CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers) 2 Total pages filed: 3 CANDIDATE / OFFICEHOLDER NAME Mr. Samuel NICKNAME LAST Loyd Neal 4 CANDIDATE / OFFICEHOLDER MAILING P. 0. Box 8347 1 ACCOUNT # (Ethics Commission Filers) MI OFFICEUSE OFFICE USE OFF	
OFFICEHOLDER NAME Mr. Samuel Loyd NICKNAME LAST LOYD NEAL LOYD NEAL Jr. OCT 0 6 20 ADDRESS / PO BOX; APT / SUITE#; CITY; STATE; ZIP CODE MANN T. BARREF	
Loyd Neal Jr. OCT 0 6 20 4 CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE MANY T. BARREF	
OFFICEHOLDER DIANG T. BARREF	14
ADDRESS Corpus Christi, Texas 78468-8347 Change of address Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE NUMBER PHONE AREA CODE PHONE NUMBER (361) 991-8686 Date Processed	
6 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST MI Date Imaged Mr. Gabe NICKNAME LAST SUFFIX	
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	
8 CAMPAIGN TREASURER PHONE PHONE NUMBER EXTENSION (361) 881-9091	
9 REPORT TYPE January 15 XX 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Final report (Attach C/OH - Final report (Attach C/	-R)
10 PERIOD Month Day Year Month Day Year O7 01 14 THROUGH O9 25 14	
11 ELECTION BLECTION DATE Day Year Primary Runoff XX General Specific S	äal
12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)	
County Judge County Judge	
	00 00 00 00 00 00 00

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)		
Samuel L. Ne	al, Jr.				
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	OMMITTEE TYPE COMMITTEE NAME			
	XX GENERAL	Loyd Neal Campaign COMMITTEE ADDRESS			
	SPECIFIC	P. O. Box 8347 Corpus Christi, Texas 78468-834	7		
5		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		Gabe Hernandez			
-		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		3218 Leopard St.			
		Corpus Christi, Texas			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N S		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 55,550.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 112,544.13		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOCTING PERIOD	\$ 74,560.84		
OUTSTANDING LOAN TOTALS	LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT	PIRES	I swear, or affirm, under penalty of is true and correct and includes all me under Title 15, Election Code. Signature of Can	f perjury, that the accompanying report information required to be reported by		
AFFIX NOTARY STAN	IP / SEAL ABOVE				
Sworn to and sub			this the		
6th day		20 14 , to certify which, witness recommendation of the comments of the commen	ny hand and seal of office. Title of officer administering oath		
Signature of officer adm	minatering Gatif	Thrownship of ones de misternig odd	THE STOMEST AGTITION CHING DATE		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

The C/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Sa	rikst muel Ast	Loyd suffix	OFFICE USE ONLY Date Received (1:1) PM		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUF P. O. Box 8347 Corpus Christi, AREA CODE PHONE F	Texas 78468-	STATE; ZIP CODE -8347 EXTENSION	DANA T. BARRERA Date 1 no general Court. Nucces County, Texas Date 1 no general Court. Nucces County, Texas Deputy Receipt # Amount Date Processed		
6 CAMPAIGN TREASURER NAME	Mr.	Gabe Ast Hernandez	MI SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLE 3218 Leopard St. Corpus Christi,		CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (361) 881	NUMBER L-9091	EXTENSION			
9 REPORT TYPE		Oth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 07 / 01 / 14	THROUGH	Month Day 09 /25			
11 ELECTION	Month Day Year	ELECTION TYPE Primary	Runoff	X General Special		
12 OFFICE	OFFICEHELD (if any) County Judge		13 OFFICE SOUGHT (ffkno	contain		

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)	
Samuel L. Ne	al, Jr.			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
2	COMMITTEE TYPE	COMMITTEE NAME		
	XX GENERAL	Loyd Neal Campaign		
	SPECIFIC	P. 0. Box 8347 Corpus Christi, Texas 78468-834	7	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME Gabe Hernandez		
		committee campaign treasurer address 3218 Leopard St. Corpus Christi, Texas		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 55,550.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	AIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 112,544.13	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ 74,560.84	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	THE \$	
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. AFFIX NOTARY STAMP / SEAL ABOVE				
AFFIX NOTARY STAM	/IP / SEAL ABOVE		08.4 08	
Sworn to and sub	of October	me, by the saidSamue1 L. Nea1, Jr	_	

