

# 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:  18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Samuel Loyd		Neal	Jr.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P. O. Box 8347 Corpus Christi, Texas 78468-8347		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	991-8686	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Gabe Hernandez			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	3218 Leopard St. Corpus Christi, Texas 78408		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	881-9091	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	01	01	2014
THROUGH		Month	Day
		06	30
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 / 04 / 2014			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	County Judge		

**OFFICE USE ONLY**

Date Received: **FILED FOR RECORD AT 10:34 AM**

**JUL 15 2014**

Date Hand-delivered or Postmarked: **DIANA T. BARRERA**  
Clerk, County Court, Nueces County, Texas

By: **Deirdre Syamken** Deputy

Receipt #

Date Processed

Date Imaged

GO TO PAGE

**2014-105**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** Samuel L. Neal, Jr. **15 ACCOUNT #** (Ethics Commission Filers)


**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b> <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b> Loyd Neal Campaign
		<b>COMMITTEE ADDRESS</b> P. O. Box 8347 Corpus Christi, Texas 78468-8347
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b> Mr. Gabe Hernandez
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> 3218 Leopard St. Corpus Christi, Texas 78408

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 77,025.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,246.81
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 131,554.97
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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

Sworn to and subscribed before me, by the said Samuel L. Neal, Jr., this the 14th day of July, 20 14, to certify which, witness my hand and seal of office.

*Jennifer Drago*  
Signature of officer administering oath

Jennifer Drago  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/14/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria N. Garza 6 Contributor address; City; State; Zip Code 526 Harrison St. Corpus Christi, Texas 78404-2702	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 2/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Adler Contributor address; City; State; Zip Code P.O. Box 5405 Corpus Christi, Texas 78466	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) business owner/retired		Employer (See Instructions)	
Date 3/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Bacak Contributor address; City; State; Zip Code 7438 Lake Maggorie Corpus Christi, Texas 78413	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) banker		Employer (See Instructions) American Bank	
Date 3/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Jones Contributor address; City; State; Zip Code 3420 Ocean Drive Corpus Christi, Texas 78412	Amount of contribution (\$) \$ 2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) banker		Employer (See Instructions) American Bank	
Date 3/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Holliday Contributor address; City; State; Zip Code 41 Lakeshore Drive Corpus Christi, Texas 78413	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>10</b>	
2 FILER NAME <b>Samuel L. Neal, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/29/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sherwin Alumina Company Political Action Committee</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P. O. Box 9911 Corpus Christi, Texas 78469</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>refinery</b>		10 Employer (See Instructions) <b>Sherwin Alumina Company</b>	
Date <b>2/14/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe R. Fulton</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P. O. Box 9486 Corpus Christi, Texas 78469-9486</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>construction/retired</b>		Employer (See Instructions)	
Date <b>2/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allen G. Borden</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>123 Rainbow Lane Corpus Christi, Texas 78411</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>insurance/owner</b>		Employer (See Instructions) <b>Borden Insurance</b>	
Date <b>2/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wallace C. Goodman</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5117 Cascade Corpus Christi, Texas 78413</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>insurance/owner</b>		Employer (See Instructions) <b>Borden Insurance</b>	
Date <b>2/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Swantner</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6909 Sir Geraint Corpus Christi, Texas 78413</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>insurance/owner</b>		Employer (See Instructions) <b>Borden Insurance</b>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: right;">10</p>	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/17/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valero Political Action Committee 6 Contributor address; City; State; Zip Code P. O. Box 696000 San Antonio, Texas 78269	7 Amount of contribution (\$) \$ 5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) refinery		10 Employer (See Instructions) Valero	
Date 3/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan R. Wilson Contributor address; City; State; Zip Code 445 Delaine Corpus Christi, Texas 78411	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) banker		Employer (See Instructions) Frost Bank	
Date 3/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E. V. Bonner, Jr. Contributor address; City; State; Zip Code P. O. Box 9036 Corpus Christi, Texas 78469	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Susser Holdings	
Date 3/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam L. Susser Contributor address; City; State; Zip Code P. O. Box 9036 Corpus Christi, Texas 78469	Amount of contribution (\$) \$ 2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) Susser Holdings	
Date 3/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred W. Heldenfels, III Contributor address; City; State; Zip Code 4500 Ocean Dr., Apt. 6A Corpus Christi, Texas 78412	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME <b>Samuel L. Neal, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/3/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel J. Murphy</b>	7 Amount of contribution (\$) <b>\$ 1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P. O. Box 9605 Corpus Christi, Texas 78469</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>business owner</b>		10 Employer (See Instructions) <b>Top Water Management</b>	
Date <b>4/1/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kane Group, LLC</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>101 N. Shoreline Blvd., Suite 208 Corpus Christi, Texas 78401</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>business owner</b>		Employer (See Instructions) <b>Kane Group LLC</b>	
Date <b>4/1/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Garry or Rebecca Bradford</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5701 Os o Parkway Corpus Christi, Texas 78414</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>business owner</b>		Employer (See Instructions) <b>Unique Employment</b>	
Date <b>4/8/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Willard H. Hammonds, Sr.</b>	Amount of contribution (\$) <b>\$10,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4418 Ocean Dr. Corpus Christi, Texas 78411</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>business owner</b>		Employer (See Instructions)	
Date <b>4/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David P. Engel</b>	Amount of contribution (\$) <b>\$ 2,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P. O. Box 4128 Corpus Christi, Texas 78469</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>business owner</b>		Employer (See Instructions) <b>Engel Investments</b>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			



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2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/11/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis or Bonnie Berry	7 Amount of contribution (\$) \$ 2,500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4550 River Park Drive Corpus Christi, Texas 78410		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) business owner		10 Employer (See Instructions) Bay, Ltd.	
Date 4/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam or Helen Dalton	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8002 Villefranche Dr. Corpus Christi, Texas 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene J. or Ellen V. Seaman	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 55 Lakeshore Dr. Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert E. Parker	Amount of contribution (\$) \$ 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14934 Santa Gertrudis Corpus Christi, Texas 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Constan Apou Co.</i>		Employer (See Instructions) <i>Kepron Const</i>	
Date 4/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darryl O. Haas	Amount of contribution (\$) \$ 1,250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6963 FM 666 Mathis, Texas 78368		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) business owner / road construction		Employer (See Instructions) Haas-Anderson	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Anderson 6 Contributor address; City; State; Zip Code 2408 Lakeview Dr. Rockport, Texas 78382	7 Amount of contribution (\$) \$ 1,250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) business owner/road construction		10 Employer (See Instructions) Haas-Anderson	
Date 4/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Healy Contributor address; City; State; Zip Code Dallas, Texas	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) insurance/owner		Employer (See Instructions) Healy & Associates	
Date 4/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Carlisle Contributor address; City; State; Zip Code 233 Cape May Corpus Christi, Texas 78412	Amount of contribution (\$) \$ 3,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) insurance/business owner		Employer (See Instructions) Carlisle Insurance	
Date 5/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. C. Weil Contributor address; City; State; Zip Code 500 N. Shoreline Blvd., Suite 1118 Corpus Christi, Texas 78401	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) investments/owner		Employer (See Instructions) Weil Family Agency	
Date 5/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. C. Weil Contributor address; City; State; Zip Code 500 N. Shoreline Blvd., Suite 1118 Corpus Christi, Texas 78401	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) investments/owner		Employer (See Instructions) H.C. Weil Properties	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/12/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben B. Wallace 6 Contributor address; City; State; Zip Code 101 N. Shoreline Blvd., Suite 600 Corpus Christi, Texas 78401	7 Amount of contribution (\$) \$ 2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) investments/owner		10 Employer (See Instructions)	
Date 5/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Jones Contributor address; City; State; Zip Code 3420 Ocean Drive Corpus Christi, Texas 78411	Amount of contribution (\$) \$ 2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) banker/President/CEO		Employer (See Instructions) American Bank	
Date 5/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George S. Hawn Contributor address; City; State; Zip Code 101 N. Shoreline Blvd., Suite 600 Corpus Christi, Texas 78411	Amount of contribution (\$) \$ 2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) investments/owner		Employer (See Instructions)	
Date 5/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Donnell Contributor address; City; State; Zip Code P. O. Box 2624 Corpus Christi, Texas 78403	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Donnell & Abernathy	
Date 5/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Ted Oakley Contributor address; City; State; Zip Code 2930 Denver Corpus Christi, Texas 78404	Amount of contribution (\$) \$ 2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) stock broker/owner		Employer (See Instructions) Herndon, Plant & Oakley	

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## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>10</b>	
2 FILER NAME <b>Samuel L. Neal, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/27/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>E. Brent Bottom</b> 6 Contributor address; City; State; Zip Code <b>520 Lawrence St. Corpus Christi, Texas 78401</b>	7 Amount of contribution (\$) <b>\$ 1,500.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>title company/owner</b>		10 Employer (See Instructions) <b>San Jacinto Title Company</b>	
Date <b>5/29/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Barnette</b> Contributor address; City; State; Zip Code <b>2728 Airline Road Corpus Christi, Texas 78414</b>	Amount of contribution (\$) <b>\$ 2,500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>construction/owner</b>		Employer (See Instructions) <b>Coastcon Corporation</b>	
Date <b>6/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe R. Fulton</b> Contributor address; City; State; Zip Code <b>P. O. Box 9486 Corpus Christi, Texas 78469</b>	Amount of contribution (\$) <b>\$ 1,250.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>construction/owner/retired</b>		Employer (See Instructions) <b>Fulton Construction</b>	
Date <b>6/2/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Philip &amp; Jennifer Skrobarczyk</b> Contributor address; City; State; Zip Code <b>250 Melrose Ave. Corpus Christi, Texas 78404</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>construction/owner</b>		Employer (See Instructions) <b>Fulton Construction</b>	
Date <b>6/9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kenneth G. Cox</b> Contributor address; City; State; Zip Code <b>5325 Stonemill Circle Corpus Christi, Texas 78413</b>	Amount of contribution (\$) <b>\$ 200.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>stock broker/retired</b>		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME <b>Samuel L. Neal, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/2/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry J. Urban</b>	7 Amount of contribution (\$) <b>\$ 1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P. O. Box 6355 Corpus Christi, Texas 78411</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>engineering/owner</b>		10 Employer (See Instructions) <b>Urban Engineering</b>	
Date <b>6/20/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee R. Jordan</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2401 Flour Bluff Drive Corpus Christi, Texas 78418</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>restaurant/owner</b>		Employer (See Instructions)	
Date <b>6/24/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles W. Zahn, Jr.</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P. O. Box 941 Port Aransas, Texas 78373</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>attorney/self</b>		Employer (See Instructions) <b>Charles Zahn</b>	
Date <b>6/20/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Pusley</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3916 Castle Valley Corpus Christi, Texas 78410</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>oil &amp; gas/retired</b>		Employer (See Instructions)	
Date <b>6/24/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>B.B. Najvar</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10606 Atlanta St. Corpus Christi, Texas 78410</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>10</b>	
2 FILER NAME <b>Samuel L. Neal, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/24/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dan S. Leyendecker</b>	7 Amount of contribution (\$) <b>\$ 2,500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>801 Navigation Blvd., Suite 300 Corpus Christi, Texas 78408</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>engineering/owner</b>		10 Employer (See Instructions) <b>LNV</b>	
Date <b>6/27/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Josie Herro</b>	Amount of contribution (\$) <b>\$ 25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>501 Del Mar Blvd. Corpus Christi, Texas 78404</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>property owner/</b>		Employer (See Instructions)	
Date <b>6/29/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James R. Ross</b>	Amount of contribution (\$) <b>\$ 250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P. O. Box 3006 Corpus Christi, Texas 78463</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)	
Date <b>6/30/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrew &amp; Barbara Agan</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>118 Whiteley Dr. Corpus Christi, Texas 78418</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/24/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Carlisle</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>233 Cape May Corpus Christi, Texas 78412</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>insurance/owner</b>		Employer (See Instructions) <b>Tom Carlisle</b>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 6	<b>2</b> FILER NAME Samuel L. Neal, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 1/13/14	<b>5</b> Payee name Town Club	
<b>6</b> Amount (\$) \$ 1,037.81	<b>7</b> Payee address; City; State; Zip Code 800 N. Shoreline Blvd., Suite 600 Corpus Christi, Texas 78401	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Christmas lunch for county staff
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 1/13/14	Payee name Miller High School Metropolitan School	
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code #1 Battlin Buc Blvd. Corpus Christi, Texas 78408	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) spons $\alpha$ "Know Love" girls conference
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 1/17/14	Payee name MAGIC	
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code P. O. Box 270 Corpus Christi, Texas 78427	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) spons $\alpha$ r radio show
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) newsletter
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 6	<b>2</b> FILER NAME Samuel L. Neal, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 2/4/14	<b>5</b> Payee name MAGIC	
<b>6</b> Amount (\$) \$ 200.00	<b>7</b> Payee address; City; State; Zip Code P. O. Box 270 Corpus Christi, Texas 78427	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) sponsor radio show
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 2/12/14	<b>Payee name</b> Calallen Baseball Booster Club	
<b>Amount (\$)</b> \$ 175.00	<b>Payee address; City; State; Zip Code</b> Corpus Christi, Texas 78410	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) "ad" 1/2 page
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 2/17/14	<b>Payee name</b> Port Aransas Community Theatre	
<b>Amount (\$)</b> \$ 400.00	<b>Payee address; City; State; Zip Code</b> P. O. Box 835 Port Aransas, Texas 78373	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) full page "ad" for 2014 program
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 2/17/14	<b>Payee name</b> Nueces County Junior Livestock Show	
<b>Amount (\$)</b> \$ 950.00	<b>Payee address; City; State; Zip Code</b> P. O. Box 260968 Corpus Christi, Texas 78426	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Gift/Awards/Memorial Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) \$50. "add on" to 19 students animal sale
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

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 form.

<b>1</b> Total pages Schedule F: 6		<b>2</b> FILER NAME Samuel L. Neal, Jr.		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 2/17/14		<b>5</b> Payee name Tuloso-Midway Education Foundation			
<b>6</b> Amount (\$) \$ 300.00		<b>7</b> Payee address; City; State; Zip Code PMB 1013 11101-9 Leopard St. Corpus Christi, Texas 78410			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) lunch sponsor for 4/14/14 golf tournament	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/17/14		Payee name George Puls Jr. '44 Memorial Scholarship Golf Tournament			
Amount (\$) \$ 275.00		Payee address; City; State; Zip Code 3714 Berkeley Corpus Christi, Texas 78414			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) sponsor of 6/6/14 golf tournament	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/17/14		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 (If travel outside of Texas, complete Schedule T) newsletter	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/21/14		Payee name MAGIC			
Amount (\$) \$ 400.00		Payee address; City; State; Zip Code P. O. Box 270 Corpus Christi, Texas 78427			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) sponsor radio show	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 6	<b>2</b> FILER NAME Samuel L. Neal, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/11/14	<b>5</b> Payee name LULAC Council 1 Foundation, Inc.
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<b>6</b> Amount (\$) \$ 350.00	<b>7</b> Payee address; City; State; Zip Code P. O. Box 10807 Corpus Christi, Texas 78460
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) "ad" for 2/19/14 outstanding community leaders banquet
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/17/14	Payee name Coastal Bend Cesar Chavez Committee
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Amount (\$) \$ 100.00	Payee address; City; State; Zip Code P. O. Box 50236 Corpus Christi, Texas 78465-0236
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) sponsor for March 31st March
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/17/14	Payee name Jennifer Dragoo
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Amount (\$) \$ 300.00	Payee address; City; State; Zip Code Corpus Christi, Texas 78410
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) newsletter
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/19/14	Payee name The ARK
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Amount (\$) \$ 500.00	Payee address; City; State; Zip Code Corpus Christi, Texas 78410
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) 1/2 table for annual GALA banquet
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 6	<b>2</b> FILER NAME Samuel L. Neal, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/19/14	<b>5</b> Payee name MAGIC	
<b>6</b> Amount (\$) \$ 700.00	<b>7</b> Payee address; City; State; Zip Code P. O. Box 270 Corpus Christi, Texas 78427	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Early voting commentarios October 2014
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4/1/14	Payee name CC Hispanic Chamber of Commerce	
Amount (\$) \$ 1,000.00	Payee address; City; State; Zip Code Corpus Christi, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense/	Description (If travel outside of Texas, complete Schedule T) (2) tables at State of the County
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4/17/14	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 (If travel outside of Texas, complete Schedule T) newsletter
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 5/5/14	Payee name TFRW	
Amount (\$) \$ 59.00	Payee address; City; State; Zip Code Austin, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) lunch ticket for luncheon 6/6/14
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 6	<b>2</b> FILER NAME Samuel L. Neal, Jr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)					
<b>4</b> Date 5/14/14	<b>5</b> Payee name Grassroots						
<b>6</b> Amount (\$) \$ 500.00	<b>7</b> Payee address; City; State; Zip Code Corpus Christi, Texas						
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)					
<table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date 5/15/14	Payee name Jennifer Drago						
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 (If travel outside of Texas, complete Schedule T) newsletter					
<table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date 6/18/14	Payee name Pan Am Golf Association						
Amount (\$) \$ 100.00	Payee address; City; State; Zip Code Corpus Christi, Texas						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) sponsor summer golf program for students					
<table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date 6/18/14	Payee name Jennifer Drago						
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 (If travel outside of Texas, complete Schedule T) newsletter					
<table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>							