CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 16 FILED FOR RECORD
3 CANDIDATE /	MS/MRS/MR FIRST	MI	ATFFICE USE ONMY
OFFICEHOLDER NAME	Mr Samuel NICKNAME LAST Neal	Loyd SUFFIX Jr.	Date Received .IAN 1 4 2014
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P. O. Box 8347 Corpus Christi, Texas 78468-	STATE; ZIP CODE	Clerk, County Court, Nueres County, Texas By Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 549-2744	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	Ms/Mrs/Mr First Mr. Gabe	MI	Date Imaged
	NICKNAME LAST Hernandez	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NOPOBOXPLEASE): APT/SUITE#: 3218 Leopard St. Corpus Christi, Texas 78408	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 881-9091	EXTENSION	
9 REPORT TYPE	July 15 30th day before election 30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2013 THROUGH	Month Day 12 / 31	Year ∕ 2013
11 ELECTION	Month ELECTION DATE Year Primary 11 /04 /2014	Runoff XX	General Special
12 OFFICE	OFFICEHELD (fany) County Judge	13 OFFICESOUGHT (ffknown) County Judg	
	GO TO PAG	E 2	

2014-011

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Sam	uel Loyd Nea	1	CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY F	's or officeholder's knowledge or
	COMMITTEE TYPE	COMMITTEE NAME	
	XXXX GENERAL	Loyd Neal Campaign	
	SPECIFIC	P. O. Box 8347 Corpus Christi, Texas 78468-8347	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		Mr. Gabe Hernandez	
		committee Campaign treasurer address 3218 Leopard St. Corpus Christi, Texas 78408	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,050.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 15,130.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 63,776.78
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT		I swear, or affirm, under penalty of perjuis true and correct and includes all informe under Title 15, Election Code.	
	VICKI KEACH Notary Public STATE OF TEXAS Comm. Exp. 02-20-2014	Signature of Candidate	e or Offigenolder
AFFIX NOTARY STAM	IP / SEAL ABOVE		
1./	scribed before ofJanuar	me, by the said <u>Samuel L. Neal, Jr.</u> $\frac{y}{y}$, 20 $\frac{14}{y}$, to certify which, witness my h	
Thising	Leach	, 4 4	ary Lublic
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Z FILER NAME	Samuel Loyd Neal, Jr.		(-	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
7/10/12	Mr. E. V. Bonner		contribution (\$) \$ 50.00	description (if applicable)
7/19/13	6 Contributor address; City; State; Zip Code		7 2 2 3 3 3	
	P. O. Box 9036			· ·
	Corpus Christi, Texas 78469		(If travel outside o	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
attorne	Ψ	Susser Hold	ings	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/19/13	Mrs. Dottie Adair Contributor address; City; State; Zip Code		\$ 500.00	
	P. O. Box 547			
	Sinton, Texas 78387			
				of Texas, complete Schedule T)
•	pation / Job title (See Instructions)	Employer (See I Adair Pi		
business	owner	Auaii ii	Petric	<u> </u>
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/19/13	Mr. & Mrs. Terry Arnold Contributor address; City; State; Zip Code		\$ 100.00	description (ii approacte)
	245 Circle Dr.			1
	Corpus Christi, Texas 78404		(If travel outside	· - of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		
retired	,		·	or the second
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/20/13	Mr. Kenneth Cox Contributor address; City; State; Zip Code		\$ 300.00	
	5325 Stonemill Circle			
	Corpus Christi, Texas 78413			
			(If travel outside of	of Texas, complete Schedule T)
Principal occup retired	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
= 100 /10	V D V11		contribution (\$) \$ 200.00	description (if applicable)
7/20/13	Mr. Roy Markwardt Contributor address; City, State; Zip Code		Ψ 200:00	
				1
	Bulverde, Texas			·
			(If travel outside o	I of Texas, complete Schedule T)
Principal occup retired	pation / Job title (See Instructions)	Employer (See I		

