

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

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

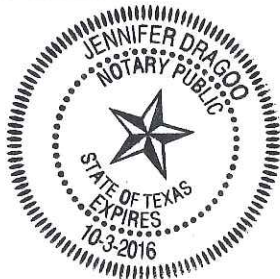
15 ACCOUNT # (Ethics Commission Filers)

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.

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

17 CONTRIBUTION TOTALS	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)	\$ 55,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 112,544.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 74,560.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel L. Neal, Jr., this the 6th day of October, 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 ACCOUNT # (Ethics Commission Filers)

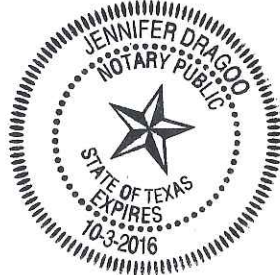
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<input type="checkbox"/> additional pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Loyd Neal Campaign
		COMMITTEE ADDRESS P. O. Box 8347 Corpus Christi, Texas 78468-8347
		COMMITTEE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

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Samuel L. Neal, Jr.
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AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Samuel L. Neal, Jr., this the 6th day of October, 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: <p style="text-align: center;">9</p>	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/18/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Area Builders PAC 6 Contributor address; City; State; Zip Code 5325 Yorktown Blvd. Corpus Christi, Texas 78414	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) homebuilders/PAC		10 Employer (See Instructions)	
Date 9/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George A. Finley, III Contributor address; City; State; Zip Code 3360 Ocean Drive Corpus Christi, Texas 78411	Amount of contribution (\$) \$ 5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) CC Distributors	
Date 9/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony LaMantia Contributor address; City; State; Zip Code 8761 State Hwy 44 Corpus Christi, Texas 78406	Amount of contribution (\$) \$ 2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) beer distributor/owner		Employer (See Instructions) L & F Distributor	
Date 8/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Goggan, Blair & Sampson, LLP Contributor address; City; State; Zip Code P. O. Box 17428 Austin, Texas 78760	Amount of contribution (\$) \$ 3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorneys		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: center;">9</p>	
2 FILER NAME <p style="text-align: center;">Samuel L. Neal, Jr.</p>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="text-align: center;">9/25/14</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Marc Cisneros</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$ 500.00</p>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <p style="text-align: center;">6302 St. Andrews Corpus Christi, Texas 78413</p>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">Executive Director</p>		10 Employer (See Instructions) <p style="text-align: center;">Kenedy Memorial Foundation</p>		
Date <p style="text-align: center;">9/24/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Harlan Keitkamp</p>	Amount of contribution (\$) <p style="text-align: center;">\$ 500.00</p>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <p style="text-align: center;">5409 Wooldridge Road Corpus Christi, Texas 78413</p>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <p style="text-align: center;">banker</p>		Employer (See Instructions) <p style="text-align: center;">Value Bank of Texas</p>		
Date <p style="text-align: center;">9/22/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Jerrell C. Kramer</p>	Amount of contribution (\$) <p style="text-align: center;">\$ 250.00</p>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <p style="text-align: center;">5710 King Trail Corpus Christi, Texas 78414</p>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <p style="text-align: center;">architect</p>		Employer (See Instructions) <p style="text-align: center;">clk architects & associates</p>		
Date <p style="text-align: center;">9/25/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Diane Lowrance</p>	Amount of contribution (\$) <p style="text-align: center;">\$ 50.00</p>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <p style="text-align: center;">2225 Post Oak Drive Portland, Texas 78374</p>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Executive Director</p>		Employer (See Instructions) <p style="text-align: center;">MHMR</p>		
Date <p style="text-align: center;">9/23/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">William Burgin</p>	Amount of contribution (\$) <p style="text-align: center;">\$ 1,000.00</p>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <p style="text-align: center;">4091 Bandera Hwy Kerrville, Texas 78028</p>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <p style="text-align: center;">physician</p>		Employer (See Instructions)		

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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: center; font-size: 24px;">9</p>	
2 FILER NAME <p style="font-size: 18px;">Samuel L. Neal, Jr.</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="font-size: 18px;">9/27/14</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 18px;">Gabriel Guerra</p>	7 Amount of contribution (\$) <p style="font-size: 18px;">\$ 500.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 18px;">5710 Neustadt Corpus Christi, Texas 78414</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="font-size: 18px; color: blue;">Banker</p>		10 Employer (See Instructions) <p style="font-size: 18px; color: blue;">Herzog Bank</p>	
Date <p style="font-size: 18px;">9/4/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 18px;">Mark Bernwanger</p>	Amount of contribution (\$) <p style="font-size: 18px;">\$ 50.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 18px;">2840 Denver Corpus Christi, Texas 78404</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 18px; color: blue;">Retired</p>		Employer (See Instructions)	
Date <p style="font-size: 18px;">9/15/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 18px;">Scott Heitkamp</p>	Amount of contribution (\$) <p style="font-size: 18px;">\$ 250.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 18px;">5318 Greenbriar St. Corpus Christi, Texas 78413</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 18px; color: blue;">banker/President</p>		Employer (See Instructions) <p style="font-size: 18px; color: blue;">Value Bank of Texas</p>	
Date <p style="font-size: 18px;">9/4/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 18px;">Govind Nardkarni</p>	Amount of contribution (\$) <p style="font-size: 18px;">\$ 1,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 18px;">P. O. Box 271127 Corpus Christi, Texas 78427</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 18px; color: blue;">Lawyer</p>		Employer (See Instructions) <p style="font-size: 18px; color: blue;">Self</p>	
Date <p style="font-size: 18px;">8/25/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 18px;">Ed Hicks</p>	Amount of contribution (\$) <p style="font-size: 18px;">\$ 5,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 18px;">5226 Greenbriar Corpus Christi, Texas 78413</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 18px; color: blue;">car dealer/owner</p>		Employer (See Instructions) <p style="font-size: 18px; color: blue;">Ed Hicks Imports</p>	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <p>Samuel L. Neal, Jr.</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p>8/21/14</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Robert Corrigan</p>	7 Amount of contribution (\$) <p>\$ 500.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p>P. O. Box 2504 Corpus Christi, Texas 78403</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p>insurance/</p>		10 Employer (See Instructions) <p>Carlisle Insurance</p>	
Date <p>8/19/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Rachel Canales</p>	Amount of contribution (\$) <p>\$ 2,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>1374 Sandpiper Corpus Christi, Texas 78412</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p><i>Investor</i></p>		Employer (See Instructions) <p><i>Self</i></p>	
Date <p>8/14/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Dusty Durrill</p>	Amount of contribution (\$) <p>\$10,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>615 S. Upper Broadway Corpus Christi, Texas 78401</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p><i>Investor</i></p>		Employer (See Instructions) <p><i>Self</i></p>	
Date <p>8/6/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Steve Woerner</p>	Amount of contribution (\$) <p>\$ 1,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>202 Shore Portland, Texas 78374</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p>hospital administration</p>		Employer (See Instructions) <p>Driscoll Children's Hospital</p>	
Date <p>8/4/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Karen Long</p>	Amount of contribution (\$) <p>\$ 300.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>7241 Thundersee Corpus Christi, Texas 78413</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p>nurse director</p>		Employer (See Instructions) <p>Driscoll Children's Hospital</p>	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <p style="font-size: 1.1em;">Samuel L. Neal, Jr.</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="font-size: 1.1em;">8/5/14</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.1em;">William Larsen</p>	7 Amount of contribution (\$) <p style="font-size: 1.1em;">\$ 500.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.1em;">3914 Gibraltar Corpus Christi, Texas 78414</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="font-size: 1.1em; color: blue;">H.R. Director</p>		10 Employer (See Instructions) <p style="font-size: 1.1em; color: blue;">Driscoll Children's Hospital</p>	
Date <p style="font-size: 1.1em;">8/4/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.1em;">Gentry Land & Cattle</p>	Amount of contribution (\$) <p style="font-size: 1.1em;">\$ 500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.1em;">P. O. Box 4228 Corpus Christi, Texas 78469</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.1em; color: blue;">OWNER</p>		Employer (See Instructions) <p style="font-size: 1.1em; color: blue;">Gentry Humming</p>	
Date <p style="font-size: 1.1em;">8/4/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.1em;">Mike Bergsma</p>	Amount of contribution (\$) <p style="font-size: 1.1em;">\$ 1,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.1em;">P. O. Box 1476 Corpus Christi, Texas 78403</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.1em;">oil & gas/owner</p>		Employer (See Instructions) <p style="font-size: 1.1em;">Bergsma Consulting</p>	
Date <p style="font-size: 1.1em;">8/4/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.1em;">Michael B. Anthony</p>	Amount of contribution (\$) <p style="font-size: 1.1em;">\$ 300.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.1em;">7842 Beauvais Dr. Corpus Christi, Texas 78414</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="font-size: 1.1em; color: blue;">Attorney</p>		Employer (See Instructions) <p style="font-size: 1.1em; color: blue;">Self</p>	
Date <p style="font-size: 1.1em;">6/26/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.1em;">John D. Durham</p>	Amount of contribution (\$) <p style="font-size: 1.1em;">\$ 500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.1em;">1514 Glenoak Drive Corpus Christi, Texas 78418</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 6/26/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Hulsey 6 Contributor address; City; State; Zip Code P. O. Box 442 Portland, Texas 78374	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esther Kane Contributor address; City; State; Zip Code P. O. Box 520 Fulshear, Tx 77441	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions) <i>SELF</i>	
Date 7/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firmin Lepori, Jr. Contributor address; City; State; Zip Code 501 Charleston Dr. Victoria, Tx 77904	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Patrick Moran Contributor address; City; State; Zip Code 3401-C Ocean Dr. Corpus Christi, Texas 78411	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) <i>SELF</i>	
Date 7/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel J. Murphy Contributor address; City; State; Zip Code P. O. Box 9605 Corpus Christi, Texas 78469-9605	Amount of contribution (\$) \$ 5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions) Top Water Management	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/26/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Reynolds 6 Contributor address; City; State; Zip Code P. O. Box 297, County Rd 3073 Orange Grove, Texas 78372	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sid Ridlehuber Contributor address; City; State; Zip Code 4025 Castle Ridge Drive Corpus Christi, Texas 78410	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Pres</i>		Employer (See Instructions) <i>Charter Bank</i>	
Date 6/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raju Bhagat Contributor address; City; State; Zip Code 11217 IH 37 Corpus Christi, Texas 78410	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions) <i>Charter Bank</i>	
Date 7/6/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred G. Braselton Contributor address; City; State; Zip Code 6910 Sir Palleas St. Corpus Christi, Texas 78413	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>homebuilder/owner</i>		Employer (See Instructions) <i>Braselton Homes</i>	
Date 6/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell D. Campbell Contributor address; City; State; Zip Code 10209 Turning Leaf Dr. Corpus Christi, Texas 78410	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>banker/officer</i>		Employer (See Instructions) <i>Charter Bank</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/3/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Carrell	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4966 Cherry Hills Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) banker/President		10 Employer (See Instructions) Frost Bank	
Date 7/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte Wendt	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6114 Jakes Wake Run Corpus Christi, Texas 78414-6346		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) None major		Employer (See Instructions)	
Date 7/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest R. Garza	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10201 Leopard St. Corpus Christi, Texas 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CPA/owner		Employer (See Instructions) Ernest R. Garza	
Date 7/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laverne Smith	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P. O. Box 36 Sandia, Texas 78383		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Kane	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4853 Ocean Drive Corpus Christi, Texas 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: center; font-size: 1.2em;">9</p>	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/22/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael D. Scott	7 Amount of contribution (\$) \$ 5,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5548 County Road 81 Rbstown, Texas 78380		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) construction/owner		10 Employer (See Instructions) H & S Constructors	
Date 8/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen C. Long	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7421 Thundersee Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director Nurses		Employer (See Instructions) Driscoll Children's Hospital	
Date 8/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary D. Peterson	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 210 Naples Corpus Christi, Texas 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) TRINICAN		Employer (See Instructions) Driscoll Children's Health Plan	
Date 8/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Hamon	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2308 Twin Oak Drive Portland, Texas 78374-3214		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) accountant/CFO		Employer (See Instructions) Driscoll Children's Hospital	
Date 9/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Elder	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5257 Greenbr' ar Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) construction/owner		Employer (See Instructions) Self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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.