P.O. Box 12070

SCHEDULE A

	Instancial Cuide evalence have to assent to the	· fo	1 Total pages Sch	nedule A:
The	Instruction Guide explains how to complete this	. тогт.		9
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Samuel L.	Neal, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/18/14	Coastal Area Builders PAC 6 Contributor address; City; State; Zip Code 5325 Yorktown Blvd. Corpus Christi, Texas 78414		\$ 500.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup homebuild	ers/PAC	10 Employer (See	Instructions)	19
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
9/11/14	Coorgo A Finley III		contribution (\$)	description (if applicable)
9/11/14	George A. Finley, III Contributor address: City: State: Zip Code		\$ 5,000.00	
	3360 Ocean Drive			
	Corpus Christi, Texas 78411			
			(If travel outside	of Texas, complete Schedule T)
Principal occur	oation / Job title (See Instructions) OWNEY	Employer (See CC Distri	nstructions) butors	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
9/15/14	Anthony LaMantia		\$ 2,500.00	description (if applicable)
	Contributor address; City; State; Zip Code 8761 State Hwy 44			I
	Corpus Christi, Texas 78406			1
	, , , , , , , , , , , , , , , , , , , ,		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
beer dist	ributor/owner	L & F Distr	ibutor	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/27/14	Linebarger, Goggan, Blair & S Contributor address; City; State; Zip Code	Sampson, LLP	\$ 3,000.00	b L
	P. O. Box 17428			Ì
	Austin, Texas 78760			ĺ
		· ·		of Texas, complete Schedule T)
Principal occup attorneys	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	6) 2366 11 50			Î
			The Committee of the Co	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	
I				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

	The Instruction Cuids avaising how to complete th	in form	1 Total pages Sch	edule A:		
	The Instruction Guide explains how to complete th	is form.		9		
2	FILER NAME		3 ACCOUNT # (E	thics Commission Filers)		
	Samuel L. Neal, Jr.					
4			7 Amount of	8 In-kind contribution		
4	Date 5 Full name of contributor out-of-state PAC (ID#.		contribution (\$)	description (if applicable)		
	9/25/14 Marc Cisperos		\$ 500.00	942		
	6 Contributor address; City; State; Zip Code					
	6302 St. Andrews					
	Corpus Christi, Texas 78413					
				of Texas, complete Schedule T)		
9	Principal occupation / Job title (See Instructions)	10 Employer (See				
	Executive Director	Kenedy	Memorial For	indation		
	Date Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution		
	9/24/14 Harlan Keitkamp		contribution (\$) \$ 500.00	description (if applicable)		
	Contributor address; City; State; Zip Code		φ 500.00			
	5409 Wooldridge Road	-				
	Corpus Christi, Texas 78413					
	orași onicia, conta		(If travel outside o	of Texas, complete Schedule T)		
	Principal occupation / Job title (See Instructions)	Employer (See	Instructions)	or rexas, complete concade 1)		
	banker	Value Bank	of Texas			
	Date Full name of contributor ut-of-state PAC (ID#		Amount of	In-kind contribution		
	0/20/1/		contribution (\$)	description (if applicable)		
	9/22/14 Jerrell C. Kramer Contributor address; City; State; Zip Cod-		\$ 250.00			
	5710 King Trail	5 .	*	i.		
	Corpus Christi, Texas 78414			1		
	Corpus Christi, Texas 70414		(If travel outside	of Texas, complete Schedule T)		
	Principal occupation / Job title (See Instructions)	Employer (See	·	or rexas, complete scriedule 1)		
	architect	The second second	ects & assoc	ciates		
	Date Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution		
			contribution (\$)	description (if applicable)		
	9/25/14 Diane Lowrance		\$ 50.00			
	Contributor address; City; State; Zip Code 2225 Post Oak Drive	е	8			
	Portland, Texas 78374					
	Fortland, Texas 70374		10 April 10			
	Principal occupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)		
.5	Executive Director	MHMR	mstructions)			
	Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	9/23/14 William Burgin		\$ 1,000.00			
	Contributor address; City; State; Zip Code	e				
	4091 Bandera Hwy					
	Kerrville, Texas 78028					
		T		of Texas, complete Schedule T)		
	Principal occupation / Job title (See Instructions) physician	Employer (See	Instructions)			
	Projection					

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SCHEDULE A

		form	1 Total pages Sch	edule A:
The	Instruction Guide explains how to complete this	iorm.		9
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
Samuel L.	Neal, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
	7		contribution (\$)	description (if applicable)
9/27/14	Gabriel Guerra		\$ 500.00	
	6 Contributor address; City; State; Zip Code		*	
	5710 BNeustadt		2	
	Corpus Christi, Texas 78414		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
DA	VKER	- IBI	5 BANK	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/4/14	Mark Bernwanger		contribution (\$) \$ 50.00	description (if applicable)
9/4/14	Contributor address; City; State; Zip Code		φ 30.00	
	2840 Denver		42	
	Corpus Christi, Texas 78404		0.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	(e) (Res)			R 20 P 20 P 20 P 20
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/15/14	Scott Heitkamp		\$ 250.00	
9	Contributor address; City; State; Zip Code			
	5318 Greenbriar St.			
	Corpus Christi, Texas 78413			
Dain ain at annu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	/President	Value Bank	A. C.	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
9/4/14	Govind Nardkarni		contribution (\$)	description (if applicable)
9/4/14			\$ 1,000.00	1. [
	Contributor address; City; State; Zip Code P. O. Box 271127			
	Corpus Christi, Texas 78427			L.
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
	LAGINEER	Se1,	7	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
0/05/1/	Ed Highe		contribution (\$)	description (if applicable)
8/25/14	Ed Hicks Contributor address; City; State; Zip Code	* * * * * * * * * * * * * * * * * * * *	\$ 5,000.00	
	5226 Greenbriar			Ì
	Corpus Christi, Texas 78413			
		·	(If travel outside	of Texas, complete Schedule T)
Principal occu car deal	pation / Job title (See Instructions)	Employer (See Ed Hicks]	2-4-5-40-00-01-0-40-60-00-01-0-08-	
car deal	er/ owner	Ed files	Imports	

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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)
	Neal, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/21/14	Robert Corrigan 6 Contributor address; City; State; Zip Code		\$ 500.00	
	P. O. Box 2504			
	Corpus Christi, Texas 78403		(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
insurand	,	Carlisle		
Date	Full name of contributor Out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/19/14	Rachel Canales Contributor address; City; State; Zip Code		\$ 2,000.00	
	1374 Sandpiper			
	Corpus Christi, Texas 78412			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	IN VESTIL	56	2/2	
	Full name of contributor ut-of-state PAC (ID#	1	Amount of	In-kind contribution
Date	Pull hame of contributor out-or-state PAC(ID#		contribution (\$)	description (if applicable)
8/14/14	Dusty Durrill		\$10,000.00	5 37 MARS 200 C
	Contributor address; City; State; Zip Code			
	615 S. Upper Broadway			
	Corpus Christi, Texas 78401			[
			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
	INVESTOR	50	15	
Date	Full name of contributor out-of-state PAC (ID#	ÿ	Amount of	In-kind contribution
etrosenes areas			contribution (\$)	description (if applicable)
8/6/14	Steve Woerner		\$ 1,000.00	I)
	Contributor address; City; State; Zip Code			L
	202 Shore			
	Portland, Texas 78374			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
hospital	administration	Dr isc 11	Children's	Hospital
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/4/14	Karen Long		\$ 300.00	The second research and the second of the se
-/ ./ - !	Contributor address; City; State; Zip Code 7241 Thundersee	20 S S S S S S S S S S	76	Į. F
	Corpus Christi, Texas 78413			I r
	Joseph Janes 19415		01577 S W7 W	Language and the second
The second secon			·	of Texas, complete Schedule T)
the property county and comment	pation / Job title (See Instructions)	Employer (See		agnital
nurse dire	ctor	Dr iscoll (Children's H	ospitai

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The Instruction Cuide symbolic base to complete this form				1 Total pages Sch	edule A:			
	The Instruction Guide explains how to complete this form.				9			
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)			
_		AT		Secretic equipment in the secretic secre	eritation and the extensive engine of the continue attention to the extensive of the continue			
	Samuel L	. Neal, Jr.						
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	8/5/14	William Larsen		\$ 500.00				
		6 Contributor address; City; State; Zip Code		8				
		3914 Gibraltar						
		Corpus Christi, Texas 78414		7000000 DI -0-0-0	V			
					of Texas, complete Schedule T)			
9	the southern the formation of the second	pation / Job title (See Instructions)	10 Employer (See	Instructions)				
		4.R. DIRECTOR	Dr isceri (Children's H	ospital			
	Date	Full name of contributor		Amount of	In-kind contribution			
	01/11/			contribution (\$)	description (if applicable)			
	8/4/14	Gentry Land & Cattle		\$ 500.00				
		Contributor address; City; State; Zip Code						
		P. O. Box 4228						
		Corpus Christi, Texas 78469						
					of Texas, complete Schedule T)			
		pation / Job title (See Instructions)	Employer (See I	nstructions)	2			
	G	WIRE	Centrey	1 JumBN	9			
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of /contribution (\$)	In-kind contribution description (if applicable)			
	8/4/14	. Mike Bergsma		\$11,000.00	l I			
	2 8							
		P. O. Box 1476						
		Corpus Christi, Texas 78403						
				(If travel outside	of Texas, complete Schedule T)			
	at Indianamilia. Properties	pation / Job title (See Instructions)	Employer (See I	STATE OF THE PROPERTY OF THE PARTY OF THE PA				
	oil & gas	/owner	Bergsma Co	nsulting				
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution			
	_ , , , , , , ,			contribution (\$)	description (if applicable)			
	8/4/14	Michael B. Anthony		\$ 300.00				
		Contributor address; City; State; Zip Code 7842 Beauvais Dr.						
		Corpus Christi, Texas 78414						
		our pas our route		Company of the Control				
					of Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)				
		MARKEY	- 6					
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution			
	6/26/14	John D. Durham		contribution (\$)	description (if applicable)			
	0/20/14	John D. Durham Contributor address; City; State; Zip Code		\$ 500.00				
		to state that the state of the						
		1514 Glenoak Drive						
		Corpus Christi, Texas 78418						
	Dringing!	pation / Joh title /See Instructions)	Employer /C I		of Texas, complete Schedule T)			
	Funcibal occur	pation / Job title (See Instructions)	Employer (See I	maductions)				
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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Samuel L.	Neal, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	Ĵ	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/26/14	William Hulsey 6 Contributor address; City; State; Zip Code		\$ 500.00	2 H
	P. O. Box 442			
	Portland, Texas 78374		(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date 6/28/14	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
0/20/14	Esther Kane Contributor address; City; State; Zip Code P. O. Box 520		300.00	
=	Fulshear, Tx 77441			Na.
	reforedt, ix //441		(If travel outside of	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	petructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
7/2/14	Firmin Lepori, Jr. Contributor address; City; State; Zip Code 501 Charleston Dr.		\$ 250.00	description (if applicable)
0	Victoria, Tx 77904		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	1 2	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/28/14	J. Patrick Moran		\$ 500.00	
\$E	3401-C Ocean Dr.			
	Corpus Christi, Texas 78411		3	
Principal occu	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
physici	5 33		Self	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
7/15/14	Daniel J. Murphy Contributor address: City: State; Zip Code		contribution (\$) \$ 5,000.00	description (if applicable)
				1
	P. O. Box 9605 Corpus Christi, Texas 78469-9	605		1
	Corpus Chiristi, Texas 70409-9		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
	ownep	Top Water	Management	