Austin, Texas 78711-2070

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Samuel Loyd Neal, Jr.			•
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
7/23/13	Mr. Buddy Herin 6 Contributor address; City; State; Zip Code		\$1,000.00	description (if applicable)
	13742 Hillwood Trail			
	Corpus Christi, Texas 78410			
	dorpus darriser, remas (c.r.		(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		, , , , , , , , , , , , , , , , , , , ,
reti		, , , , , , , , , , , , , , , , , , , ,		
Date	Full name of contributor ut-of-state PAC (ID#:		A	
Date	Full name of contributor out-of-state PAC (IDS:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/3/13	Dr. Charles Campbell		\$ 500.00	, assurption (ii application)
	Contributor address; City; State; Zip Code			
	5526 Ocean Dr.			1
	Corpus Christi, Texas 78412			·
	,		(If trough outpide	of Texas, complete Schodule T
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	sician	self	11100 0000110)	
			T	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/3/13	Mr.: Marc .Cisneros		\$ 300.00	
	6302 St. Andrews			
	Corpus Christi, Texas 78413			1
	Corpus Christi, Texas 70413		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
reti	red		·	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	in-kind contribution description (if applicable)
8/14/13	Mr. William R. Durrill Contributor address; City, State; Zip Code		\$ 500.00	
	615 S. Upper Broadway			
	Corpus Christi, Texas 78401			
			(If travel outside	i of Texas, complete Schedule T)
	oation / Job title (See Instructions) ty owners/businessman	Employer (See self		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
8/14/13	Mr. OK Smith Contributor address; City; State; Zip Code		\$ 100.00	
	3409 Derby Dr.			
	Corpus Christi, Texas 78414			
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	instructions)	
rea	ltor	self		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Samuel Lov	d Neal, Jr.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
8/15/13	Kane Group 6 Contributor address; City; State; Zip Code 101 N. Shoreline Blvd.		contribution (\$) \$2,500.00	description (if applicable)
	Corpus Christi, Texas 78401			<u> </u>
	Corpus Chrisci, lexas 70401		(If travel outside	of Texas, complete Schedule T)
9 Principal occup consul	pation / Job title (See Instructions)	10 Employer (See self	<u> </u>	s read; employ careation,
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/5/13	Contributor address; City; State; Zip Code P. O. Box 2624		\$ 250.00	
	Corpus Christi, Texas 78401			
	Corpus Christi, rexas 70401		## A	
Bringinal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
attor		self	riau dedoria)	
	Full name of contributor out-of-state PAC (ID#:	,	Amount of	
Date	Tail Harrie of contributor cut-state raction		contribution (\$)	In-kind contribution description (if applicable)
8/29/13	. Mr. Lee Stockseth		\$ 250.00	
	Corpus Christi, Texas 78414			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/23/13	Mr. J. T. Tollett Contributor address; City; State; Zip Code		contribution (\$) \$ 200.00	description (if applicable)
	5042 Geenbriar			l ,
	Corpus Christi, Texas 78413			
Data et a et a e	anian / Jah Allia (Can Janan Sina)	Empleyer (0)		of Texas, complete Schedule T)
	pation / Job title (See Instructions) urance	Employer (See I Swantner &		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/2/13	Ms Pat Eisenhauer Contributor address; City; State; Zip Code		\$ 50.00	
	14493 S. Padre Island Dr.			
	Corpus Christi, Texas 78418			
	<u> </u>			of Texas, complete Schedule T)
• •	pation / Job title (See Instructions)	Employer (See I	nstructions)	1
rec	IIEu			

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Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 5
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Samuel Lo	yd Neal, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
9/18/13	Mr. Jim Boller 6 Contributor address; City; State; Zip Code		\$ 100.00	
	5922 Parkland Toron 78/12			<u> </u>
	Corpus Christi, Texas 78413		(If travel outside	(of Texas, complete Schedule T)
	eation / Job title (See Instructions)	10 Employer (See self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/18/13	Mr. Ed Martin Contributor address; City; State; Zip Code		contribution (\$) \$ 500.00	description (if applicable)
	5814 Oso Parkway			
	Corpus Christi, Texas 78414			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
CEO	Paudit / 300 tide (366 filablactions)	Bav. Lt	_	
Date	Full name of contributor)	Amount of	In-kind contribution
9/30/13	Mr. Robert Furgason		contribution (\$) \$ 100.00	description (if applicable)
	Contributor address; City; State; Zip Code 1334 Sandpiper Dr.			
	Corpus Christi, Texas 78412			
			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
reti	red			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
12/10/13	Mr. Larry Adams		contribution (\$) \$ 100.00	description (if applicable)
12, 10, 13	Contributor address; City; State; Zip Code			
	325 Del Mar Blvd.			
	Corpus Christi, Texas 78404			·
			(If travel outside	of Texas, complete Schedule T)
	eation / Job title (See Instructions)	Employer (See I	nstructions)	
att	orney	self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/10/13	Mr. & Mrs. Ed Hinojosa Contributor address; City; State; Zip Code		\$ 250.00	
	5826 Beauvais Dr.			1
	Corpus Christi, Texas 78414			
Principal accur	pation / Job title (See Instructions)	Employer (See i		of Texas, complete Schedule T)
ranch	· · · · · · · · · · · · · · · · · · ·	self		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 5
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Samuel Loyd	Neal. Jr.			
			7 Amount of	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	contribution (\$)	8 In-kind contribution description (if applicable)
12/6/13	TREPAÇ		\$3,750.00	, , , , , , , , , , , , , , , , , , , ,
12/0/13	6 Contributor address; City; State; Zip Code		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	P. O. Box 2246			1
	Austin, Texas 78768-2246		(If travel outpide	of Tayan complete Schedule T
9 Principal accur	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
9 Principal occup	realtors association	PAC		
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		Į.	
,				
<u> </u>			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	`		contribution (\$)	description (if applicable)
				1
	Contributor address; City; State; Zip Code			
	·			1
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
				I
	Contributor address; City; State; Zip Code			
				l
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			i
	Contributor address, Oity, State, Elp Code			<u>'</u>
				! :
				l <u> </u>
Dringing!	posion / Joh title (See Instructions)	Empleyer /Con 1		of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See i	nstructions)	1
	ATTACH ADDITIONAL CODIES C	E TUIC COLEDI II E	A C NEEDED	

	EXPENDITURE CATEGORI	ES FOR BOY 9/-	1
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of	s/Contract Labor ndraising Expense rict	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this fo	orm.
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
8	Loyd Neal		
Date	5 Payee name		
7/30/13	NAACP		
\$ Amount (\$) \$ 1,000.00	7 Payee address; City; State; Zip Code P. O. Box 2921 Corpus Christi, Texas 78403		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF	,	1	
EXPENDITURE	sponsor 50th anniversary	Event at	Cole Park on 8/28/13
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office held
Date	Payee name		
8/20/13	TFRW		
Amount (\$)	Payee address; City; State; Zip Code		
	515 Capital of Texas Hwy, Sui	te 133	
\$ 170.00	Austin, Texas 78746		
PURPOSE OF	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	registration fee	TFRW Stat	e Convention 10-17/19-13
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office held
Date	Payee name		
8/20/13	Flour Bluff Athletic Booster	Club	
Amount (\$)	Payee address; City; State; Zip Code		
	P. O. Box 18002		
\$ 400.00	Corpus Christi, Texas 78418		
	•	December -	//Stepuel publide of Tours complete Out of the
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	advertising	b/w "ad"	for program
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	
Date	Payee name		
	100.4		
8/20/13	MDA		
8/20/13 Amount (\$)	Payee address; City; State; Zip Code		
	Payee address; City; State; Zip Code		
Amount (\$)	Payee address: City; State; Zip Code 2900 Weslayan, Suite 375		(If travel outside of Texas, complete Schedule T)
Amount (\$) \$ 1,000.00	Payee address: City: State: Zip Code 2900 Weslayan, Suite 375 Houston, Texas 77027 Category (See categories listed at the top of this schedule)	Description	
Amount (\$) \$ 1,000.00 PURPOSE OF	Payee address: City: State; Zip Code 2900 Weslayan, Suite 375 Houston, Texas 77027 Category (See categories listed at the top of this schedule) sponsorship of Under Texas St. Candidate / Officeholder name	Description	10-25-13
\$ 1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address: City: State; Zip Code 2900 Weslayan, Suite 375 Houston, Texas 77027 Category (See categories listed at the top of this schedule) sponsorship of Under Texas St. Candidate / Officeholder name	Description ars Gala on Office sough	10-25-13 ht Office held

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense Food/Bevera
1 Total pages Schedule F: 2 FILER NAME 8 Samuel Loyd Neal, Jr. 3 ACCOUNT # (Ethics Commission Filers)
8 Samuel Loyd Neal, Jr.
bumber hoyd Redry or.
4 Date S Tayou name
8/20/13 Black Chamber of Commerce
6 Amount (\$) \$ 1,000.00 Corpus Christi, Texas
8 PURPOSE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE sponsorship of table 11-16-13 Awards Banquet
Complete ONLY if direct
Date Payee name
8/20/13 American GI Forum of Texas, Inc.: The Beatric T. Perez Robstown Chap
Amount (\$) Payee address; City; State; Zip Code
2901 Alta Gigonella
\$ 300.00 Corpus Christi, Texas 78415
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE advertising expense b/w full page for program for 9-26 expense b/w full page for 9-26 expense full page full
Complete ONLY if direct Candidate / Office held
expenditure to benefit C/OH
Date Payee name
8/21/13 TM Education Foundation
Amount (\$) Payee address; City; State; Zip Code
PMB 1013, 11101-9 Leopard St.
\$ 400.00 Corpus Christi, Texas 78410
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF Sponsorship of table 9-18-13 Legislative Report Card lunch
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH
Date Payee name
8/21/13 The Ark
Amount (\$) Payee address; City; State; Zip Code
Amount (\$) Payee address; City; State; Zip Code 12960 Leopard St. \$ 500.00 Corpus Christi, Texas 78410 PURPOSE OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Amount (\$) Payee address; City; State; Zip Code 12960 Leopard St. \$ 500.00 Corpus Christi, Texas 78410 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Amount (\$) Payee address: City; State; Zip Code 12960 Leopard St. \$ 500.00 Corpus Christi, Texas 78410 PURPOSE OF EXPENDITURE Sponsorship of table Schedule 9-6-13 Ark Gala dinner

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOY 9/a	1
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Travel Out Of Dis Printing Expense The Instruction Guide explains how to	ontract Labor aising Expense strict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
8	Samuel Loyd Neal, Jr.		
Date	5 Payee name		
8/21/13 Amount (\$)	League of Women Voters 7 Payee address; City; State; Zip Code		
\$ 600.00	P. O. Box 8276 Corpus Christi, Texas 78468		1
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)] ' '	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	table sponsorship of	8-23-13 c	elebration of Women's Rights
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ht Office held
Date	Payee name		
8/21/13	Westside Business Association		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 250.00	Corpus Christi, Texas		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	sponorship of a table	10-17-13	annual banquet
Complete <u>CNLY</u> if direct expenditure to benefit C/C	Candidate-/-Officeholder-name	Office soug	ht Office held
Date	Payee name		
8/28/13	Coastal Bend Blood Center		
Amount (\$) \$ 500.00	Payee address: City; State; Zip Code 209 N.: Padre Island Dr. Corpus Christi, Texas 78406		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	sponorship of 5k run for blood	on 11-16-	-13
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht 'Office held
	Payee name		
Date	•		
8/28/13	Texas Jazz Festival Soceity		
	Texas Jazz Festival Soceity Payee address; City; State; Zip Code P. O. Box 424		
8/28/13	Payee address; City; State; Zip Code		
8/28/13 Amount (\$) \$ 100.00 PURPOSE	Payee address; City; State; Zip Code P. O. Box 424	Description	n (If travel outside of Texas, complete Schedule T)
8/28/13 Amount (\$) \$ 100.00	Payee address; City; State; Zip Code P. O. Box 424 Corpus Christi, Texas 78403	1	o (If travel outside of Texas, complete Schedule T) scholarship pageant on 8-24
8/28/13 Amount (\$) \$ 100.00 PURPOSE OF	Payee address; City; State; Zip Code P. O. Box 424 Corpus Christi, Texas 78403 Category (See categories listed at the top of this schedule) advertising expense Candidate / Officeholder name	1	scholarship pageant on 8-24

Texas Ethics Commission

SCHEDULE F

(512) 463-5800

A disputation =	EXPENDITURE CATEGOR	PIES EOD BOY 8/s	•
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wag Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out C	ges/Contract Labor Fundraising Expense strict	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The instruction Guide explains ho	w to complete this fe	orm.
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
8	Samuel Loyd Neal, Jr.		
Date	5 Payee name		
9/11/13	Nueces County Republican Par	rty	
\$ 500.00	7 Payee address; City; State; Zip Cod 4639 Corona, Suite 5 Corpus Christi, Texas 78411	le	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht Office held
Date	Payee name		
10/4/13	Holy Cross Catholic Church		
Amount (\$)	Payee address; City; State; Zip Cod	je	1
\$ 52.00	Corpus Christi, Texas		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	food expense	cost of	BBQ plates fundraiser for chu
Complete <u>ONLY</u> if direct expanditure to benefit C/0	Candidate / Officeholder-name	Office soug	ht Office held
Date	Payee name		
10/10/13	US Postal Service	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State; Zip Cod	le	
	1345 Crescent		
\$ 88.00	Corpus Christi, Texas 78412		
PURPOSE		Description	n (If travel outside of Texas, complete Schedule T)
	Corpus Christi, Texas 78412 Category (See categories listed at the top of this schedule)		n (If travel outside of Texas, complete Schedule T) x renewal
PURPOSE OF	Corpus Christi, Texas 78412 Category (See categories listed at the top of this schedule) office overhead/rental expens Candidate/Officeholder name		x renewal
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/C	Corpus Christi, Texas 78412 Category (See categories listed at the top of this schedule) office overhead/rental expens Candidate/Officeholder name	se P.O.Bo	x renewal
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/C	Corpus Christi, Texas 78412 Category (See categories listed at the top of this schedule) office overhead/rental expens Candidate / Officeholder name	se P.O.Bo	x renewal
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/C	Corpus Christi, Texas 78412 Category (See categories listed at the top of this schedule) office overhead/rental expens Candidate / Officeholder name DH Payee name	se P. O. Bo Office soug	x renewal
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/C	Corpus Christi, Texas 78412 Category (See categories listed at the top of this schedule) office overhead/rental expens Candidate/Officeholder name OH Payee name Port Aransas South Jetty	se P. O. Bo Office soug	x renewal
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10/21/13 Amount (\$) \$ 210.00 PURPOSE OF	Corpus Christi, Texas 78412 Category (See categories listed at the top of this schedule) office overhead/rental expens Candidate / Officeholder name OH Payee name Port Aransas South Jetty Payee address; City; State; Zip Cod Port Aransas, Texas 78373 Category (See categories listed at the top of this schedule)	Se P. O. Bo Office soug	x renewal ht Office held (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10/21/13 Amount (\$) \$ 210.00 PURPOSE	Corpus Christi, Texas 78412 Category (See categories listed at the top of this schedule) office overhead/rental expense Candidate / Officeholder name Payee name Port Aransas South Jetty Payee address; City; State; Zip Cod Port Aransas, Texas 78373 Category (See categories listed at the top of this schedule) advertising expense Candidate / Officeholder name	Se P. O. Bo Office soug	x renewal ht Office held (If travel outside of Texas, complete Schedule T) high school basketball games

Texas Ethics Commission

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	1
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wage: Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of	s/Contract Labor ndraising Expense ict	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this fo	rm.
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filer
8	Samuel Loyd Neal, Jr.		
Date	5 Payee name		
10/22/13 Amount (\$)	Barbara Vollmer 7 Payee address; City: State; Zip Code		
Allount (4)	1018 Delta		
\$312.00	Corpus Christi, Texas 78412		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	travel out of district	1/2 of th	ree nights @ convention
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	
Date	Payee name		
10/10/13 Amount (\$)	American GI Forum, The Beatra		Robstown Women's Chapter
\$ 200.00	2902 Alta Gigonella Corpus Christi, Texas 78415		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising	changing	"ad" to color
Complete <u>CNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sough	
Date	Payee name		
10/10/13	CC Retired Teachers Association	on	
Amount (\$)	Payee address; City; State; Zip Code	- <u> </u>	
	P. O. Box 270986		
\$100.00	P. O. Box 270986 Corpus Christi, Texas 78427-09	986	
			(If travel outside of Texas, complete Schedule T)
PURPOSE OF	Corpus Christi, Texas 78427-09 Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENIDITURE Complete QNLY if direct	Corpus Christi, Texas 78427-09 Category (See categories listed at the top of this schedule) advertising Candidate / Officeholder name	Description	ad in annual directory
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/0	Corpus Christi, Texas 78427-09 Category (See categories listed at the top of this schedule) advertising Candidate / Officeholder name CH	Description full page	ad in annual directory
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O	Corpus Christi, Texas 78427-09 Category (See categories listed at the top of this schedule) advertising Candidate / Officeholder name DH Payee name	Description full page	ad in annual directory
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/0 Date 11/1/13	Corpus Christi, Texas 78427-09 Category (See categories listed at the top of this schedule) advertising Candidate / Officeholder name OH Payee name NCRW - PAC	Description full page	ad in annual directory
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O	Corpus Christi, Texas 78427-09 Category (See categories listed at the top of this schedule) advertising Candidate / Officeholder name DH Payee name	Description full page	ad in annual directory
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/0 Date 11/1/13	Corpus Christi, Texas 78427-09 Category (See categories listed at the top of this schedule) advertising Candidate / Officeholder name DH Payee name NCRW - PAC Payee address; City; State; Zip Code	Description full page	ad in annual directory
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/0 Date 11/1/13 Amount (\$) \$ 50.00	Corpus Christi, Texas 78427-09 Category (See categories listed at the top of this schedule) advertising Candidate / Officeholder name DH Payee name NCRW - PAC Payee address; City; State; Zip Code P. O. Box 270054	full page Office sough	ad in annual directory
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/0 Date 11/1/13 Amount (\$) \$ 50.00	Corpus Christi, Texas 78427-09 Category (See categories listed at the top of this schedule) advertising Candidate / Officeholder name CH Payee name NCRW - PAC Payee address; City; State; Zip Code P. O. Box 270054 Corpus Christi, Texas 78467	full page Office sough	ad in annual directory Office held
PURPOSE OF EXPENIDITURE Complete QNLY if direct expenditure to benefit C/0 Date 11/1/13 Amount (\$) \$ 50.00 PURPOSE OF	Corpus Christi, Texas 78427-09 Category (See categories listed at the top of this schedule) advertising Candidate / Officeholder name DH Payee name NCRW - PAC Payee address; City; State; Zip Code P. O. Box 270054 Corpus Christi, Texas 78467 Category (See categories listed at the top of this schedule) membership dues for two Candidate / Officeholder name	full page Office sough	ad in annual directory Office held (If travel outside of Texas, complete Schedule T) claudia's membership dues

P.O. Box 12070

		ATEGORIES FOR BOX 8(a)	ļ
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T	alaries/Wages/Contract Labor olicitation/Fundraising Expense ravel in District ravel Out Of District office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Ex Contributions/Donations Made By Candidate/Officeholder/Political Cor OTHER (enter a category not listed ab	nmittee
,	The Instruction Guide ex	xplains how to complete this	form.	
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission	on Filers)
8	Samuel Loyd Neal, Jr.			
Date	5 Payee name			
11/12/13	CC Hispanic Chamber o	f Commerce		
Amount (\$)	7 Payee address; City; State P. O. Box 5523	; Zip Code		
\$ 750.00	Corpus Christi, Texas	78465 		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of		on (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	table sponsorship		<u>annual gala & awards l</u>	anquet
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght Office held	
Date	Payee name			
11/12/13	Church of Hope	- 7:- O-d-		
Amount (\$)	, , , , , , , , , , , , , , , , , , , ,	; Zip Code		
\$ 150.00	13024 Leopard St. Corpus Christi, Texas	78410		
PURPOSE	Category (See categories listed at the top of	this schedule) Descriptio	on (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	sponsorship of golf ho	le Thanksgi	ving Golf Benefit	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght Office held	
Date	Payee name			
12/2/13	Nueces County Republic	can Party		
Amount (\$)	Payee address; City; State	Zip Code		
	4639 Corona, Suite 5			
\$ 500.00	Corpus Christi, Texas	78411		
PURPOSE OF	Category (See categories listed at the top of	this schedule) Description	In (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	table sponsor	12-3-13	banquet · · · · · · · · · · · ·	1
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght Office held	
Date	Payee name			===
10/10/13	HELP			
Amount (\$)	Payee address; City; State 4833 Saratoga, #447	Zip Code		
\$ 500.00	Corpus Christi, Texas	78413		
4 300.00		nicontation Departure	n (If travel outside of Texas, complete Schedule T)	
PURPOSE	Category (See categories listed at the top of	(nis schedule) Descriptio	•	1
	Category (See categories listed at the top of table sponsor		Annual "HELP hits the	į

	EXPENDITURE	CATEGODIES	FOR BOX 9/e/				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundr Travel In District Travel Out Of Dis Office Overhead/	ontract Labor aising Expense	Contributions/Dor Candidate/Off	uipment & Related Ex	mmittee	
	The Instruction Guide	explains how to	complete this for	m.			
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	T # (Ethics Commission	on Filers)	
8	Samuel Loyd Neal, Jr.						
4 Date	5 Payee name						
12/4/13	REACH	.,					
6 Amount (\$)	7 Payee address; City; Sta 401 N. Shoreline Blvd	te; Zip Code					
\$ 1,776.00	Corpus Christi, Texas	78401				İ	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Te	xas, complete Schedule T))	
OF EXPENDITURE	table sponsor		12/6 "Aliv	ve! with p	ourpose" lun	cheon	
9 Complete ONLY if direct expenditure to benefit C			Office sought		Office held		
Date	Payee name						
12/4/13	American GI Forum of T		, The Beat	ric T. Per	ez Robstown	Women	's Chapt
Amount (\$)		ite; Zip Code					
\$ 200.00	2901 Alta Gigonella Corpus Christi, Texas	78415					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description ((If travel outside of Te	xas, complete Schedule T)		
OF EXPENDITURE	advertising expense		b/w full p	page ad fo	or 100th bir	thday	program
Complete <u>ONLY</u> if direct expenditure to benefit C			Office sought		Office held		
Date	Payee name						
12/10/13	Danny Lee Garcia						
Amount (\$) \$ 370.00	Payee address; City; Sta	tee; Zip Code					
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description ((If travel outside of Te	xas, complete Schedule T)		
EXPENDITURE	sponsorship of NCRW Ch	ristmas Pa	erty on 12-	10-13			
Complete ONLY if direct expenditure to benefit C			Office sought	l	Office held		
Date	Payee name						
12/10/13	Alice Echo News						
Amount (\$)		te; Zip Code					
	405 E. Main						
\$ 125.00	Alice, Texas 78332						
PURPOSE	Category (See categories listed at the top	of this schedule)	Description ((If travel outside of Te	xas, complete Schedule T)		
OF EXPENDITURE	advertising expense		1/2 page b	/w "ad" fo	or Christmas	Greet	ings
Complete ONLY if direct expenditure to benefit	ct Candidate / Officeholder name		Office sought		Office held		
opposituate to benefit	ATTACH ADDITIONAL C	ODIES OF THIS	SCHEDIII E A C A	VEEDED			
	ATTACHADDITIONALU	OFIES OF ITIS	SCHEDULE AS I	4EEDED			

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri- Polling Expense Travel Out Of I		/Contract Labor Loan Repayment/Reimburs- draising Expense Transportation Equipment & Contributions/Donations Ma		ment & Related Expense ons Made By nolder/Political Committee	
	The Instruction Guid	e explains how to d	complete this form	l.		
Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)	
8	Samuel Loyd Neal, Jr	•				1
Date 1.0 / 1.0 / 1.0	5 Payee name	3/ 1 Pa	. 1 - 4 - 4 - m			
12/12/13	Dr. Hector P. Garcia		undation			1
\$ Amount (\$)	P. O. Box 10807	State; Zip Code				
\$ 750.00	Corpus Christi, Texa	γ	(b) Description (If	trough sustaining of Toyac	complete Schedule T\	<u> </u>
PURPOSE OF		op of uns suredule;			•	1
EXPENDITURE	table sponsom		1-1/-14 100	Oth birthda	y celebration 1	uncheon
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	•	Office sought		Office held	
Date	Payee name			·		1
12/12/13	MAGIC 104.9					
Amount (\$)		State; Zip Code			· · · · · · · · · · · · · · · · · · ·	
	4433 Valdez Dr.					
\$ 300.00	Corpus Christi, Te	xas 78416				
PURPOSE OF	Category (See categories listed at the to	op of this schedule)	•	travel outside of Texas,	•	
EXPENDITURE	advertising expense		radio ad fo	or Christma	s greetings]
Complete <u>CNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	5	Office sought		Office held	
Date	Payee name					1
12/31/13	Alice Echo News					
Amount (\$)		tate; Zip Code				1
	405 E. Main					
\$ 235.00	Alice, Texas 78332	·				
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas,	complete Schedule T)	1
OF EXPENDITURE	advertising expense		1/2 page b	/w "ad" for	livestock show	sectio
Complete <u>ONLY</u> if direct expenditure to benefit CA	Candidate / Officeholder name	<u> </u>	Office sought		Office held	
Date	Payee name					
Amount (\$)	Payee address; City; St	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas,	complete Schedule T)	
Complete ONLY if direct expenditure to benefit C		•	Office sought		Office held	
	ATTACH ADDITIONAL C	COPIES OF THIS S	CHEDULE AS N	EEDED		
						3

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Accounting/Banking **Transportation Equipment & Related Expense** Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By
Candidate/Officeholder/Political Committee Travel Out Of District Polling Expense **Event Expense** Printing Expense Office Overhead/Rental Expense Fees OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Samuel Loyd Neal, Jr. 5 Payee name 11/11/13 Samuel L. Neal, Jr. 6 Amount (\$) 7 Pavee address: City: State: Zip Code \$1,250.00
Reimbursement from political contributions 5202 St. Andrews Corpus Christi, Texas 78413 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** OF EXPENDITURE fees filing fee for candiate Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF **EXPENDITURE**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED