ID#:) Maricela T. Mendoza Contributor address; City; State; Zip Code 5440 Everhart #7 Corpus Christi, Tx 78411	Amount of contribution (\$) \$100.00
Principal occi	upation / Job title (See Instructions) Employer (See Instruc	tions)

The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule A1: Page 6 of 8
FILER NAME Larry Olive	rrez.	48 g 4 4	3 Filer ID (Ethics Commission Filers)
Date		out-of-state PAC (ID#:	7 Amount of contribution (\$)
10-07-16	Nelda Z. Garcia		\$100.00
10 07 10	6 Contributor address;	City; State; Zip Code	100.00
	5418 Hulen Dr	Corpus Christi, Tx 78413	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instr	ructions)
	ű.		
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
10-07-16	Joe L. Palacios		\$100.00
	Contributor address;	City; State; Zip Code	* s
	4929 Eider Drive	Corpus Christi, Tx 78413	5 5
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	uctions)
		8 5 5 0 8 7 0	1 , 1
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
10-07-16	Mario Mungia		\$100.00
	Contributor address;	City; State; Zip Code	
	4209 Holly Ridge	Corpus Christi, Tx 78413	1
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	uctions)
<i>r</i>			, , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
10-07-16	Priscilla A. Olivarez	J OUT-01-State FAC (ID#.	\$200.00
	Contributor address;	City; State; Zip Code	•
	5225 Greenbriar Dr	Corpus Christi, Tx 78413	
Principal occur	pation / Job title (See Instructions)	Employer (See Instr	ructions)
	,		/
, ,			
			9 N 5 9 1
		8 ⁴⁸ 8	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 7 of 8
FILER NAME Larry Olive		3 Filer ID (Ethics Commission Filers)
Date 10-07-16	5 Full name of contributor □ out-of-state PAC (ID#:	- 1
Principal occu	upation / Job title (See Instructions) 9 Emple	oyer (See Instructions)
Date 10-07-16	Full name of contributor out-of-state PAC (ID#:	\$250.00
Principal occu	pation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date 10-07-16	Full name of contributor	\$200.00
Principal occu	pation / Job title (See Instructions) Empl	oyer (See Instructions)
Date 10-07-16	Full name of contributor out-of-state PAC (ID#: Telma A. Lopez Contributor address; City; State; Zip Co. 4934 Deer Park Rd Corpus Christi, Tx	
Principal occu	pation / Job title (See Instructions) Empl	oyer (See Instructions)

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 8 of 8
FILER NAME Larry Oliv		3 Filer ID (Ethics Commission Filers)
Date 10-07-16	5 Full name of contributor	7 Amount of contribution (\$) \$100.00
	5329 Fulwell Dr Corpus Christi, Tx 78413	
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	otions)
Date	Full name of contributor	Amount of contribution (\$)
10-07-16	Ernesto Lira Jr Contributor address; City; State; Zip Code 5405 Hulen Dr Corpus Christi, Tx 78413	\$100.00
Principal occu	ipation / Job title (See Instructions) Employer (See Instructions)	ptions)
Date 10-08-16	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4614 Oxford Dr Corpus Christi, Tx 78411	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	otions)
Date	Full name of contributor	Amount of contribution (\$)
10-18-16	Happy Fund Raiser Contributor address; City; State; Zip Code Corpus Christi, Tx 78411	\$900.00
	upation / Job title (See Instructions) Employer (See Instruc	ctions)
Principal occi		
Principal occi		
Principal occi		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	1 Total pages Schedule Page I of I	A2:
² FILER NAME Larry Olivarez	3 Filer ID (Ethics Comm	ission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	UTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of . 9 Contribution \$.	In-kind contribution description
10-05-2016 Richard Armijo City; State; Zip Co 7 Contributor address; City; State; Zip Co 2601 Hardwood Ln Houston, Tx 7709		Coolers for Event
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)	
	The same state of the same sta	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDIO	CIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse	(if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	n e	
3	,	
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$.	In-kind contribution description
Contributor address; City; State; Zip Co	e	
	Check if travel outside of	of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)	(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDIO	CIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse	(if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	W.
		D
		*
x		
ATTACH ADDITIONAL COPIES OF	I - 1-17 (T)	uirements

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Foot/Beverage Expense Gift/Awards/Memorials Expense 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 (or house a set seem of the depuse)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: Page 1 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 06-09-16	5 Payee name West Side Helping Hand	
6 Amount (\$)	7 Payee address; City; State; Zip Code	8 8
\$100.00	P. O. Box 543 Corpus Christi, Tx 7	8465
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
06-25-16	Walmart Supercenter	
Amount (\$)	Payee address; City; State; Zip Code	
\$95.00	6101 Saratoga Rd Corpus Christi, Tx 7	78412
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	-
06-29-16	Dollar Tree Store	
Amount (\$)	Payee address; City; State; Zip Code	
\$17.32	5513 Saratoga Blvd Corpus Christi, Tr	x 78418
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

(a) Category (See PURPOSE OF Advertisin	ports		Filer ID (Ethics Commission Filers
Amount (\$) \$181.86 7 Payee address 5314 Stone (a) Category (See PURPOSE OF Advertisin	s; City; State; Zip Code mill Circle Corpus Chris		
\$181.86 5314 Stone (a) Category (See PURPOSE OF Advertisin	mill Circle Corpus Chris		2 40 E 2
(a) Category (See PURPOSE OF Advertisin	n ====================================	ti, Tx 78413	
PURPOSE OF Advertisir	Categories listed at the top of this schedule)		
OF Advertisin		(b) Description	
OF Advertisin	8:	Check if travel outside o	of Texas. Complete Schedule T.
EXPENDITURE	ig Expense	Check if Austin, TX,	officeholder living expense
7. 7.		* * * * * * * * * * * * * * * * * * *	
Complete ONLY if direct Candidate / expenditure to benefit C/OH	Officeholder name	Office sought	Office held
Date Payee name			
07-12-16 Gulf Coast	Gulf Coast Mailing & Printing Services		
Amount (\$) Payee address	s; City; State; Zip Code	9	
\$64.95 P. O, Box 9	312 Corpus Christi, T	x 7869	
PURPOSE OF EXPENDITURE Category (See	Categories listed at the top of this schedule)		f Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct Candidate / expenditure to benefit C/OH	Officeholder name	Office sought	Office held
Date Payee name	8		
06-29-16 Walmart S	upercenter		
Amount (\$) Payee addres	s; City; State; Zip Code	9	- V
\$59.03 5513 Sarato	oga Blvd Corpus Christi,	Tx 78413	
Category (See	Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of	f Texas. Complete Schedule T.
OF Food/Beve	rage Expense	Check if Austin, TX,	officeholder living expense
		<u>g</u>	
Complete ONLY if direct Candidate / expenditure to benefit C/OH	Officeholder name	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	, and the state of	ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1: Page 3 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission File	ers)
4 Date 07-14-16	5 Payee name Nueces Country Democratic Party		
6 Amount (\$)	7 Payee address; City; State; Zip Code	V C See	
\$1,000.00	P. O. Box 853 Corpus Christi, Tx 78	3403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(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/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
07-12-16	Gulf Coast Mailing & Printing Services		
Amount (\$)	Payee address; City; State; Zip Code	e seatha an fearan an a	
\$64.95	P. O. Box 9312 Corpus Christi, Tx 78	3469	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	8
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	-
Date	Payee name		v
08-03-16	Gulf Coast Mailing & Printing Services		
Amount (\$)	Payee address; City; State; Zip Code		
\$194.85	P. O. Box 9312 Corpus Christi, Tx 78	469	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	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	
501	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

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

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: Page 4 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 07-04-16	5 Payee name Kevin Kieschnick	
6 Amount (\$)	7 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
\$30.00	Nueces Country Courthouse Corpus	Christi, Tx 78401
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Fee	Check if Austin, TX, officeholder living expense
LAFENDITORE		
The second secon		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	The state of the s
08-07-16	The Home Depot	
Amount (\$)	Payee address; City; State; Zip Code	
\$57.50	5041 S. Padre Island Drive Corpus C	Christi, Tx 78411
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		a a
One of the CANANA CANANA	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/Oh		Office sought Office field
Date	Payee name	E 160
08-08-16	Walmart Supermarket	
* 0	F	
Amount (\$)	Payee address; City; State; Zip Code	, ag g
\$62.21	6101 Saratoga Dr. Corpus Christi, Tr	x 78412
5 B	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Office Overhead	Check if Austin, TX, officeholder living expense
EXPENDITURE	A consequence and m separateleonical as	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	0 8	(2) II
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S COUEDIN E AC NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1: Page 5 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 08-10-16	5 Payee name HEB Store	
6 Amount (\$)	7 Payee address; City; State; Zip Code	30
\$45.00	11158 Leopard Corpus Christi, Tx 7	8410
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Expense	(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/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08-10-16	Dairy Queen 17	
Amount (\$)	Payee address; City; State; Zip Code	2,
\$600.07	11101 Leopard St Corpus Christi, Tx	78410
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description 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/Of	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08-12-16	Checks.Com	
Amount (\$)	Payee address; City; State; Zip Code	The state of the s
\$27.55	Internet Sale	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
10	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Larry Olivarez Page 6 of 22 4 Date 5 Payee name 08-16-16 Sam's Club 6 Amount (\$) City; State; Zip Code 7 Payee address; \$228.00 4833 S. Padre Island Dr. Corpus Christi, Tx 78411 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Overhead Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08-18-16 Walmart Supercenter Amount (\$) City; State; Zip Code Payee address; \$198.00 4109 Staples St Corpus Christi, Tx 78411 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Office Overhead Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 08-22-16 The Home Depot Amount (\$) Payee address; City; State; Zip Code \$128.10 5041 S. Padre Island Dr Corpus Christi, Tx 78411 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# W 44	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	2 II
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement the Overhead/Rental Expense ing Expense ting Expense uries/Wages/Contract Labor v to complete this form.	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: Page 7 of 22	2 FILER NAME Larry Olivarez	10 to g	3 Filer ID (Ethics Commission Filers)
4 Date 08-19-16	5 Payee name Lighthouse Graphics		A 10 10 10 10 10 10 10 10 10 10 10 10 10
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	1 5 X
\$1,558.80	3046 S. Padre Island Dr. Corpus	Christi, Tx 78415	3 3 3 3
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Advertising Expense	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	_ 5 2 4	N N N SS
08-20-16	Stripes 2101		
Amount (\$) \$45.00	Payee address; City; State; Zip Co 5701 Everhart Corpus Christi, Tr		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Transportation Expense	Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	yr 10	s <u>.</u> *
08-20-16	DM Productions		
Amount (\$) \$280.00	Payee address; City; State; Zip Co P. O. Box 71803 Corpus Christi, T		
***	Category (See Categories listed at the top of this schedul	D	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
PURPOSE OF EXPENDITURE	Advertising Expense	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
15	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NE	EDED

	EXPENDITURE CATEG	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)
Credit Card Payment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1: Page 8 of 22	2 FILER NAME Larry Olivarez	E	3 Filer ID (Ethics Commission Filers)
4 Date 0-23-16	5 Payee name Tin-Ram Sports	5 th	
6 Amount (\$)	7 Payee address; City; State; Zig	p Code	
\$110.41	5314 Stonemill Circle Corpus	Christi, Tx 78413	
8 PURPOSE	(a) Category (See Categories listed at the top of this so		outside of Texas. Complete Schedule T.
OF	Advertising Expense	Check if Austi	in, TX, officeholder living expense
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08-23-16	Gulf Coast Mailing & Printing	Services	
Amount (\$)	Payee address; City; State; Zi	@2011002-07400 =1.1	
\$136.40	P. O. Box 9312 Corpus Chris	sti, Tx 78469	
	Category (See Categories listed at the top of this so		
PURPOSE OF EXPENDITURE	Printing Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
7	8 N	es e	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	X, 11	a word in a late of the control of t
08-25-16	Dollar Tree Stores Inc.		- W
Amount (\$)	Payee address; City; State; Zi	ip Code	
\$14.07	5513 Saratoga Blvd Corpus C	Christi, Tx 78413	
5	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE	n en		utside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austi	n, TX, officeholder living expense
e e e	*	8 8	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	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: Page 9 of 22	2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
4 Date 08-25-16	5 Payee name HEB	2 a u	o a
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$55.96	5313 Saratoga Corpus Christi	, Tx 78413	X***
8	(a) Category (See Categories listed at the top of this sol	nedule) (b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense		utside of Texas. Complete Schedule T.
	N = 5	2 5 5 8 1	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	7	
08-25-16	Walmart Supermart		
Amount (\$)	Payee address; City; State; Zip	Code	· · · · · · · · · · · · · · · · · · ·
\$10.79	5101 Saratoga Rd Corpus Chri	isti, Tx 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	Check if travel or	utside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	- A U	
08-28-16	Stripes 2101		
Amount (\$)	Payee address; City; State; Zip	Code	II II 8 %
\$45.00	5701 Everhart Rd Corpus Chr	risti, Tx 78413	
PURPOSE	Category (See Categories listed at the top of this so		utside of Texas. Complete Schedule T.
OF EXPENDITURE	Transportation Expense	Check if Austin	n, TX, officeholder living expense
		2 "	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
*	ATTACH ADDITIONAL COSTS	OF THE COURSE AGAIN	FDFD
7 LS	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	בטבט

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Gift/Awards/Memorials Expense Printing Expense	xpense Vages/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: Page 10 of 22	2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
4 Date 08-26-16	5 Payee name Northshore Country Club	= =====================================	
6 Amount (\$) \$1,835.50	7 Payee address; City; State; Zip Code 801 E. Broadway Blvd Portland, Tx	78374	14" - g" < ,
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	W W	
08-23-16	Omni Hotel & Resorts - Texas Young	Democrats	27
Amount (\$)	Payee address; City; State; Zip Code		
\$93.00	900 North Shoreline Blvd Corpus Ch	risti, Tx 78401	
	Category (See Categories listed at the top of this schedule)	Description	6 U II
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Donation	Check if Austin	, TX, officeholder living expense
		5 II	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08-24-16	Stripes 2101		
Amount (\$)	Payee address; City; State; Zip Code	15	and the second s
\$45.00	5701 Everhart Corpus Christi, Tx 7	8413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
A	Opposition / Office half	1000	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
e or re	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/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/Contract Section (19)

Candidate/Officeholder/Politica Credit Card Payment	1 Interior 2	ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: Page I1 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 08-25-16	5 Payee name Office Depot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	0 B
\$80.04	5425 S. Padre Island Dr Corpus Chris	ti, Tx 78411
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
20 ac		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought . Office held
Date	Payee name	
08-25-16	Jason's Dell #616	
Amount (\$)	Payee address; City; State; Zip Code	**************************************
\$31.22	1416 Airline Corpus Christi, Tx 78	412
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	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	20
08-26-16	Walmart Supercenter	
Amount (\$)	Payee address; City; State; Zip Code	3
\$48.17	6101 Saratoga Corpus Christi, Tx 8	412
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
**************************************	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: Page 12 of 22 3 Filer ID (Ethics Commission Filers) ² FILER NAME Larry Olivarez 4 Date 5 Payee name 08-29-16 The Home Depot 6 Amount (\$) 7 Payee address; City; State; Zip Code \$119.19 5041 S. Padre Island Dr. Corpus Christi, Tx 78411 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08-29-16 Light House Graphics Amount (\$) Payee address; City; State; Zip Code \$811.87 3046 S. Padre Island Dr. Corpus Christi, Tx 78415 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Printing Expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08-29-16 Gulf Coast Mailing & Printing Services City; State; Zip Code Amount (\$) Payee address; \$324.75 P. O. Box 9312 Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **Printing Expense** EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense 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. Total pages Schedule F1: Page 13 of 22 2 FILER NAME Larry Olivarez 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 08-30-16 Lighthouse Graphics 6 Amount (\$) City; State; Zip Code \$270.62 3046 S. Padre Island Dr. Corpus Christi, Tx 78415 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE Printing Expense** Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09-01-16 Walmart Supercenter Amount (\$) Payee address; City; State; Zip Code \$12.86 4109 S. Staples Corpus Christi, Tx 78411 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Office Overhead EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09-04-16 Sam's Club Amount (\$) Payee address; City; State; Zip Code 4833 S. Padre Island Dr Corpus Christi, Tx 78411 \$39.69 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **Event Expense** Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. EILER NAME Larry Olivarez Total pages Schedule F1: Page 14 of 22 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 09-06-16 City of Corpus Christi - Special Events 6 Amount (\$) 7 Payee address; City; State; Zip Code \$885.00 1581 N. Chaparral Corpus Christi, Tx 78401 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Event Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09-06-16 Gulf Coast Mailing & Printing Services Amount (\$) Payee address; City; State; Zip Code \$407.02 P. O. Box 9312 Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Printing Expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09-07-16 **DM Productions** Amount (\$) Payee address; City; State; Zip Code \$1,375.00 P. O. Box 71803 Corpus Christi, Tx 78467 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	Complete this form. Other (enter a category not listed above)
1 Total pages Schedule F1: Page 15 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers
Date 09-08-16	5 Payee name Walmart Supercenter	
6 Amount (\$)	7 Payee address; City; State; Zip Code	* 4 II 0
\$39.47	6101 Saratoga Corpus Christi, Tx 7	8412
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Event Evenesia	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
09-08-16	Lighthouse Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$449.23	3046 South Padre Island Dr Corpus	Christi, Tx 78415
	Category (See Categories listed at the top of this schedule)	Description
DUDDOCE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF	Printing Expense	
EXPENDITURE		2 ⁵ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09-10-16	Corner Store	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.00	3958 Saratoga Blyd Corpus Christi,	Tx 78413
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Transportation Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Ol		
<u> </u>	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

	EXPENDI	TURE CATEGORIES	FOR BOX 8(a)	2	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Office O pense Polling E rials Expense Printing	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel In District Travel Out Of District Other (enter a category not listed above	
1 Total pages Schedule F1: Page 16 of 23	2 FILER NAME Larry Olivarez	2		3 Filer ID (Ethlcs Commission Fi	lers)
4 Date 09-12-16	5 Payee name Southside Post Offi	ce	2 7 9 2		
6 Amount (\$) \$12.00		ity; State; Zip Code orpus Christi, Tx 7	78413	* 2	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Office Overhead	9 7 9 7	Check if Austi	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder	name	Office sought	Office held	8 X
Date	Payee name	A C			
09-13-16	Subway #31295				
Amount (\$)	Payee address; C	ity; State; Zip Code	p.		
\$25.82	3921 Saratoga Co	orpus Christi, Tx	78415		
PURPOSE OF EXPENDITURE	Category (See Categories liste Food/Beverage Exp			utside of Texas. Complete Schedule T. n, TX, officeholder living expense	₂₀ W
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder	name	Office sought	Office held	
Date	Payee name		V.		
09-13-16	Office Depot				
Amount (\$)	Payee address; C	ity; State; Zip Code	0		V
\$57.39	5425 S. Padre Islan	d Dr Corpus Ch	risti, Tx 78411		
PURPOSE OF EXPENDITURE	Category (See Categories liste Office Overhead	ed at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholde	er name	Office sought	Office held	
in the second se	ATTACH ADDITIO	NAL COPIES OF THI	S SCHEDULE AS NE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: Page 17 of 22 ² FILER NAME Larry Olivarez 3 Filer ID (Ethics Commission Filers) 4 Date 09-13-16 5 Payee name The Home Depot 6 Amount (\$) 7 Payee address; City; State; Zip Code \$55.74 5041 S. Padre Island Dr Corpus Christi, Tx 78411 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09-20-16 Sam's Club Amount (\$) Payee address; City; State; Zip Code \$42.20 4833 S. Padre Island Dr Corpus Christi, Tx 78411 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Food/Beverage Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09-25-16 KRIS TV Amount (\$) Payee address; City; State; Zip Code \$127.50 301 Artesian St Corpus Christi, Tx 78401 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Ages/Contract Labor Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1: Page 18 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)	
4 Date 09-25-16	5 Payee name KRIS TV		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$127.50	301 Artesian St Corpus Christi, Tx 78	8401	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	0	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
EXTENDITION E			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
09-20-16	KRIS TV		
Amount (\$)	Payee address; City; State; Zip Code		
\$5,784.25	301 Artesian St Corpus Christi, Tx	78401	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	4 4 5 D	Check if travel outside of Texas. Complete Schedule T.	
OF	Advertising Expense Check if Austin, TX, officeholder living expense		
EXPENDITURE	9-1		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
09-21-16	Gulf Coast Mailing & Printing Service	es	
Amount (\$)	Payee address; City; State; Zip Code		
\$5.66	P. O. Box 9312 Corpus Christi, Tx		
g*	3 4 9		
en alle de la constante de la	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	State of the state	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense	
EXI ENDITORIE			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: Page 19 of 23 ² FILER NAME Larry Olivarez 3 Filer ID (Ethics Commission Filers) 4 Date 09-21-16 5 Payee name Lighthouse Graphics 6 Amount (\$) 7 Payee address; City; State; Zip Code \$146.13 3046 South Padre Island Dr Corpus Christi, Tx 78415 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 09-27-16 Hobby Lobby Amount (\$) Payee address; City; State; Zip Code \$32.40 5425 South Padre Island Dr Corpus Christi, Tx 78411 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense **Event Expense** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09-27-16 Party City Amount (\$) Payee address; City; State; Zip Code \$50.54 5425 South Padre Island Dr Corpus Christi, Tx 78411 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Event Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: Page 20 of 22 ² EILER NAME Larry Olivarez 3 Filer ID (Ethics Commission Filers) 4 Date 09-27-16 5 Payee name Sam's Club 6 Amount (\$) 7 Payee address; City; State; Zip Code \$52.90 4833 SPID Corpus Christi, Tx 78411 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Event Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09-27-16 Walmart Supercenter City; State; Zip Code Amount (\$) Payee address; \$46.99 6101 Saratoga Rd Corpus Christi, Tx 78412 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Event Expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Walmart Supercenter 09-28-16 Amount (\$) City; State; Zip Code Payee address; Corpus Christi, Tx 78416 \$44.73 1821 SPID Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Food/Beverage Expense Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Larry Olivarez Page 21 of 22 4 Date 09-30-16 5 Payee name Malkan Interactive Communications City; State; Zip Code 6 Amount (\$) 7 Payee address; \$1,500.00 2117 Leopard Corpus Christi, Tx 78408 (a) Category (See Categories listed at the top of this schedule) (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09-30-16 Malkan Interactive Communication Amount (\$) City; State; Zip Code Payee address; \$160.00 2117 Leopard Corpus Christi, Tx 78408 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Fee Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date 09-30-16 Nueces County Democratic Party Amount (\$) City; State; Zip Code Payee address; \$25.00 2701 Morgan Ave Corpus Christi, Tx 78405 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Donation Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EX	PENDITURE CATE	EGORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awa al Committee Legal Se	verage Expense rds/Memorials Expense rvices	Office Overh Polling Expe Printing Expo Salaries/Wag	ense ges/Contract Labor	Travel In District Travel Out Of Distr	pment & Related Expense
		struction Guide expla	ins now to coi	npiete this form.	8 9	n n
1 Total pages Schedule F1: Page 22 of 22	2 FILER NAME Larry Olivare	ez.			3 Filer ID (Ethic	cs Commission Filers)
4 Date 10-03-16	5 Payee name KRIS Comm	unications		B 0.55	***************************************	
6 Amount (\$) \$7,905.00	7 Payee address; 301 Artesian	City; State; St. Corpus Ch		401		2 2 2
8 PURPOSE OF EXPENDITURE	(a) Category (See Cate	egories listed at the top of this	s schedule)		outside of Texas. Complete in, TX, officeholder livin	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Offi H	ceholder name		Office sought	6	Office held
Date 10-06-16	Payee name Academy		5 ₁₈	2 2 5m	- - -	
Amount (\$) \$326.43	Payee address; 5001 SPID	City; State; Corpus Chr		411	*	
PURPOSE OF EXPENDITURE	Category (See Cate	egories listed at the top of this	s schedule)		utside of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Offi H	ceholder name		Office sought	77 - 27 ST 100°	Office held
Data	Payee name					
Date 10-06-16	Sam's Club					
Amount (\$)	Payee address;	City; State;	Zip Code	7 - 2 -	11 The second se	
\$74.00	4833 SPID	Corpus Chr	isti, Tx 78	411		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense			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/O		iceholder name		Office sought	- <u>I</u>	Office held
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