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Texas Ethics Commission

SCHEDULE A

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- 100m	Instruction Cuido evaleira have to complete this	form	1 Total pages Sch	edule A;
ine	Instruction Guide explains how to complete this	TOTAL.	AM SES	9
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
			contribution (\$)	description (if applicable)
6/26/14	Denise Reynolds		\$ 100.00	<u>s</u>
	6 Contributor address; City; State; Zip Code			
	P. O. Box 297, County Rd 3073			
	Orange Grove, Texas 78372		(15 Apr. 11) - 14-14-1	-(
Dringing aggur	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
9 Principal occup	Sation / Job title (See Instructions)	10 Employer (See	mstructions)	
Date	Full name of contributor ut-of-state PAC (ID#_	1	Amount of	In-kind contribution
Date	Tull harne of contributor out-of-state five (ibs		contribution (\$)	description (if applicable)
6/26/14	Sid. Ridlehuber		\$ 500.00	
	Contributor address; City; State; Zip Code			
	4025 Castle Ridge Drive			
	Corpus Christi, Texas 78410			
				of Texas, complete Schedule T)
Principal occupation Job title (See Instructions)		Employer (See Instructions)		
		UNIN	A STILL	ta filed a satisfied
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/14	Raju Bhagat		\$ 500.00	
	Contributor address; City; State; Zip Code			
	11217 IH 37			
	Corpus Christi, Texas 78410			
				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See Instructions)		
	1,0010	CHI.	Z JEX O"	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/6/14	Fred G. Braselton		\$ 1,000.00	
	Contributor address; City; State; Zip Code			
	6910 Sir Palleas St.			
	Corpus Christi, Texas 78413			
				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	S.	
homebuild	der/owner	Braselton	Homes	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/26/14	Puggoll D. Campboll		\$ 200.00	sees part (ii applicable)
0/20/14	Russell. D. Campbell Contributor address; City; State; Zip Code		Ψ 200.00	
	10209 Turning Leaf Dr.			
	Corpus Christi, Texas 78410			
				of Texas, complete Schedule T)
a comment of the contract of t	pation / Job title (See Instructions)	Employer (See		
banker/o	tticer	Charter Ba	ınk	
t				

Austin, Texas 78711-2070

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SCHEDULE A

The	Instruction Guide explains how to complete this	form	1 Total pages Schedule A:		
ine	Instruction Guide explains how to complete this	o ionii.		9	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Samuel L	. Neal, Jr.				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
	9		contribution (\$)	description (if applicable)	
7/3/14	Mike Carrell		\$ 250.00	[
	6 Contributor address; City; State; Zip Code				
	4966 Cherry Hills				
	Corpus Christi, Texas 78413		(If travel outside	I of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
banker/P	resident	Frost I	Bank		
Date	Full name of contributor		Amount of	In-kind contribution	
7/5/14	Charlotte Wendt		contribution (\$) \$ 200.00	description (if applicable)	
7/3/14	Contributor address; City; State; Zip Code	***	200.00		
	6114 Jakes Wake Run	6216	<u> </u>		
	Corpus Christi, Texas 78414-	-0340	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
	HEME MARIR			Y	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
7/7/14	Ernest R. Garza		\$ 1,000.00	accomplian (ii applicable)	
	Contributor address; City; State; Zip Code				
	10201 Leopard St.				
	Corpus Christi, Texas 78410				
		Employer (See	*	of Texas, complete Schedule T)	
CPA/owne	pation / Job title (See Instructions)	Ernest R.			
Date	Full name of contributor	1	Amount of	In-kind contribution	
Date	Tall nation of senting for		contribution (\$)	description (if applicable)	
7/8/14	Laverne Smith Contributor address; City; State; Zip Code		\$ 500.00	I.	
	Contributor address; City; State; Zip Code P. O. Box 36			I.	
	Sandia, Texas 78383				
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See		or rexas, complete ochequie 1)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution	
7/0/1/	Harold Kane		contribution (\$) \$ 500.00	description (if applicable)	
7/8/14	Contributor address; City; State; Zip Code		Ψ 300.00		
	4853 Ocean Drive			•	
	Corpus Christi, Texas 78412			1	
		*	(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
	INVESTOR	OC/F	7		

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P.O. Box 12070

SCHEDULE A

		•	1 Total pages Sche	edule A:
The	Instruction Guide explains how to complete this	i torm.		9
2 FILER NAME			3 ACCOUNT # (Et	thics Commission Filers)
Comucil I	Nogl Ir			**
	Neal, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	In-kind contribution description (if applicable)
7/22/14	Michael D. Scott	X 100 X X 100 X X 100 X X	\$ 5,000.00	
ν.	R bstown, Texas 78380			
			(If travel outside of	of Texas, complete Schedule T)
STATE OF THE PARTY	pation / Job title (See Instructions)	10 Employer (See I		
construc	tion/owner	H & S Con	structors	
Date	Full name of contributor uut-of-state PAC (ID#)	Amount of	In-kind contribution
100 Marie 100 Ma			contribution (\$)	description (if applicable)
8/7/14	Karen C. Long		\$ 100.00	
	Contributor address; City; State; Zip Code	THE COURSE SECTIONS SECTION SE		
	7421 Thundersee			
	Corpus Christi, Texas 78413		1	
			(If travel outside of	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
	Mecter Nuses	Driscoll C	hilren's Hos	pital
Date	Full name of contributor out-of-state PAC (ID#:	y	Amount of	In-kind contribution
	18 Annual result (Auto-Annual result of the Annual		contribution (\$)	description (if applicable)
8/18/14	Mary D. Peterson		\$ 250.00	· · · · · · · · · · · · · · · · · · ·
	Contributor address; City; State; Zip Code	10 10 00 0000 00 10 10 40 00 50	11	
	210 Naples			
	Corpus Christi, Texas 78404		0	
			(If travel outside of	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	Instructions)	,
	NYSICAN	Driscoll C	hildren's He	ealth Plan
Date	Full name of contributor out-of-state PAC(ID#		Amount of	In-kind contribution
0 100 111			contribution (\$)	description (if applicable)
8/30/14	. Eric Hamon		\$ 1,000.00	
	Portland, Texas 78374-3214			
ĵ				2011 N
Dringing! as	potion / Joh title /See Instructions)	Employer (See I		of Texas, complete Schedule T)
accountant	pation / Job title (See Instructions)		ildren's Hos	snital
accountant	./ СРО	DIISCOII OII	Tiuren 8 nos	spital
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
0/11/1/	Torry Flder		contribution (\$) \$ 1,000.00	description (if applicable)
9/11/14	Terry Elder Contributor address; City; State; Zip Code		Ψ 1,000.00	
	5257 Greenbr' ar			4
	Corpus Christi, Texas 78413		1	u _e
	Joseph Jan Louis Torres		(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See 1		
construct	cion/owner	Sel	F	

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitatio Food/Beverage Expense Travel In Polling Expense Travel Ou Printing Expense Office Ov	Vages/Contract Labor n/Fundraising Expense District It Of District erhead/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	now to complete this to	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
9	Samuel L. Neal, Jr.		
4 Date	5 Payee name		
7/1/14	Your Sign Company		15
6 Amount (\$) \$2,551.45	7 Payee address; City; State; Zip C P. O. Box 634 Corpus Christi, Texas 7840		
8 PURPOSE	(a) Category (See categories listed at the top of this sched	ule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising expense	yard s	igns Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ht Office held
Date	Payee name		
7/1/14	CCAUSE United Teachers & S	chool Employee	S
Amount (\$)	Payee address; City; State; Zip C		
\$300.00	4855 S. Alameda, Suite 202		
Н	Corpus Christi, Texas		
PURPOSE	Category (See categories listed at the top of this sched	ule) Description	(If travel outside of Texas, complete Schedule T)
OF		189	* * *
EXPENDITURE	event expense		Day Picnic Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name		
7/1/14	LULAC Council #1		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$375.00	P. 20. Box 10807		
Ψ373.00	Corpus Christi, Texas 784	60	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Event expense	1/2 table	n (If travel outside of Texas, complete Schedule T) for 7/24/14 Fer La de las Flo eant Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name		
7/1/14	Nueces County Community Ac	tion Agency	
Amount (\$)	Payee address; City; State; Zip C		
\$750.00			
1	Corpus Christi, Texas		9 9
DUDDCCT	Category (See categories listed at the top of this sched		n (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	event expense	1/2 table Check if	6 50th anniversary banquet Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht Office held
Co. Marie Harrison	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS	NEEDED

Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Some Food/Beverage Expense Transport Food/Beverage Expense Transport Food Food Food Food Food Food Food Foo	alaries/Wages/Co olicitation/Fundrai ravel In District ravel Out Of Dist ffice Overhead/R	ontract Labor ising Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
9	Samuel L. Neal, Jr. 5 Payee name				
4 Date 7/1/14	Calallen Cheerleaders				
6 Amount (\$) \$200.00	7 Payee address; City; State;	Zip Code		ž	
\$200 . 00	Corpus Christi, Texas				
8 PURPOSE	(a) Category (See categories listed at the top of t	his schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	advertising expense			ge "ad" in football program custin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt Office held	
Date	Payee name		The second control of		
7/1/14	Coastal Bend Blood Cen	ter			
Amount (\$)	Payee address; City; State				
\$200.00	209 N. Padre Island Dr				
	Corpus Christi, Texas	78406		<u> </u>	
PURPOSE	Category (See categories listed at the top of t	his schedule)		(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	event expense	3; ×	Check if A	sponsor for "Run for Blood event" austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	of Office held	
Date	Payee name				
7/3/14	Steve Ray & Assiciates				
Amount (\$)	Payee address; City; State;	What soul W			
\$10,000.00	2816 N. 19th, Suite C				
	Waco, Texas 76708		8		
PURPOSE OF	Category (See categories listed at the top of the	his schedule)	Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	consulting fee		Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ot Office held	
Date	Payee name			- 1	
7/7/14	MAGIC				
Amount (\$)	Payee address; City; State:	Zip Code			
\$ 400.00	P. O. Box 270				
	Corpus Christi, Texas	78427			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	advertising fee		sponslor Check if A	Abel Alonzo's radio show Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COF	PIES OF THIS	SCHEDULE AS	NEEDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Accounting Expense Food/Beverage Expense Food/Beverage Event Expense Food/Beverage Event Expense Food/Beverage Event Expense Food/Beverage Event Expense Frinting Expense Frinting Expense Frinting Expense Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME Salaries/Wages/Contract Labor Transportation Equipment & Related Ex Contributions/Donations Made By Candidate/Officeholder/Political Cor Contributions/Donations/Don	nmittee
4 Tetal pages Cabadula E: 2 Ett ED NAME	
1 Total pages Schedule F. Z. FILER NAME	n Filers)
9 Samuel L. Neal, Jr.	
4 Date 5 Payee name	
7/9/14 Lamar Advertising	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$10,900.00 P. 0. Box 96030 Corpus Christi, Texas	
8 PURPOSE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE advertising expense billboards Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	
Date Payee name	
7/3/14 Tuloso Midway Booster Club	
Amount (\$) Payee address; City; State; Zip Code	
\$175.00 PMB 1013, 11101-19 Leopard St.	
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 advertising expense "ad" for football seas on	
EXPENDITURE advertising expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
7/14/14 Associated Builders & Contractors, Inc.	
Amount (\$) Payee address; City; State; Zip Code	
\$ 54.00	
Corpus Christi, Texas	
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule Type of the complete Sched	1
OF food expense Check if Austin, TX, officeholder living expense	
Condidate / Office holder name Office county Office hold	
Complete ONLY if direct Candidate / Onice held expenditure to benefit C/OH	
Date Payee name	
7/18/14 Jennifer Dragoo	
Amount (\$) Payee address; City; State; Zip Code	
\$ 300.00	
Corpus Christi, Texas 78410	
Corpus Christi, Texas 78410 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule Texas))
Corpus Christi, Texas 78410)
Corpus Christi, Texas 78410 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Salaries/wages/contract labor Condidate (Office helder name))
Corpus Christi, Texas 78410 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Salaries/wages/contract labor Check if Austin, TX, officeholder living expense)

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor raising Expense strict (Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
9	Samuel L. Neal, Jr.		
4 Date	5 Payee name	17 1	
7/31/14	Flour Bluff Athletic Booster (Lub	
\$ 200.00	7 Payee address; City; State; Zip Code P. O. Box 18002 Corpus Christi, Texas 78418		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising expense	1/2 "ad"	for football program
		Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	nt Office held
Date	Payee name		
7/31/14	CC Crime Stoppers	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State; Zip Code		
\$250.00	P. O. Box 4287		
	Corpus Christi, Texas 78469		
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF	Category (See categories listed at the top of this schedule) event expense		
		1/2 table	
OF	event expense Candidate / Officeholder name	1/2 table	for 8/14 murder mystery dir Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct	event expense Candidate / Officeholder name	1/2 table CheckifA	for 8/14 murder mystery dir Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	event expense Candidate / Officeholder name Payee name	1/2 table CheckifA	for 8/14 murder mystery dir Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	event expense Candidate / Officeholder name OH	1/2 table CheckifA	for 8/14 murder mystery dir Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 7/31/14	Candidate / Officeholder name Payee name CC Chamber of Commerce	1/2 table CheckifA	for 8/14 murder mystery dir Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 7/31/14 Amount (\$)	event expense Candidate / Officeholder name Payee name CC Chamber of Commerce Payee address; City; State; Zip Code 1501 N. Chaparral St.	1/2 table Check if A Office sough	for 8/14 murder mystery dir Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 7/31/14 Amount (\$) \$1,000.00 PURPOSE OF	event expense Candidate / Officeholder name CC Chamber of Commerce Payee address; City; State; Zip Code 1501 N. Chaparral St. Corpus Christi, Texas 78401 Category (See categories listed at the top of this schedule) event expense Candidate / Officeholder name	1/2 table Check if A Office sough	for 8/14 murder mystery dir Austin, TX, officeholder living expense It Office held (If travel outside of Texas, complete Schedule T) the Miliary - 8/27/14 ponshorship Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 7/31/14 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	event expense Candidate / Officeholder name CC Chamber of Commerce Payee address; City; State; Zip Code 1501 N. Chaparral St. Corpus Christi, Texas 78401 Category (See categories listed at the top of this schedule) event expense Candidate / Officeholder name	Description Salute to Check if A	for 8/14 murder mystery dir Austin, TX, officeholder living expense It Office held (If travel outside of Texas, complete Schedule T) the Miliary - 8/27/14 ponshorship Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 7/31/14 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date	Candidate / Officeholder name CC Chamber of Commerce Payee address; City; State; Zip Code 1501 N. Chaparral St. Corpus Christi, Texas 78401 Category (See categories listed at the top of this schedule) event expense Candidate / Officeholder name CH Payee name	Description Salute to Check if A	for 8/14 murder mystery dir Austin, TX, officeholder living expense It Office held (If travel outside of Texas, complete Schedule T) the Miliary - 8/27/14 ponshorship Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 7/31/14 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	event expense Candidate / Officeholder name Payee name CC Chamber of Commerce Payee address; City; State; Zip Code 1501 N. Chaparral St. Corpus Christi, Texas 78401 Category (See categories listed at the top of this schedule) event expense Candidate / Officeholder name OH	Description Salute to Check if A	for 8/14 murder mystery dir Austin, TX, officeholder living expense It Office held (If travel outside of Texas, complete Schedule T) the Miliary - 8/27/14 ponshorship Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 7/31/14 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 8/7/14	Candidate / Officeholder name CC Chamber of Commerce Payee address; City; State; Zip Code 1501 N. Chaparral St. Corpus Christi, Texas 78401 Category (See categories listed at the top of this schedule) event expense Candidate / Officeholder name CH Payee name Steve Ray Associates	Description Salute to Check if A	for 8/14 murder mystery dir Austin, TX, officeholder living expense It Office held (If travel outside of Texas, complete Schedule T) the Miliary - 8/27/14 ponshorship Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 7/31/14 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 8/7/14 Amount (\$) \$10,000.00	Candidate / Officeholder name CC Chamber of Commerce Payee address; City; State; Zip Code 1501 N. Chaparral St. Corpus Christi, Texas 78401 Category (See categories listed at the top of this schedule) event expense Candidate / Officeholder name Payee name Steve Ray Associates Payee address; City; State; Zip Code 2816 N. 19th St., Suite C	Description Salute to Check if A	for 8/14 murder mystery dir Austin, TX, officeholder living expense It Office held (If travel outside of Texas, complete Schedule T) the Miliary - 8/27/14 ponshorship Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 7/31/14 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 8/7/14 Amount (\$)	Candidate / Officeholder name CC Chamber of Commerce Payee address; City; State; Zip Code 1501 N. Chaparral St. Corpus Christi, Texas 78401 Category (See categories listed at the top of this schedule) event expense Candidate / Officeholder name Payee name Steve Ray Associates Payee address; City; State; Zip Code 2816 N. 19th St., Suite C Waco, Texas 76708	Description Salute to Check if A Office sough	Austin, TX, officeholder living expense It Office held (If travel outside of Texas, complete Schedule T) the, Miliary - 8/27/14 ponishorship Austin, TX, officeholder living expense Int Office held

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Collegal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	ontract Labor ising Expense trict 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 for	m.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
9	Samuel L. Neal, Jr.		
8/7/14	5 Payee name MDA		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,167.00	2900 Weslayan, Suite 375 Houston, Texas 77027		1
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		If travel outside of Texas, complete Schedule T) for 10/24 event
EXPENDITURE	event expense		stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		WOODE
8/7/14	HELP		
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code		4
	Corpus Christi, Texas 78413	1	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	event sponsership		rith policitians" flag on
EXPENDITURE		Check if Au	istin, TX, officeholder living expense $9/24/14$
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
8/17/14	David Noyola		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	Tayor address, Oky, State, 219 5500		
Ψ200.00	Corpus Christil, Texas		
	Corpus Christia, Texas	<u></u>	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	sponsor radio show		
EXPENDITURE			ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
8/18/14	Jennifer Dragoo		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 300.00	1000 MA MANAGEM 117 PR		
	Corpus Christi, Texas 78410	Y	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	salaries/wages/chottract labor	Check if Au	ustin, TX, officeholder living expense
Complete ONEX is all a	Candidate / Officeholder name	Office sought	
Complete ONLY if direct expenditure to benefit C/		CSC SOLGIN	Chiec held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	NEEDED
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SCHEDULE F

(512) 463-5800

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense C	alaries/Wages/Cor olicitation/Fundrais ravel In District ravel Out Of Distri Office Overhead/Re	entract Labor sing Expense oct ental Expense	Contributions/Donati Candidate/Officel OTHER (enter a cate	ment & Related Expense
	The Instruction Guide ex	xplains how to c	omplete this for		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
9	Samuel L. Neal, Jr.		entelliko so m mikeessa saasa ya		
4 Date 8/20/14	5 Payee name City of Corpus Christi				
6 Amount (\$) \$ 184.47	7 Payee address; City; State 1201 Leopard St. Corpus Christi, Texas	; Zip Code 78401	#	La	
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	fees			rds request ustin, TX, officeholder li	ving expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sough	t	Office held
Date	Payee name	8			
8/27/14	Associated Builders &	Clintractor	cs		
Amount (\$)	Payee address; City; State	; Zip Code			
\$ 27.00	7433 Leopard St. Corpus Christi, Texas	78409			
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		8/27 ml ln Check if A	thly lucheon	n - 1 ticket ving expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sough	t	Office held
Date	Payee name				
8/27/14	REACH				
Amount (\$)	Payee address; City; State	; Zip Code			
\$ 911.00	401 N. Shorelinve Blvd	I			
	Corpus Christi, Texas	78401	39		
PURPOSE OF	Category (See categories listed at the top of	this schedule)		(If travel outside of Texas,	complete Schedule T)
EXPENDITURE	event expense		☐ Check if A	ustin, TX, officeholder li	iving expense lunch
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	1.	Office sough	t	Office held
Date	Payee name				
9/4/14	Lamar Advertising				
Amount (\$)		; Zip Code			
\$ 8,200.00	P. O. Box 96030 Baton Rouge, LA 70896)			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	advertising expense			1boards ustin, TX, officeholder li	iving expense
De la companyación de la company	0		Office sough		Office held
Complete ONLY if direct expenditure to benefit C			Cince sough	Bir.	Office Hala
	ATTACH ADDITIONAL COR	PIES OF THIS S	CHEDULEAS	NEEDED	water transfer and the second

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/O Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	contract Labor aising Expense strict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
9	Samuel L. Neal, Jr.		C , los servi in (Estate de Milliosie), y Mei ey
4 Date	5 Payee name		- 4
9/15/14	Grass Roots Consultants		
6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code 4855 S. Alameda, Suite 202 Corpus Christi, Texas 78412		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	consulting expense	☐ Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	t Office held
Date	Payee name		
9/17/14	Read or NOT Foundation		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 450.00			
2597	Corpus Christi, Texas		
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	food/beverage expense	6 tickets	for 9/17 luncheon
EXPERIMENT		Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	t Office held
Date	Payee name		
9/17/14	Tuloso Midway Education Found	ation	
Amount (\$)	Payee address; City; State; Zip Code		TO WELL AND THE STATE OF THE ST
\$ 350.00	PMB1013, 11101-9 Leoparad Str	eet	
А	Corpus Christi, Texas 78410		
	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF		1/2 table	for 10/2 luncheon
EXPENDITURE	event expense		ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	t Office held
Date	Payee name		
9/18/14	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ointion	
9/10/14 Amount (\$)	CC Area Retired Teachers Assorting Payee address; City; State; Zip Code	CIALION	The second secon
\$ 100.00	P. O. Box 270986		
Ψ 100.00	Corpus Christi, Texas 78427-0	0986	
5		-	
PURPOSE	Category (See categories listed at the top of this schedule) advertising expense		(If travel outside of Texas, complete Schedule T) annual directory
OF EXPENDITURE	advertising expense	10-10-10	
	Candidate / Officehald		austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	t Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEAS	NEEDED

P.O. Box 12070

	EXPENDITURE CATEGO	RIES FOR BOX 8(a	\
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/W Legal Services Solicitation Food/Beverage Expense Travel In D Polling Expense Travel Out	ages/Contract Labor /Fundraising Expense District	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 h	low to complete this fo	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
9	Samuel L. Neal, Jr.		
4 Date	5 Payee name		
9/18/14	Friends to∉ CC Museum		
6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Co 1900 N. Chaparral St. Corpus Christi, Texas 784	01	2
8 PURPOSE	(a) Category (See categories listed at the top of this schedu		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	event expense		sponsorship of Speakeasy Austin, TX, officeholder living expense Gala 9/27
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name	n status	
9/18/14	Jenniver Dragoo		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$ 300.00			
	Corpus Christi, Texas 784	10	
PURPOSE	Category (See categories listed at the top of this schedu	le) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	salaries/wages/cluntract laborates	Or Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name		
9/18/14	Steve Ray Associates		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$ 5,665.21	P. O. Box 1377 Austin, Texas 78767		
PURPOSE	Category (See categories listed at the top of this schedu	le) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	consulting fee	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name		
9/19/14	Morehead, Dotts & Rybak		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$54,659.00	2767 Santa Fe		
	Corpus Christi, Texas 7840	J4	
PURPOSE	Category (See categories listed at the top of this schedu	lle) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising expense	TV and Check if	radio buy Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C.		Office sough	ht Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED

P.O. Box 12070

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 Office Overhead/I	ontract Labor aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
9	Samuel L. Neal, Jr.	
4 Date	5 Payee name	
9/30/14	US Postmaster	
6 Amount (\$) \$ 92.00	7 Payee address; City; State; Zip Code 1345 Crescent Dr. Corpus Christi, Texas 78412	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	fee	box renewa1 Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
9/30/14	SIPES	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 50.00	802 N. Carancahua, Suite 1640	
	Corpus Christi, Texas 78470	No.
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	2 lunch tickets for luncheon 9/30 Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
9/30/14	Rulando Garza	
Amount (\$) \$ 400.00	Payee address; City; State; Zip Code	
	Corpus Christi, Texas	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	sponsorship Vincent Carranza's radio
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held
Date	Pavee name	16
9/30/14	CCPPolice Officers Assuciation	
9/30/14 Amount (\$)	Payee address; City; State; Zip Code	<u> </u>
\$ 333.00	3122 Leopard St. Corpus Christi, Texas 78408	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) 1/3 sponsorship of 10/18 event Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C.		Office sought Office held
(4)	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED