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:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	Mr. Samuel	Loyd	
NAME	NICKNAME LAST	SUFFIX	AT 10:34
	Neal	Jr.	JUL 1 5 2014
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
MAILING	P. O. Box 8347		Date Hand-delivered or Postmarked HA
ADDRESS	Corpus Christi, Texas 78468-8	3347	By Depu
change of address			Receipt # Arount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Sygnifon
OFFICEHOLDER PHONE	(361) 991-8686		Date Processed
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	Mr. Gabe		
NAME	NICKNAME LAST	SUFFIX	
	Hernandez		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	3218 Leopard St.		
ADDRESS (residence or business)	Corpus Christi, Texas 78408		
	corpus chiristi, rexas 70400		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(361) 881–9091		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign
	Soul day before election	Kunon	treasurer appointment (officeholder only)
	XX July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
40 DEDIOD	Superiorities National Assets		49.00
10 PERIOD COVERED	Month Day Year O1 / O1 / OO1 / THROUGH	Month Day	Year
	01 / 01 / 2014	06 / 30 /	2014
			54
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runoff	General Special
	11 / 04 /2014		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	County Judge	County Judge	
	190		
	GO TO PAC	2F	
	GUTUPAC		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)	
Samuel L. 1	Neal, Jr.		И	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	COMMITTEETIFE	Loyd Neal Campaign		
	XX GENERAL			
		COMMITTEE ADDRESS		
÷	SPECIFIC	P. O. Box 8347		
		Corpus Christi, Texas 78468-8347		
-	-	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		Mr. Gabe Hernandez		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
4		3218 Leopard St.		
9		Corpus Christi, Texas 78408		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	1 4	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 77,025.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,246.81	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	\$ 131,554.97	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	
AFFIX NOTARY STAND	Maria	is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report information required to be reported by	
		me, by the said <u>Samuel L. Neal, Jr.</u>	this the	
LHV	July		my hand and seal of office. Title of office administering oath	
unum othica state to un	-\		5 104//0/201	
www.ethics.state.tx.us	•		Revised 04/19/2013	

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)
Samue1	L. Neal, Jr.		1	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	Y	7 Amount of	8 In-kind contribution
II			contribution (\$)	description (if applicable)
1/14/14	Victoria N. Garza		\$ 100.00	1
	6 Contributor address; City; State; Zip Code		A 10 5	1
	526 Harrison St.		9	
	Corpus Christi, Texas 78404-2	2702		
0 5: :: 1	J. L. L. Kille (Co. a. Landau akinana)	40 Employer (Con	Alexander of the second second second second	of Texas, complete Schedule T)
retired	ation / Job title (See Instructions)	10 Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
2/20/14	Robert Adler		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	R 40 041 08 R 40 040 08 R 40 4	\$ 1,000.00	n i
				1
	P. OlinBox 5405 dilute and no Corpus Christi, Texas 78466			1
	Corpus Christi, lexas 76460		(If traval autoida	of Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See		or rexas, complete scriedule 1)
busin	less owner/retired			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
2/10/1/	T1 D1		contribution (\$) \$ 500.00	description (if applicable)
3/10/14	Ed Bacak Contributor address; City; State; Zip Code		\$ 300.00	
	7438 Lake Maggorie			t T
	Corpus Christi, Texas 78413			I.
	Corpus Christi, Texas 70415		(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	1 32 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	or reads, demplote demodale 1)
bank	ter	American Bar		
Date	Full name of contributor out-of-state PAC (ID#:).	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
3/11/14	Al Jones		\$ 2,500.00	
M1	Contributor address; City; State; Zip Code			
	3420 Ocean Drive			
	Corpus Christi, Texas 78412		204 W 01 800 W	
Dringing! aggu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
, a v _i , :	iker	American		
		I I I I I I I I I I I I I I I I I I I		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/16/14	Steve Holliday		\$ 250.00	1
	Contributor address; City; State; Zip Code			
	41 Lakeshore Drive			
	Corpus Christi, Texas 78413			
		I		of Texas, complete Schedule T)
	pation / Job title (See Instructions) retired	Employer (See	instructions)	
	CCTTEG	L		

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:
THE	mistraction durae explains now to complete this	o toriii.		10
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Samuel I	. Neal, Jr.			
I Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
1/29/14	Sherwin Alumina Company Polit Contributor address; City; State; Zip Code	ical Action . Committee	\$ 250.00	þ
	P. O. Box 9911 Corpus Christi, Texas 78469		88275	
		40 5		of Texas, complete Schedule T)
Principal occup refir	pation / Job title (See Instructions)	10 Employer (See Sherwin A	lumina Compa	anv
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/14/14	Joe R. Fulton Contributor address; City; State; Zip Code		\$ 1,500.00	
	P. O. Box 9486			
	Corpus Christi, Texas 78469-	9486	0	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
constri	uction/retired	L		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/14	Allen G. Borden Contributor address; City; State; Zip Code		\$ 500.00	description (ii applicable)
	123 Rainbow Lane			Ľ
	Corpus Christi, Texas 78411			
Driveinet seem	 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
insurance	ELINGUERAN TERRETAK ETILEN ETILEN SETEN SET	Borden In	577	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
2/25/14	Wallace C. Goodman		contribution (\$)	description (if applicable)
2/23/14	Contributor address: City: State; Zip Code		\$ 500.00	! [⁶
			7 300.00	l.: 1-
	5117 Cascade		¥*	
	Corpus Christi, Texas 78413			
Principal occur	 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
insurance		Borden Ins		
Date	Full name of contributor	,	Amount of	In-kind contribution
	out-or-state PAC (ILE)		contribution (\$)	description (if applicable)
2/25/14	Michael Swantner Contributor address; City; State; Zip Code		\$ 500.00	
	6909 Sir Geraint			No. of the last of
	Corpus Christi, Texas 78413			
		T		of Texas, complete Schedule T)
Principal occup insurance	pation / Job title (See Instructions)	Employer (See Borden Ir		
THE HICE	OWITEL	Dolden II	LOUI GILLE	

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Samuel L	. Neal, Jr.		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
0/17/1/			contribution (\$)	description (if applicable)
3/17/14	Valero Political Action Commi	ttee	\$ 5,000.00	1
	6 Contributor address; City; State; Zip Code		3 15 10 10 10 10 10 10 10 10 10 10 10 10 10	1
	P. O. Box 696000			
	San Antonio, Texas 78269			
0 District	ation / Joh title /Con Instructions	40 Femiliary (Co.		of Texas, complete Schedule T)
9 Principal occup	refinery	10 Employer (See Valero	mstructions)	
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/19/14	Alan R. Wilson		80/2000 De 2000 18050 J	
-,,,	Contributor address; City; State; Zip Code		\$ 1,000.00	
	445 Delaine			
	Corpus Christi, Texas 78411			11
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
ban	Kel	Frost Bai	IK	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution
3/26/14	E. V. Bonner, Jr.		25-20-25-20-25-25-25-25-25-25-25-25-25-25-25-25-25-	description (if applicable)
3, 2, 2, 2, 1	Contributor address; City; State; Zip Code		\$ 1,000.00	
	P. O. Box 9036			ľ
	Corpus Christi, Texas 78469	<u> </u>		Ĭ
39			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	10.501000
	attorney	Susser Hold	dings	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
3/26/14	Sam L. Susser		contribution (\$)	description (if applicable)
0/20/2	Contributor address; City; State; Zip Code		\$ 2,500.00	
	P. O. Box 9036			
	Corpus Christi, Texas 78469		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	<u> </u>	or roxac, compress contours 17
busi	ness owner	Susser Ho	oldings	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
		3177777	contribution (\$)	description (if applicable)
3/28/14	Fred W. Heldenfels, III Contributor address; City; State; Zip Code		\$ 1,000.00	
	4500 Ocean Dr., Apt. 6A			
	Corpus Christi, Texas 78412			
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) retired	Employer (See	Instructions)	
		L		

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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 L.	Neal, Jr.		ā	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	Y.	7 Amount of	8 In-kind contribution
	But-of-state PAC (ID#		contribution (\$)	description (if applicable)
4/3/14	Daniel J. Murphy		\$ 1,000.00	
	6 Contributor address; City; State; Zip Code			
	P. O. Box 9605 Corpus Christi, Texas 78469			į.
	Corpus Christi, Texas 70409		(If travel outside o	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		or rexas, complete ochequie 1)
business	PRESENTANT - 40-00 - 20	Top Water Ma	1.51	
Date	Full name of contributor ut-of-state PAC (ID#:	1	Amount of	In-kind contribution
4/1/14	Kane Group, LLC		contribution (\$)	description (if applicable)
4/1/14	la como como e Paños e como como e como co		\$ 1,000.00	
	Contributor address; City; State; Zip Code	0.00		
9	101 N. Shoreline Blvd., Suit	e 208		
	Corpus Christi, Texas 78401		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete conedule 1)
busines	ss owner	Kane Grou	ıp LLC	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
4/1/14	Garry or Rebecca Bradford		\$ 1,500.00	description (if applicable)
4/1/14	Contributor address; City; State; Zip Code		Ψ 1,500.00	
	5701 Os o Parkway			
	Corpus Christi, Texas 78414			
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	I amount of the second of the	22
bsuines	ss owner	Unique Empl		
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/8/14	Willard H. Hammonds, Sr.		\$10,000.00	
	Contributor address; City; State; Zip Code		Ψ10,000.00	
	4418 Ocean Dr.			
	Corpus Christi, Texas 78411			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
busines	NOT THE WAS A CONTRACT OF THE PROPERTY OF THE	Limpleyer (dde 1	moti dotto i to	
Date	Full name of contributor out-of-state PAC (ID#:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount of	In-kind contribution
99	out-or-state PAC (ID#		contribution (\$)	description (if applicable)
4/10/14	David P. Engel		\$ 2,500.00	
	Contributor address; City; State; Zip Code			
	P. O. Box 4128] 1
	Corpus Christi, Texas 78469		(If travel outside	of Texas, complete Schedule T)
The state of the s	pation / Job title (See Instructions)	Employer (See	Instructions)	
bus	siness owner	Engel Inve	estments	9

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P.O. Box 12070

SCHEDULE A

			1 Total pages Sch	odula V.
The	Instruction Guide explains how to complete this	form.	1 Total pages och	10
2 FILER NAME Samuel L.	Neal, Jr.		3 ACCOUNT # (E	thics Commission Filers)
4 Date 4/11/14	5 Full name of contributor □out-of-state PAC(ID#_ Dennis or Bonnie Berry 6 Contributor address; City; State; Zip Code 4550 River Park Drive		7 Amount of contribution (\$) \$ 2,500.00	8 In-kind contribution description (if applicable)
	Corpus Christi, Texas 78410		(If travel outside	of Texas, complete Schedule T)
9 Principal occup business	pation / Job title (See Instructions) Sowner	10 Employer (See Bay, Lt		
Date 4/17/14	Full name of contributor out-of-state PAC(ID#_ Sam or Helen Dalton Contributor address; City; State; Zip Code 8002 Villefranche Dr. Corpus Christi, Texas 78414		Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) retired	Employer (See	Instructions)	
Date 4/18/14	Full name of contributor out-of-state PAC (ID#_ Eugene J. or Ellen V. Seaman Contributor address; City; State; Zip Code 55 Lakeshore Dr. Corpus Christi, Texas 78413		Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions) retired	Employer (See		of Texas, complete Schedule T)
Date 4/20/14	Full name of contributor out-of-state PAC(ID#_ Robert E. Parker Contributor address; City; State; Zip Code 14934 Santa Gertrudis Corpus Christi, Texas 78410		Amount of contribution (\$) \$ 5,000.00	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occur	Steu How	Employer (See		or reads, complete ourcodic 1)
Date 4/23/14	Full name of contributor out-of-state PAC (ID#_ Darryl O. Haas Contributor address; City; State; Zip Code 6963 FM 666 Mathis, Texas 78368		Amount of contribution (\$) \$ 1,250.00	In-kind contribution description (if applicable) of Texas, complete Schedule T)
	pation / Job title (See Instructions) usiness owner /road construction	Employer (See Haas-Anders	Instructions)	

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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

4					
			£	1 Total pages Sch	edule A:
	The	Instruction Guide explains how to complete this	torm.	10	
2	FILER NAME	Western Committee of the Committee of th		3 ACCOUNT # (E	thics Commission Filers)
-		. Neal, Jr.			
	Damaer 1				No.
4	Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	4/23/14	J. Anderson			
		6 Contributor address; City; State; Zip Code		\$ 1,250.00	
		South Control Control Security Control	N		
		2408 Lakeview Dr.			= "
		Rœkport, Texas 78382		(If travel outside o	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
	busi	ness owner/road construction	Haas-Anders	son	
	Date	Full name of contributor ut-of-state PAC (ID#.)	Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
	4/25/14	Todd Healy		\$ 1,000.00	
		Contributor address; City; State; Zip Code		Ψ 1,000.00	
		Dallas, Texas			
				The state of the s	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	Associates	
	Indian				
	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
- 2	4/28/14	Tom Carlisle		CO CONTROL CONTROL CONTROL	(4)
	.,, -	Contributor address; City; State; Zip Code		\$ 3,500.00	1
		23B Cape May		Ψ.	
		Corpus Christi, Texas 78412			i l
		o =		(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	insuran	ice/business owner	Carlisle	Insurance	
	Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	5/13/14	H. C. Weil		contribution (\$)	description (if applicable)
-	3/13/14			\$ 500.00	I
	:2:				
		500 N. Shoreline Blvd., Suite	1118		
		Corpus Christi, Texas 78401		/If free all posteriols	of Toyon, complete Schodule T)
-	Principal occu	pation / Job title (See Instructions)	Employer (See	<u> </u>	of Texas, complete Schedule T)
	and the contract of the contra	nents/owner	Weil Fa	mily Agency	
=	www.wcm		1	Amount of	In-kind contribution
	Date	Full name of contributor out-of-state PAC (ID#:_		contribution (\$)	description (if applicable)
5	/13/14	H. C. Weil	part on the second of the second	\$ 500.00	l.
		Contributor address; City; State; Zip Code			t
		500 N. Shoreline Blvd., Suite	1118		
		Corpus Christi, Texas 78401			
			T =	Annual Control of the	of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See	The control of the second of t	
_	investmer	its/owner	H. C. Wel	1 Properties	D 9
1					

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SCHEDULE A

The	Instruction Guide explains how to complete this	form	1 Total pages Sche	
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2 FILER NAME			3 ACCOUNT # (Et	thics Commission Filers)
Samuel 1	L. Neal, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
5/12/14	Ben B. Wallace		contribution (\$) \$ 2,500.00	description (if applicable)
3/12/19	6 Contributor address; City; State; Zip Code		Ψ 2,500.00	
,*	101 N. Shoreline Blvd., Suite	600		
	Corpus Christi, Texas 78401			
	t 12		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
investme	ents/owner		-	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/12/14	Al Jones		\$ 2,500.00	description (ii applicable)
5/12/14	Contributor address; City; State; Zip Code		2,500.00	
	3420 Ocean Drive		1	
	Corpus Christi, Texas 78411		1	
				of Texas, complete Schedule T)
	pation / Job title (See Instructions) /President/CEO	Employer (See)		
		î		In-kind contribution
Date	Full name of contributor		Amount of contribution (\$)	description (if applicable)
5/12/14	George S. Hawn		\$ 2,500.00	
	Contributor address; City; State; Zip Code			
	101 N. Shoreline Blvd., Suite	600		
	Corpus Christi, Texas 78411		(If traval outside a	of Texas, complete Schedule T)
Principal occur	pation,/ Job title (See Instructions)	Employer (See		or rexas, complete schedule 1)
investme	nts/owner			
Date	Full name of contributor)	Amount of	In-kind contribution
5/8/14	Ben Donnell		contribution (\$)	description (if applicable)
5/0/14	Contributor address; City; State; Zip Code		\$ 500.00	
	P. O. Box 2624			
	Corpus Christi, Texas 78403		31	
		Y	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
attorney	-	Donnell & A	bernathy	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/7/14	J. Ted Oakley		\$ 2,500.00	documption (in approactio)
3/// 17	Contributor address; City; State; Zip Code 2930 Denver		T 2,500.00	
	Corpus Christi, Texas 78404			
	7. Sec. 1		(If travel outside	of Texas, complete Schedule T)
The state of the s	pation / Job title (See Instructions)	Employer (See	Instructions)	
stock br	oker/owner	Herndon, Pl	lant & Oakle	У

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SCHEDULE A

The Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
Samuel L. Neal, Jr.			¥a
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
5/27/14 E. Brent Bottom		\$ 1,500.00	description (if applicable)
6 Contributor address; City; State; Zip Code		\$ 1,500.00	
520 Lawrence St. Corpus Christi, Texas 78401			
Corpus Christi, Texas 70401		(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See	Instructions)	
title company/owner	San Jacinto	Title Compa	any
Date Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
5/29/14 Jim Barnette		contribution (\$)	description (if applicable)
Contributor address; City; State; Zip Code		\$ 2,500.00	
2728 Airline Road			
Corpus Christi, Texas 78414			
•	,	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) construction/owner	Employer (See 1 Coastcon C		
)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/9/14 Joe R. Fulton Contributor address; City; State; Zip Code		\$ 1,250.00	1
P. O. Box 9486			
Corpus Christi, Texas 78469			1
	-		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See		
construction/owner/retired		nstruction	
Date Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/14 Philip & Jennifer Skrobarczy	k	\$ 1,500.00	
Contributor address; City; State; Zip Code		,	
250 Melrose Ave. Corpus Christi, Texas 78404			
Corpus Christi, Texas 76404		2000	L
Principal occupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
construction/owner	Fulton Con		
	Tureon con		T
Date Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/9/14 Kenneth G. Cox		\$ 200.00	I.
Contributor address; City; State; Zip Code		Ψ 200.00	1
5325 Stonemill Circle			1
Corpus Chrtisti, Texas 78413			
		()5 tun 1 t - ' 1	of Tours and the Orbital Tours
Principal occupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)

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 L.	Neal, Jr.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
6/2/14	Larry J. Urbank		contribution (\$)	description (if applicable)
0/2/14			\$ 1,000.00	
	6 Contributor address; City; State; Zip Code		i i	
	P. O. Box 6355			
	Corpus Christi, Texas 78411		(If travel outside of	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See		19
engineer	ing/owner	Urban En	gineering	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
6/20/14	Lee R. Jordan		contribution (\$)	description (if applicable)
0/20/14	Contributor address; City; State; Zip Code		1,000.00	
	2401 Flour Bluff Drive			
	Corpus Christi, Texas 78418			
			7 - 30 - W OKA - 220	of Texas, complete Schedule T)
	pation / Job title (See Instructions) cant/owner	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
6/24/14	Charles W. Zahn, Jr.		contribution (\$)	description (if applicable)
,	Contributor address; City; State; Zip Code		\$ 500.00	
	P. O. Box 941			
	Port Aransas, Texas 78373			
				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		
attorney/		Charles Z		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/20/14	Mike Pusley		\$ 1,500.00	
	Contributor address; City; State; Zip Code			
	3916 Castle Valley			
	Corpus Christi, Texas 78410		(If they call a color) dis	of Toyon, complete Cabadda T
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
oil & gas	s/retired	HELITE VINCE PRODUCT		,
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/24/14	B.B. Najvar		\$ 100.00	======================================
	Contributor address; City; State; Zip Code			
	10606 Atlanta St.		No.	
	Corpus Christi, Texas 78410			
Principal occur	pation / Job title (See Instructions)	Employer (See	V V CARL PA	of Texas, complete Schedule T)
i iliopai occuj	retired retired	Linployer (Gee		
				

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(TDD 1-800-735-2989)

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

			5931	
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 I	. Neal, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
6/24/14	Dan S. Leyendecker		contribution (\$)	description (if applicable)
0/24/14	6 Contributor address; City; State; Zip Code		\$ 2,500.00	
	72 NAW 15 E	200		
	801 Navigation Blvd., Suite Corpus Christi, Texas 78408	300	58	
	dorpus diffici, femas 70400			of Texas, complete Schedule T)
9 Principal occup engineerir	pation / Job title (See Instructions) ng/owner	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/27/14	Josie Herro		contribution (\$) \$ 25.00	description (if applicable)
0/=//1	Contributor address; City; State; Zip Code			
	501 Del Mar Blvd.			
	Corpus Christi, Texas 78404			
Delegie I a a a	- stice / lab title /Con Instructions	Employer (See		of Texas, complete Schedule T)
property	pation / Job title (See Instructions)	Employer (See	mstructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
6/29/14	James R. Ross		contribution (\$)	description (if applicable)
0/29/14	Contributor address; City; State; Zip Code		\$ 250.00	1
	P. O. Box 3006			
	Corpus Christi, Texas 78463			1
	. 14 2	r	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) retired	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/14	Andrew & Barbara Aga n Contributor address; City; State; Zip Code	* * * * * * * * * *	\$ 100.00	
	118 Whiteley Dr.			
	Corpus Christi, Texas 78418			
		Fundamen (Co.		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	2
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/24/14	Tom Carlisle		\$ 1,500.00	description (ii applicable)
	Contributor address; City; State; Zip Code		Ψ 1,500.00	1
	233 Cape May			J
	Corpus Christi, Texas 78412		222 8 ***	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
insurance		Tom Ca:	250	
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE	AS NEEDED	
lf ·	contributor is out-of-state PAC, please see inst			requirements.

Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C- Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor Los aising Expense Tra Co trict Rental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/13/14	5 Payee name Town Club		
\$ 1,037.81	7 Payee address; City; State; Zip Code 800 N. Shoreline Blvd., Suite Corpus Christi, Texas 78401	500	ş
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	10005 100 91	ravel outside of Texas, complete Schedule T) Lunch for county staff
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date 1/13/14	Payee name Miller High School Metropolitan	n School	
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code #1 Battlin Buc Blvd. Corpus Christi, Texas 78408		S.
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		ravel outside of Texas, complete Schedule T) ow Love" girls conferenc
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date 1/17/14	Payee name MAGIC		
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code P. 0. Box 270 Corpus Christi, Texas 78427		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If to	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 1/15/14	Payee name Jennifer Dragoo		
Amount (\$) \$ 300.00	Payee address; City; State; Zip Code Corpus Christi, Texas 78410		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (Ift	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

Texas Ethics Commission

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/F	ontract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
i.	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F: 2	2 FILER NAME Samuel L. Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers
4 Date 5	5 Payee name	
2/4/14	MAGIC	
\$ Amount (\$) 7	Payee address; City; State; Zip Code P. O. Box 270 Corpus Christi, Texas 78427	8
	a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	sponsor radio show
3 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/12/14	Payee name Calallen Baseball Booster Club	
Amount (\$) \$ 175.00	Payee address; City; State; Zip Code	1
	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 EXPENDITURE	Advertising Expense	"ad" 1/2 page
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/17/14	Port Aranas Community Theatre	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 400.00	P. O. Box 835	
	Port Aransas, Texas 78373	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	full page "ad" for 2014 program
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
expenditure to benefit C/OH Date	Payee name	
		Show
Date	Payee name	Show
Date 2/17/14	Payee name Nueces County Junior Livestock	Show
Date 2/17/14 Amount (\$)	Payee name Nueces County Junior Livestock Payee address; City; State; Zip Code P. O. Box 260968	Show Description (If travel outside of Texas, complete Schedule T)
Date 2/17/14 Amount (\$) \$ 950.00	Payee name Nueces County Junior Livestock Payee address; City; State; Zip Code P. O. Box 260968 Corpus Christi, Texas 78426	
Date 2/17/14 Amount (\$) \$ 950.00 PURPOSE OF	Payee name Nueces County Junior Livestock Payee address; City; State; Zip Code P. O. Box 260968 Corpus Christi, Texas 78426 Category (See categories listed at the top of this schedule) Gift/Awards/Memorial Expense Candidate/Officeholder name	Description (If travel outside of Texas, complete Schedule T)

6	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide Samuel L. Neal, Jr.	ontract Labor Loai sising Expense Trar Con trict Cental Expense OTH	n Repayment/Reimbursement hsportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
6 4 Date	2 FILER NAME		
6 4 Date		1	
4 Date	Samuel L. Neal. II.		3 ACCOUNT # (Ethics Commission Filers)
- 1-1			
	5 Payee name Tuloso-Midway/Education Founda	ation	
\$ Amount (\$) \$ 300.00	7 Payee address; City; State; Zip Code PMB 1013		*1
2	11101-9 Lempard St.		
	Corpus Christi, Texas 78410	T	
	(a) Category (See categories listed at the top of this schedule)	0 37 75 37 372	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		r for 4/14/14 golf
3 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/17/14	George Puls Jr. '44 Memorial S	Scholarship G	olf Tournament
Amount (\$) \$ 275.00	Payee address; City; State; Zip Code 3714 Berkeley Corpus Christi, Texas 78414		is a
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	sponsor of 6	/6/14 golf tournament
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/17/14	Jennifer Dragoo		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 300.00			
7 300.00	Corpus Christi, Texas 78410		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Salaries/Wages/Contract Labor	newsle	tter
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/21/14	MAGIC		
Amount (\$)	Payee address; City; State; Zip Code		2
\$ 400.00	P. O. Box 270		
7 700.00	Corpus Christi, Texas 78427		
9	M. N.		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE		Description (If tra	N. S. S.
OF	Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name		

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Funds Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor Lo raising Expense Tre Co strict (Rental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	100 A	3 ACCOUNT # (Ethics Commission Filers)
6	Samuel L. Neal, Jr.		
1 Date 3/11/14	5 Payee name LULAC Council 1 Foundation, I	nc.	
\$ Amount (\$) \$ 350.00	7 Payee address; City; State; Zip Code P. O. Box 10807 Corpus Christi, Texas 78460		,
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Ift	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	"ad" for 2/ leaders	19/14 outstanding communi banquet
3 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name	The state of the s	
3/17/14	Coastal Bend Cesar Chavez Com	mittee	
Amount (\$) \$ 100.00	Payee address; City; State; Zip Code P. O. Box 50236 Corpus Christi, Texas 78465-0	236	* **
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		ravel outside of Texas, complete Schedule T) March 31st March
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name	,	
3/17/14	Jennifer Dragoo		
Amount (\$) \$ 300.00	Payee address; City; State; Zip Code	300 E-9.10.	
	Corpus Christi, Texas 78410		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Salaries/Wages/Contract Labor	newslette	er
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
3/19/14	The ARK	.19	
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code		
47	Corpus Christi, Texas 78410		
PURPOSE OF	Category (See categories listed at the top of this schedule) Advertising Expense		travel outside of Texas, complete Schedule T) or annual GALA banquet
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office heid
expenditure to benefit C.	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EEDED

www.ethics.state.tx.us Revised 04/19/2013

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundi Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead. The Instruction Guide explains how to	Contract Labor Localising Expense Tile Contract Rental Expense O	coan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME	complete this form	3 ACCOUNT # (Ethics Commission Filers)
6	Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filets)
Date	5 Payee name		1
3/19/14	MAGIC		
\$ Amount (\$) \$ 700.00	7 Payee address; City; State; Zip Code P. O. Box 270 Corpus Christi, Texas 78427	94	e e e e e e e e e e e e e e e e e e e
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Early votin	ng commentarios October 20
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
4/1/14	CC Hispanic Chamber of Commerc	e	
Amount (\$) \$ 1,000.00	Payee address; City; State; Zip Code		
4 1,000.00	Corpus Christi, Texas		*
PURPOSE	Category (See categories listed at the top of this schedule)		travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense/	(2) tables	at State of the County
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
4/17/14	Jennifer Dragoo		
Amount (\$) \$ 300.00	Payee address; City; State; Zip Code	He of the period	
\$ 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)
OF EXPENDITURE	Salaries/Wages/Contract Labor	newslette	r
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/5/14	TFRW		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 59.00	Austin, Texas		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense		et for luncheon 6/6/14
Complete ONLY if direct expenditure to benefit 0		Office sought	Office held
Mo	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

P.O. Box 12070

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D Printing Expense Office Overhead	raising Expense	Transportation I Contributions/D Candidate/O	nt/Reimbursement Equipment & Related Exper onations Made By fficeholder/Political Comm a category not listed above	ittee
	The Instruction Guide explains how t	complete this fo	orm.		
Total pages Schedule F:	2 FILER NAME		3 ACCOL	INT # (Ethics Commission F	Filers)
6	Samuel L. Neal, Jr.				
Date	5 Payee name			11010	
5/14/14	Grassroots				
Amount (\$)	7 Payee address; City; State; Zip Code			2	
\$ 500.00					
	Corpus Christi, Texas				
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of	Texas, complete Schedule T)	
OF EXPENDITURE		1 -			
CONSTRUE DOCUMENTO DE CONTROL DE	Constitute (Office halders are	0.65	L.a	055 1 11	
 Complete <u>ONLY</u> if direct expenditure to benefit C/C 	Candidate / Officeholder name OH	Office soug	nt	Office held	
Delta	Payee name	Artica III. It areas and a second		***	
5/15/14	Jennifer Dragoo				
Amount (\$)	Payee address; City; State; Zip Code			- master data and a second	
\$ 300.00	Payee address, City, State, Zip Code				
7 300:00	Corpus Christi, Texas 78410				
PURPOSE	Category (See categories listed at the top of this schedule)	Description	1 (If travel outside of	Texas, complete Schedule T)	
OF	Coloring/Hassa/Contract Inham		ter		
EVDENDITUDE	Salaries/Wayes/Contract Labor	TIEWSTET			
EXPENDITURE	Salaries/Wages/Contract Labor	newslet	Li	Off 1-14	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht	Office held	
Complete ONLY if direct	Candidate / Officeholder name		ht	Office held	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		ht	Office held	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Payee name		ht	Office held	77.4
Complete ONLY if direct expenditure to benefit C/O Date 6/18/14	Candidate / Officeholder name OH Payee name Pan Am Golf Association		ht	Office held	
Complete ONLY if direct expenditure to benefit C/O Date 6/18/14 Amount (\$)	Candidate / Officeholder name OH Payee name Pan Am Golf Association		ht	Office held	
Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 100.00	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code	Office soug		Office held Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O Date 6/18/14 Amount (\$) \$ 100.00	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule)	Office soug	n (If travel outside of	Texas, complete Schedule T)	atud
Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 100.00	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule) Advertising Expense	Office soug Description	n (Iftravel outside of summer gol	Texas, complete Schedule T) f program for	stud
Complete ONLY if direct expenditure to benefit C/O Date 6/18/14 Amount (\$) \$ 100.00	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Office soug	n (Iftravel outside of summer gol	Texas, complete Schedule T)	stud
Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 100.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Office soug Description	n (Iftravel outside of summer gol	Texas, complete Schedule T) f program for	stud
Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 100.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name	Office soug Description	n (Iftravel outside of summer gol	Texas, complete Schedule T) f program for	stud
Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 100.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name OH	Office soug Description	n (Iftravel outside of summer gol	Texas, complete Schedule T) f program for	stud
Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 100.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 6/18/14	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name DH Payee name Jennifer Dragoo	Office soug Description	n (Iftravel outside of summer gol	Texas, complete Schedule T) f program for	stud
Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 100.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$)	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name DH Payee name Jennifer Dragoo	Office soug Description	n (Iftravel outside of summer gol	Texas, complete Schedule T) f program for	stud
Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 100.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$)	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name DH Payee name Jennifer Dragoo Payee address; City; State; Zip Code	Description Sponsor s Office soug	n (Iftravel outside of summer gol	Texas, complete Schedule T) f program for	stud
Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 100.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 300.00	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Jennifer Dragoo Payee address; City; State; Zip Code Corpus Christi, Texas 78410	Description Sponsor s Office soug	n (If travel outside of summer gol) tht	Texas, complete Schedule T) f program for Office held	stud
Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 100.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 6/18/14 Amount (\$) \$ 300.00	Candidate / Officeholder name Payee name Pan Am Golf Association Payee address; City; State; Zip Code Corpus Christi, Texas Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Jennifer Dragoo Payee address; City; State; Zip Code Corpus Christi, Texas 78410 Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name	Description Sponsor s Office soug	n (Iftravel outside of summer gol) ht	Texas, complete Schedule T) f program for Office held	stud