

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Larry Olivarez

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$ 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 POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

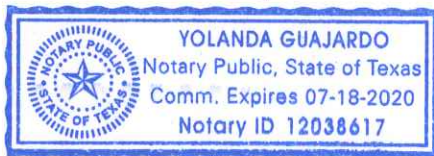
\$ 349.83

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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 Larry Olivarez, this the 11
day of October 20 16, to certify which, witness my hand and seal of office.

Yolanda Guajardo
Signature of officer administering oath

Yolanda Guajardo
Printed name of officer administering oath

NOTARY
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Larry Olivarez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,884.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 378.84
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 28,930.73
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 1 of 8

2 FILER NAME
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date
07-22-16

5 Full name of contributor out-of-state PAC (ID#: _____)
Reynaldo A. Pena

7 Amount of contribution (\$)
\$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)

9 Employer (See Instructions)

Date
08-08-16

Full name of contributor out-of-state PAC (ID#: _____)
Nova N. Herin

Amount of contribution (\$)
\$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
08-10-16

Full name of contributor out-of-state PAC (ID#: _____)
Jon Hurt, CPA

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
4122 Russell Dr. Corpus Christi, Tx 78408

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08-10-16

Full name of contributor out-of-state PAC (ID#: _____)
Gulley-Hurst, LLC

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 2 of 8

2 FILER NAME
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date
08-16-16

5 Full name of contributor out-of-state PAC (ID#: _____)
Wesley Rogers

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
501 Bluebonnet Bishop, Tx 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08-16-16

Full name of contributor out-of-state PAC (ID#: _____)
Wesley Rogers

Amount of contribution (\$)
\$1,500.00

Contributor address; City; State; Zip Code
501 Bluebonnet Bishop, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09-10-16

Full name of contributor out-of-state PAC (ID#: _____)
Cole Park Event - Campaign To Elect Roy Barrera

Amount of contribution (\$)
\$328.00

Contributor address; City; State; Zip Code
P. O. Box 260605 Corpus Christi, Tx 78426

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08-29-16

Full name of contributor out-of-state PAC (ID#: _____)
Golf Tournament Event - Montalvo Enterprises, LLC

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
4717 Everhart Road Corpus Christi, Tx 78411

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:
Page 3 of 8

2 FILER NAME
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date
09-16-16

5 Full name of contributor out-of-state PAC (ID#: _____)
Cars 4 Credit

7 Amount of contribution (\$)
\$2,000.00

6 Contributor address; City; State; Zip Code
P. O. Box 271477 Corpus Christi, Tx 78427

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09-16-16

Full name of contributor out-of-state PAC (ID#: _____)
Cole Park & Golf Event- Nueces Democratic Party

Amount of contribution (\$)
\$656.00

Contributor address; City; State; Zip Code
P. O. Box 853 Corpus Christi, Tx 78403

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09-19-16

Full name of contributor out-of-state PAC (ID#: _____)
Irene M. Bocanergra

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
5333 Everhart Corpus Christi, Tx 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09-21-16

Full name of contributor out-of-state PAC (ID#: _____)
Robert Vela, M.D.

Amount of contribution (\$)
\$300.00

Contributor address; City; State; Zip Code
5201 Greenbriar 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 4 of 8

2 FILER NAME
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date
09-23-16

5 Full name of contributor out-of-state PAC (ID#: _____)
David Hewitt, Jr.

7 Amount of contribution (\$)
\$3,000.00

6 Contributor address; City; State; Zip Code
4806 Olympia Corpus Chisti, Tx 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09-24-16

Full name of contributor out-of-state PAC (ID#: _____)
Janie C. Rodela

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
7033 Winter Park Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09-02-16

Full name of contributor out-of-state PAC (ID#: _____)
Golf Tournment Benefit

Amount of contribution (\$)
\$1,050.00

Contributor address; City; State; Zip Code
Country Club Corpus Christi, Tx 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09-21-16

Full name of contributor out-of-state PAC (ID#: _____)
Miguel F. Carranco

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4325 Murphy Dr 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 5 of 8

2 FILER NAME
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date
09-25-16

5 Full name of contributor out-of-state PAC (ID#: _____)
Benito G. Zuniga

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
2042 Overland Trl Corpus Christi, Tx 78410

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10-07-16

Full name of contributor out-of-state PAC (ID#: _____)
Mike Westergren

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2033 18th Street Corpus Christi, Tx 78404

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-07-16

Full name of contributor out-of-state PAC (ID#: _____)
Anna M. Hewitt

Amount of contribution (\$)
\$6,000.00

Contributor address; City; State; Zip Code
6406 Lakewood Circle Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-07-16

Full name of contributor out-of-state PAC (ID#: _____)
Maricela T. Mendoza

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
5440 Everhart #7 Corpus Christi, Tx 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 6 of 8

2 FILER NAME

Larry Oliverez

3 Filer ID (Ethics Commission Filers)

4 Date

10-07-16

5 Full name of contributor

Nelda Z. Garcia

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

5418 Hulen Dr

City; State; Zip Code

Corpus Christi, Tx 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-07-16

Full name of contributor

Joe L. Palacios

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

Amount of contribution (\$)

\$100.00

Contributor address;

4929 Eider Drive

City; State; Zip Code

Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-07-16

Full name of contributor

Mario Mungia

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

Amount of contribution (\$)

\$100.00

Contributor address;

4209 Holly Ridge

City; State; Zip Code

Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-07-16

Full name of contributor

Priscilla A. Olivarez

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

Amount of contribution (\$)

\$200.00

Contributor address;

5225 Greenbriar Dr

City; State; Zip Code

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 7 of 8

2 FILER NAME
Larry Oliverez

3 Filer ID (Ethics Commission Filers)

4 Date
10-07-16

5 Full name of contributor out-of-state PAC (ID#: _____)
David L. Brooks

7 Amount of contribution (\$)
\$200.00

6 Contributor address; City; State; Zip Code
7305 Diamond Ridge Dr Corpus Christi, Tx 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10-07-16

Full name of contributor out-of-state PAC (ID#: _____)
Ronald D. Flores

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
4750 Grand Junction Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-07-16

Full name of contributor out-of-state PAC (ID#: _____)
Lee A. Trujillo

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
4730 Woolridge Corpus Christi, Tx 78427

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-07-16

Full name of contributor out-of-state PAC (ID#: _____)
Telma A. Lopez

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4934 Deer Park Rd 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 8 of 8

2 FILER NAME
Larry Oliverez

3 Filer ID (Ethics Commission Filers)

4 Date
10-07-16

5 Full name of contributor out-of-state PAC (ID#: _____)
Richard Serna

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
5329 Fulwell Dr Corpus Christi, Tx 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10-07-16

Full name of contributor out-of-state PAC (ID#: _____)
Ernesto Lira Jr

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
5405 Hulen Dr Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-08-16

Full name of contributor out-of-state PAC (ID#: _____)
Gerald G. Garza Sr.

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4614 Oxford Dr Corpus Christi, Tx 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-18-16

Full name of contributor out-of-state PAC (ID#: _____)
Happy Fund Raiser

Amount of contribution (\$)
\$900.00

Contributor address; City; State; Zip Code
Corpus Christi, Tx 78411

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Page 1 of 1	
2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10-05-2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Armijo 7 Contributor address; City; State; Zip Code 2601 Hardwood Ln Houston, Tx 77093	8 Amount of Contribution \$ \$378.84	9 In-kind contribution description Coolers for Event
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside 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 JUDICIAL) (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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 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 (\$) \$100.00	7 Payee address; City; State; Zip Code P. O. Box 543 Corpus Christi, Tx 78465	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(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 06-25-16	Payee name Walmart Supercenter	
Amount (\$) \$95.00	Payee address; City; State; Zip Code 6101 Saratoga Rd Corpus Christi, Tx 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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 06-29-16	Payee name Dollar Tree Store	
Amount (\$) \$17.32	Payee address; City; State; Zip Code 5513 Saratoga Blvd Corpus Christi, Tx 78418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Page 2 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)			
4 Date 07-03-16	5 Payee name Tin-Ram Sports				
6 Amount (\$) \$181.86	7 Payee address; City; State; Zip Code 5314 Stonemill Circle Corpus Christi, Tx 78413				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07-12-16	Payee name Gulf Coast Mailing & Printing Services				
Amount (\$) \$64.95	Payee address; City; State; Zip Code P. O, Box 9312 Corpus Christi, Tx 7869				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 06-29-16	Payee name Walmart Supercenter				
Amount (\$) \$59.03	Payee address; City; State; Zip Code 5513 Saratoga Blvd Corpus Christi, Tx 78413				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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

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: Page 3 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 07-14-16	5 Payee name Nueces Country Democratic Party	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P. O. Box 853 Corpus Christi, Tx 78403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(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 07-12-16	Payee name Gulf Coast Mailing & Printing Services	
Amount (\$) \$64.95	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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 08-03-16	Payee name Gulf Coast Mailing & Printing Services	
Amount (\$) \$194.85	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 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 (\$) \$30.00	7 Payee address; City; State; Zip Code Nueces Country Courthouse Corpus Christi, Tx 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(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 08-07-16	Payee name The Home Depot	
Amount (\$) \$57.50	Payee address; City; State; Zip Code 5041 S. Padre Island Drive Corpus Christi, Tx 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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 08-08-16	Payee name Walmart Supermarket	
Amount (\$) \$62.21	Payee address; City; State; Zip Code 6101 Saratoga Dr. Corpus Christi, Tx 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Page 6 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
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4 Date 08-16-16	5 Payee name Sam's Club
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6 Amount (\$) \$228.00	7 Payee address; City; State; Zip Code 4833 S. Padre Island Dr. Corpus Christi, Tx 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(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
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Date 08-18-16	Payee name Walmart Supercenter
------------------	-----------------------------------

Amount (\$) \$198.00	Payee address; City; State; Zip Code 4109 Staples St Corpus Christi, Tx 78411
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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
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Date 08-22-16	Payee name The Home Depot
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Amount (\$) \$128.10	Payee address; City; State; Zip Code 5041 S. Padre Island Dr Corpus Christi, Tx 78411
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 7 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 08-19-16	5 Payee name Lighthouse Graphics	
6 Amount (\$) \$1,558.80	7 Payee address; City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, Tx 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 08-20-16	Payee name Stripes 2101	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 5701 Everhart Corpus Christi, Tx 78413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	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 08-20-16	Payee name DM Productions	
Amount (\$) \$280.00	Payee address; City; State; Zip Code P. O. Box 71803 Corpus Christi, Tx 78467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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		

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: Page 8 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
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4 Date 0-23-16	5 Payee name Tin-Ram Sports
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6 Amount (\$) \$110.41	7 Payee address; City; State; Zip Code 5314 Stonemill Circle Corpus Christi, Tx 78413
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08-23-16	Payee name Gulf Coast Mailing & Printing Services
------------------	--

Amount (\$) \$136.40	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08-25-16	Payee name Dollar Tree Stores Inc.
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Amount (\$) \$14.07	Payee address; City; State; Zip Code 5513 Saratoga Blvd Corpus Christi, Tx 78413
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)

The Instruction Guide explains how to complete this form.

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	
6 Amount (\$) \$55.96	7 Payee address; City; State; Zip Code 5313 Saratoga Corpus Christi, Tx 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 08-25-16	Payee name Walmart Supermart	
Amount (\$) \$10.79	Payee address; City; State; Zip Code 5101 Saratoga Rd Corpus Christi, Tx 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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 08-28-16	Payee name Stripes 2101	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 5701 Everhart Rd Corpus Christi, Tx 78413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	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		

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: 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							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held			
Candidate / Officeholder name	Office sought	Office held						
<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Date 08-23-16</td> <td colspan="2" style="border:none;">Payee name Omni Hotel & Resorts - Texas Young Democrats</td> </tr> <tr> <td style="border:none;">Amount (\$) \$93.00</td> <td colspan="2" style="border:none;">Payee address; City; State; Zip Code 900 North Shoreline Blvd Corpus Christi, Tx 78401</td> </tr> </table>			Date 08-23-16	Payee name Omni Hotel & Resorts - Texas Young Democrats		Amount (\$) \$93.00	Payee address; City; State; Zip Code 900 North Shoreline Blvd Corpus Christi, Tx 78401	
Date 08-23-16	Payee name Omni Hotel & Resorts - Texas Young Democrats							
Amount (\$) \$93.00	Payee address; City; State; Zip Code 900 North Shoreline Blvd Corpus Christi, Tx 78401							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held			
Candidate / Officeholder name	Office sought	Office held						
<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Date 08-24-16</td> <td colspan="2" style="border:none;">Payee name Stripes 2101</td> </tr> <tr> <td style="border:none;">Amount (\$) \$45.00</td> <td colspan="2" style="border:none;">Payee address; City; State; Zip Code 5701 Everhart Corpus Christi, Tx 78413</td> </tr> </table>			Date 08-24-16	Payee name Stripes 2101		Amount (\$) \$45.00	Payee address; City; State; Zip Code 5701 Everhart Corpus Christi, Tx 78413	
Date 08-24-16	Payee name Stripes 2101							
Amount (\$) \$45.00	Payee address; City; State; Zip Code 5701 Everhart Corpus Christi, Tx 78413							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held			
Candidate / Officeholder name	Office sought	Office held						
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 11 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 (\$) \$80.04	7 Payee address; City; State; Zip Code 5425 S. Padre Island Dr Corpus Christi, Tx 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(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 08-25-16	Payee name Jason's Dell #616	
Amount (\$) \$31.22	Payee address; City; State; Zip Code 1416 Airline Corpus Christi, Tx 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	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 08-26-16	Payee name Walmart Supercenter	
Amount (\$) \$48.17	Payee address; City; State; Zip Code 6101 Saratoga Corpus Christi, Tx 8412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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		

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: Page 12 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 08-29-16	5 Payee name The Home Depot	
6 Amount (\$) \$119.19	7 Payee address; City; State; Zip Code 5041 S. Padre Island Dr. Corpus Christi, Tx 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 08-29-16	Payee name Light House Graphics	
Amount (\$) \$811.87	Payee address; City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, Tx 78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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 08-29-16	Payee name Gulf Coast Mailing & Printing Services	
Amount (\$) \$324.75	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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

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: Page 13 of 22		2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)	
4 Date 08-30-16		5 Payee name Lighthouse Graphics			
6 Amount (\$) \$270.62		7 Payee address; City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, Tx 78415			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(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 09-01-16		Payee name Walmart Supercenter			
Amount (\$) \$12.86		Payee address; City; State; Zip Code 4109 S. Staples Corpus Christi, Tx 78411			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		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 09-04-16		Payee name Sam's Club			
Amount (\$) \$39.69		Payee address; City; State; Zip Code 4833 S. Padre Island Dr Corpus Christi, Tx 78411			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Page 14 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
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4 Date 09-06-16	5 Payee name City of Corpus Christi - Special Events
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6 Amount (\$) \$885.00	7 Payee address; City; State; Zip Code 1581 N. Chaparral Corpus Christi, Tx 78401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09-06-16	Payee name Gulf Coast Mailing & Printing Services
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Amount (\$) \$407.02	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09-07-16	Payee name DM Productions
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Amount (\$) \$1,375.00	Payee address; City; State; Zip Code P. O. Box 71803 Corpus Christi, Tx 78467
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Page 15 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 09-08-16	5 Payee name Walmart Supercenter	
6 Amount (\$) \$39.47	7 Payee address; City; State; Zip Code 6101 Saratoga Corpus Christi, Tx 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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 09-08-16	Payee name Lighthouse Graphics	
Amount (\$) \$449.23	Payee address; City; State; Zip Code 3046 South Padre Island Dr Corpus Christi, Tx 78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09-10-16	Payee name Corner Store	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 3958 Saratoga Blvd Corpus Christi, Tx 78413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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: Page 16 of 23	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 09-12-16	5 Payee name Southside Post Office	
6 Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 6742 Weber Rd Corpus Christi, Tx 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(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 09-13-16	Payee name Subway #31295	
Amount (\$) \$25.82	Payee address; City; State; Zip Code 3921 Saratoga Corpus Christi, Tx 78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	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 09-13-16	Payee name Office Depot	
Amount (\$) \$57.39	Payee address; City; State; Zip Code 5425 S. Padre Island Dr Corpus Christi, Tx 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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 _____	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 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 (\$) \$55.74	7 Payee address; City; State; Zip Code 5041 S. Padre Island Dr Corpus Christi, Tx 78411				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09-20-16	Payee name Sam's Club				
Amount (\$) \$42.20	Payee address; City; State; Zip Code 4833 S. Padre Island Dr Corpus Christi, Tx 78411				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09-25-16	Payee name KRIS TV				
Amount (\$) \$127.50	Payee address; City; State; Zip Code 301 Artesian St Corpus Christi, Tx 78401				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
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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: 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 (\$) \$127.50		7 Payee address; City; State; Zip Code 301 Artesian St Corpus Christi, Tx 78401			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(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 09-20-16		Payee name KRIS TV			
Amount (\$) \$5,784.25		Payee address; City; State; Zip Code 301 Artesian St Corpus Christi, Tx 78401			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		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 09-21-16		Payee name Gulf Coast Mailing & Printing Services			
Amount (\$) \$5.66		Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 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 (\$) \$146.13	7 Payee address; City; State; Zip Code 3046 South Padre Island Dr Corpus Christi, Tx 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 09-27-16	Payee name Hobby Lobby	
Amount (\$) \$32.40	Payee address; City; State; Zip Code 5425 South Padre Island Dr Corpus Christi, Tx 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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 09-27-16	Payee name Party City	
Amount (\$) \$50.54	Payee address; City; State; Zip Code 5425 South Padre Island Dr Corpus Christi, Tx 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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 _____	

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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: Page 20 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 09-27-16	5 Payee name Sam's Club	
6 Amount (\$) \$52.90	7 Payee address; City; State; Zip Code 4833 SPID Corpus Christi, Tx 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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	
Date 09-27-16	Candidate / Officeholder name Office sought Office held	
Payee name Walmart Supercenter	Office sought Office held	
Amount (\$) \$46.99	Payee address; City; State; Zip Code 6101 Saratoga Rd Corpus Christi, Tx 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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	
Date 09-28-16	Candidate / Officeholder name Office sought Office held	
Payee name Walmart Supercenter	Office sought Office held	
Amount (\$) \$44.73	Payee address; City; State; Zip Code 1821 SPID Corpus Christi, Tx 78416	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	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	

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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: Page 21 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 09-30-16	5 Payee name Malkan Interactive Communications	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 2117 Leopard Corpus Christi, Tx 78408	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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	
Date 09-30-16	Candidate / Officeholder name Malkan Interactive Communication	
Amount (\$) \$160.00	Payee address; City; State; Zip Code 2117 Leopard Corpus Christi, Tx 78408	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	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	
Date 09-30-16	Candidate / Officeholder name Nueces County Democratic Party	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 2701 Morgan Ave Corpus Christi, Tx 78405	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Page 22 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 10-03-16	5 Payee name KRIS Communications	
6 Amount (\$) \$7,905.00	7 Payee address; City; State; Zip Code 301 Artesian St. Corpus Christi, Tx 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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	
Date 10-06-16	Candidate / Officeholder name Academy	
Amount (\$) \$326.43	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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	
Date 10-06-16	Candidate / Officeholder name Sam's Club	
Amount (\$) \$74.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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	

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