1 Total pages Schedule F: 9	2 FILER NAME Samuel L. Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/1/14	5 Payee name Your Sign Company	
6 Amount (\$) \$2,551.45	7 Payee address; City; State; Zip Code P. O. Box 634 Corpus Christi, Texas 78401	
8 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) yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7/1/14	Payee name CCAUSE United Teachers & School Employees	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4855 S. Alameda, Suite 202 Corpus Christi, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) Labor Day Picnic <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7/1/14	Payee name LULAC Council #1	
Amount (\$) \$375.00	Payee address; City; State; Zip Code P.O. Box 10807 Corpus Christi, Texas 78460	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) 1/2 table for 7/24/14 Fer a de las Flores Pageant <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7/1/14	Payee name Nueces County Community Action Agency	
Amount (\$) \$750.00	Payee address; City; State; Zip Code Corpus Christi, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) 1/2 table side show sponsor for 9/26 50th anniversary banquet <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY 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.

1 Total pages Schedule F: 9	2 FILER NAME Samuel L. Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/1/14	5 Payee name Calallen Cheerleaders	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code Corpus Christi, Texas	
8 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) 1/2 page "ad" in football program <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 7/1/14	Payee name Coastal Bend Blood Center	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 209 N. Padre Island Drive Corpus Christi, Texas 78406	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) kilometer sponsor for "Run for Blood" event <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 7/3/14	Payee name Steve Ray & Associates	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 2816 N. 19th, Suite C Waco, Texas 76708	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting fee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 7/7/14	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 fee	Description (If travel outside of Texas, complete Schedule T) sponsor Abel Alonzo's radio show <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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.

1 Total pages Schedule F: 9	2 FILER NAME Samuel L. Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/9/14	5 Payee name Lamar Advertising
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6 Amount (\$) \$10,900.00	7 Payee address; City; State; Zip Code P. O. Box 96030 Corpus Christi, Texas
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8 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) billboards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/3/14	Payee name Tulosb Midway Booster Club
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Amount (\$) \$175.00	Payee address; City; State; Zip Code PMB 1013, 11101-19 Leopard St. Corpus Christi, Texas 78410
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) "ad" for football season <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 7/14/14	Payee name Associated Builders & Contractors, Inc.
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Amount (\$) \$ 54.00	Payee address; City; State; Zip Code Corpus Christi, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food expense	Description (If travel outside of Texas, complete Schedule T) July monthly luncheon <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 7/18/14	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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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

1 Total pages Schedule F: <p style="text-align:center">9</p>	2 FILER NAME <p style="text-align:center">Samuel L. Neal, Jr.</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center">7/31/14</p>	5 Payee name <p style="text-align:center">Flour Bluff Athletic Booster Club</p>	
6 Amount (\$) <p style="text-align:center">\$ 200.00</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">P. O. Box 18002 Corpus Christi, Texas 78418</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center">advertising expense</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">1/2 "ad" for football program</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <p style="text-align:center">7/31/14</p>	Payee name <p style="text-align:center">CC Crime Stoppers</p>	
Amount (\$) <p style="text-align:center">\$250.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">P. O. Box 4287 Corpus Christi, Texas 78469</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">event expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">1/2 table for 8/14 murder mystery dinner</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <p style="text-align:center">7/31/14</p>	Payee name <p style="text-align:center">CC Chamber of Commerce</p>	
Amount (\$) <p style="text-align:center">\$1,000.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">1501 N. Chaparral St. Corpus Christi, Texas 78401</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">event expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">Salute to the Military - 8/27/14 sponsorship</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <p style="text-align:center">8/7/14</p>	Payee name <p style="text-align:center">Steve Ray Associates</p>	
Amount (\$) <p style="text-align:center">\$10,000.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">2816 N. 19th St., Suite C Waco, Texas 76708</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">polling expense</p>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**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.

1 Total pages Schedule F: 9		2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/7/14		5 Payee name MDA			
6 Amount (\$) \$1,167.00		7 Payee address; City; State; Zip Code 2900 Wesleyan, Suite 375 Houston, Texas 77027			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) event expense		(b) Description (If travel outside of Texas, complete Schedule T) 1/3 table for 10/24 event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/7/14		Payee name HELP			
Amount (\$) \$ 500.00		Payee address; City; State; Zip Code Corpus Christi, Texas 78413			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event sponsorship		Description (If travel outside of Texas, complete Schedule T) "putting with politicians" flag on <input type="checkbox"/> Check if Austin, TX, officeholder living expense 9/24/14	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/17/14		Payee name David Noyola			
Amount (\$) \$200.00		Payee address; City; State; Zip Code Corpus Christi, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) sponsor radio show		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/18/14		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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**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.

1 Total pages Schedule F: 9		2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/20/14		5 Payee name City of Corpus Christi			
6 Amount (\$) \$ 184.47		7 Payee address; City; State; Zip Code 1201 Leopard St. Corpus Christi, Texas 78401			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) fees		(b) Description (If travel outside of Texas, complete Schedule T) open records request <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/27/14		Payee name Associated Builders & Contractors			
Amount (\$) \$ 27.00		Payee address; City; State; Zip Code 7433 Leopard St. Corpus Christi, Texas 78409			
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) 8/27 monthly lucheon - 1 ticket <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/27/14		Payee name REACH			
Amount (\$) \$ 911.00		Payee address; City; State; Zip Code 401 N. Shoreline Blvd Corpus Christi, Texas 78401			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense		Description (If travel outside of Texas, complete Schedule T) 9/11 sponsorship of table of 10 for lunch <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/4/14		Payee name Lamar Advertising			
Amount (\$) \$ 8,200.00		Payee address; City; State; Zip Code P. O. Box 96030 Baton Rouge, LA 70896			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) billboards <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**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.

1 Total pages Schedule F: 9		2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/15/14		5 Payee name 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 OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) consulting expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/17/14		Payee name Read or NOT Foundation			
Amount (\$) \$ 450.00		Payee address; City; State; Zip Code Corpus Christi, 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) 6 tickets for 9/17 luncheon <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/17/14		Payee name Tuloso Midway Education Foundation			
Amount (\$) \$ 350.00		Payee address; City; State; Zip Code PMB1013, 11101-9 Leoparad Street Corpus Christi, Texas 78410			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense		Description (If travel outside of Texas, complete Schedule T) 1/2 table for 10/2 luncheon <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/18/14		Payee name CC Area Retired Teachers Association			
Amount (\$) \$ 100.00		Payee address; City; State; Zip Code P. O. Box 270986 Corpus Christi, Texas 78427-0986			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) "ad" in annual directory <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**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.

1 Total pages Schedule F: 9	2 FILER NAME Samuel L. Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/18/14	5 Payee name Friends of CC Museum	
6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code 1900 N. Chaparral St. Corpus Christi, Texas 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) event expense	(b) Description (If travel outside of Texas, complete Schedule T) 1/2 table sponsorship of Speakeasy Gala 9/27 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/18/14	Payee name Jenniver 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/18/14	Payee name Steve Ray Associates	
Amount (\$) \$ 5,665.21	Payee address; City; State; Zip Code P. O. Box 1377 Austin, Texas 78767	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting fee printing expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/19/14	Payee name Morehead, Dotts & Rybak	
Amount (\$) \$54,659.00	Payee address; City; State; Zip Code 2767 Santa Fe Corpus Christi, Texas 78404	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) TV and radio buy <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY 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.

1 Total pages Schedule F: 9		2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/30/14		5 Payee name US Postmaster			
6 Amount (\$) \$ 92.00		7 Payee address; City; State; Zip Code 1345 Crescent Dr. Corpus Christi, Texas 78412			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) fee		(b) Description (If travel outside of Texas, complete Schedule T) box renewal <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/30/14		Payee name SIPES			
Amount (\$) \$ 50.00		Payee address; City; State; Zip Code 802 N. Carancahua, Suite 1640 Corpus Christi, Texas 78470			
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) 2 lunch tickets for luncheon 9/30 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/30/14		Payee name Raulando Garza			
Amount (\$) \$ 400.00		Payee address; City; State; Zip Code Corpus Christi, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense		Description (If travel outside of Texas, complete Schedule T) sponsorship Vincent Carranza's radio show <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/30/14		Payee name CC Police Officers Association			
Amount (\$) \$ 333.00		Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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