

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Samuel Loyd NICKNAME LAST SUFFIX Loyd Neal Jr.	OFFICE USE ONLY Date Received FILED FOR RECORD AT M JUL 10 2015 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY: <i>[Signature]</i> DEPUTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 8347 Corpus Christi, Texas 78468-8347	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 549-2744	Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Gabe NICKNAME LAST SUFFIX Hernandez	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3218 Leopard St. Corpus Christi, Texas 78408		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 881-9091		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 15 THROUGH 06 / 30 / 15		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) County Judge	13 OFFICE SOUGHT (if known) County Judge	

GO TO PAGE 2

2015-055

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Samuel L. Neal, Jr.

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

Loyd Neal Campaign

SPECIFIC

COMMITTEE ADDRESS

P. O. Box 8347
Corpus Christi, Texas 78468-8347

COMMITTEE CAMPAIGN TREASURER NAME

Mr. Gabe Hernandez

COMMITTEE CAMPAIGN TREASURER ADDRESS

3218 Leopard St.
Corpus Christi, Texas 78408

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 13,031.17

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 24,095.40

OUTSTANDING
LOAN TOTALS

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

\$ -0-

18 AFFIDAVIT



AFFIX NOTARY STAMP SEAL ABOVE

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.

Samuel L. Neal, Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Samuel L. Neal, Jr., this the 9th day of July, 20 15, to certify which, witness my hand and seal of office.

Jennifer Dragoo
Signature of officer administering oath

Jennifer Dragoo
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Samuel L. Neal, Jr.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,031.17
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Samuel L. Neal, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 5/29/15	5 Payee name PAGA	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code c/o Cefe Valenzuela, High Meadow, Corpus Christi, Texas 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense summer program	(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 6/10/15	Candidate / Officeholder name CC Chamber of Commerce	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 1501 N. Chaparral St., Corpus Christi, Texas 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense table sponsor of 10 for 7/22 Salute to the Military luncheon	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	
Date 6/10/15	Candidate / Officeholder name Grassroots	
Amount (\$) 600.00	Payee address; City; State; Zip Code c/o Susie Saldana, 4855 S. Alameda, Suite 202, Corpus Chrsiti, Texas 78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense host 3 separate weeks of tv show	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Samuel L. Neal, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 5/7/15		5 Payee name American G.I. Forum of South Texas			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code P. O. Box 10807, Corpus Christi, Texas 78460-0807			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) contributions/donations May 14th scholarship banquet		(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 5/13/15		Payee name Nueces A&M Club			
Amount (\$) 275.00		Payee address; City; State; Zip Code c/o Derek Chang '07, 3714 Berkeley, Corpus Christi, Texas 78414			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense white sponsor for 6/13 golf tournament		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 5/13/15		Payee name Nueces County Republican Party			
Amount (\$) 5,000.00		Payee address; City; State; Zip Code 4739 Corona Dr., Suite 5, Corpus Christi, Tx 78412			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contributions/donations		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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Samuel L. Neal, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/19/15	5 Payee name Town Club	
6 Amount (\$) 363.19	7 Payee address; City; State; Zip Code 800 N. Shoreline Blvd., Suite 600, Corpus Christi, Texas 78401-3798	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) food/beverage expense going away luncheon for Marie	(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 2/19/15	Candidate / Officeholder name United Vietnam Veterans of Texas	
Amount (\$) 200.00	Payee address; City; State; Zip Code P. O. Box 4490, Corpus Christi, Texas 78469	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense full color page ad for Memorial Day event	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	
Date 3/3/15	Candidate / Officeholder name TFRW	
Amount (\$) 70.00	Payee address; City; State; Zip Code 515 Capital of Texas Hwy, Suite 133, Austin, Texas 78746	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fee - Legislative Day 4-16	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	

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POLITICAL EXPENDITURES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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1 Total pages Schedule F1: 7	2 FILER NAME Samuel L. Neal, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/6/15	5 Payee name Jennifer Drago	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code Corpus Christi, Texas 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) advertising expense designing of "ads"	(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 2/19/15	Candidate / Officeholder name Port Aransas South Jetty	
Amount (\$) 60.00	Payee address; City; State; Zip Code P. O. Box 1117, Port Aransas, Texas 78373	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense playoff basketball games	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 2/19/15	Candidate / Officeholder name Republican Club	
Amount (\$) 40.00	Payee address; City; State; Zip Code P. O. Box 1476, Corpus Christi, Texas 78403	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fees - membership for Loyd Neal and Claudia Lobell	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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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1 Total pages Schedule F1: 7	2 FILER NAME Samuel L. Neal, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 1/21/15	5 Payee name Town Club	
6 Amount (\$) 807.98	7 Payee address; City; State; Zip Code 800 N. Shoreline Blvd., Suite 600, Corpus Christi, Texas 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) food/beverage expense Christmas lunch	(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 1/21/15	Payee name Port Aransas South Jetty	
Amount (\$) 75.00	Payee address; City; State; Zip Code P. O. Box 1117, Port Aransas, Texas 78373	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense ad for basketball games	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 1/21/15	Payee name Nueces County Junior Livestock Show	
Amount (\$) 950.00	Payee address; City; State; Zip Code P. O. Box 260968, Corpus Christi, Texas 78426	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) gift/awards/memorials expense "add on" to animals	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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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1 Total pages Schedule F1: 7	2 FILER NAME Samuel L. Neal, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/6/15	5 Payee name Tuloso Midway Education Foundation	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code PMB1013, 11101-9 Leopard St., Corpus Christi, Texas 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) advertising expense hole sponsor for 4/13 golf tournament	
	(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 1/21/15	Payee name The Black History Cultural Committee	
Amount (\$) 150.00	Payee address; City; State; Zip Code P. O. Box 9034, Corpus Christi, Texas 78469	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense full page ad for 2/13 program	
	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 1/21/15	Payee name LULAC Council #1 Foundation, Inc.	
Amount (\$) 850.00	Payee address; City; State; Zip Code P. O. Box 10807, Corpus Christi, Texas 78460	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense bronze sponsor for table of 10 2/19/15 banquet	
	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		