

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Samuel Loyd <small>NICKNAME LAST SUFFIX</small> Loyd Neal Jr.	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">FILED FOR RECORD AT 2:30 P M</p> <p>Date Hand-delivered or Postmarked OCT 27 2014</p> <p>Receipt # <u>MANA T. BARRERA</u> Clerk, County Court, Nueces County, Texas By <u>Deirdre</u> Deputy Date Processed</p> <p>Date Imaged <u>Syankan</u></p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 8347 Corpus Christi, Texas 78468-8347 <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 991-8686		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Gabe <small>NICKNAME LAST SUFFIX</small> Hernandez		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3716 Leopard St., Corpus Christi, Texas 78408		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 881-9091		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 25 / 14 10 / 25 / 14		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 2014		
12 OFFICE	OFFICE HELD (if any) County Judge	13 OFFICE SOUGHT (if known) County Judge	

GOTO PAGE 2014-150

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

GENERAL

SPECIFIC

COMMITTEE NAME

Loyd Neal Campaign

COMMITTEE ADDRESS

P. O. Box 8347
Corpus Christi, Texas 78468-8347

COMMITTEE CAMPAIGN TREASURER NAME

Mr. Gabe Hernandez

COMMITTEE CAMPAIGN TREASURER ADDRESS

3716 Leopard St.
Corpus Christi, Texas 78408

additional pages

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)

\$19,650.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$15,848.62

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$78,362.22

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

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

Sworn to and subscribed before me, by the said Samuel L. Neal, Jr., this the

27 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: 8	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: The American Electric Power Co - Texas- 6 Contributor address; City; State; Zip Code Committee for Responsible Government 539 N. Carancahua Corpus Christi, Texas 78401	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) PAC		10 Employer (See Instructions)	
Date 8/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wes Hoskins Contributor address; City; State; Zip Code 308 Pebble Beach Portland, Texas 78374	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) banker/President		Employer (See Instructions) 1st Community Bank	
Date 9/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe R. Fulton Contributor address; City; State; Zip Code P. O. Box 9486 Corpus Christi, Texas 78469	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel W. Korus Contributor address; City; State; Zip Code 2033 N. Lexington Blvd. Corpus Christi, Texas 78409	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Del Mar College	
Date 10/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Philip C. Skrobarczyk Contributor address; City; State; Zip Code 250 Melrose Ave. Corpus Christi, Texas 78404	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) construction/principal		Employer (See Instructions) Fulton Construction	

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: 8	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred W. Heldenfels, IV 6 Contributor address; City; State; Zip Code 1204 Havre Lafitte Dr. Austin, Texas 78746	7 Amount of contribution (\$) \$ 1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) construction/principal		10 Employer (See Instructions) Helfendels Brothers	
Date 10/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orion Drilling Company Contributor address; City; State; Zip Code 674 Flato Road Corpus Christi, Texas 78405	Amount of contribution (\$) \$ 2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) well drilling		Employer (See Instructions) Orion Drilling Company	
Date 10/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elect Blake Farenthold Committee Contributor address; City; State; Zip Code P. O. Box 3369 Corpus Christi, Texas 78463	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) congressman		Employer (See Instructions)	
Date 9/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James M. May Contributor address; City; State; Zip Code 4 Hewit Dr. Corpus Christi, Texas 78404	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) physician/owner		Employer (See Instructions)	
Date 9/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward A. Martin Contributor address; City; State; Zip Code 5814 Osbo Parkway Corpus Christi, Texas 78414	Amount of contribution (\$) \$ 1,000.00	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: 8	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Tamez	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4626 Weiskopf Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara J. Vollmer	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1018 Delta Dr. Corpus Christi, Texas 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) air conditioning/owner		Employer (See Instructions) Vollmer Air Conditioning	
Date 10/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard C. Pittman	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14325 Caribe Corpus Christi, Texas 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) engineering/principal		Employer (See Instructions) Bath Engineering	
Date 10/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Floyd	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P. O. Box 1152 Robstown, Texas 78380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) insurance agent/owner		Employer (See Instructions) Floyd Insurance	
Date 9/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Shaw	Amount of contribution (\$) \$ 2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 90 Madison St., Suite 702 Denver, CO 80206-5416		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) car dealer/owner		Employer (See Instructions) Mike Shaw	

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: 8	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/29/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald P. McClure	7 Amount of contribution (\$) \$ 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 17 Lakeshore Dr. Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) insurance agent/retired		10 Employer (See Instructions)	
Date 9/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugan Eye Institute	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1333 Third St., Suite 100 Corpus Christi, Texas 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) physician/owner		Employer (See Instructions) Dugan Eye Intitute	
Date 9/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance K. Bruun	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 N. Carancahua, Suite 1660 Corpus Christi, Texas 78401-0573		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorney/owner		Employer (See Instructions) Lance C. Bruun, Attorney at Law	
Date 9/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy Garza	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6221 Michaux Corpus Christi, Texas 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul D. Chapa	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8022 St. Laurent Dr. Corpus Christi, Texas 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorney/principal		Employer (See Instructions) Linebarger, Goggan, Blair & Sampson LLC	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">8</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;">10/1/14</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Jaime Powell</p>	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">15405 Grass Cay #505 Copus Christi, Texas 78418</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <p style="text-align: center;">journalist/</p>		10 Employer (See Instructions)	
Date <p style="text-align: center;">10/1/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Palm Tree Plaza</p>	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">4530 White Oak Corpus Christi, Texas 78410</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">pr' perty/owner</p>		Employer (See Instructions)	
Date <p style="text-align: center;">9/30/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Alicia G. Cuellar</p>	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">P. O. Box 7608 Corpus Christi, Texas 78467-7608</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <p style="text-align: center;">attorney/owner</p>		Employer (See Instructions) <p style="text-align: center;">Alicia G. Cuellar Attorney at Law</p>	
Date <p style="text-align: center;">10/1/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Alan J. Stoner</p>	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">242 Cape May Dr. Corpus Christi, Texas 78412</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/1/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Terry Arnold</p>	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">245 Circle Dr. Corpus Christi, Texas 78411</p>		(If travel outside of Texas, complete Schedule T)	
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: 8	
2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip John Ramirez	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 322 Santa Monica Place Corpus Christi, Texas 78411		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) architect/principal		10 Employer (See Instructions) Turner Ramirez	
Date 10/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Rice Turner	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5525 S. Staples, Suite A-7 Corpus Christi, Texas 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) architect/principal		Employer (See Instructions) Turner Ramirez	
Date 10/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelica R. Flores	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3334 Mavis Dr. Corpus Christi, Texas 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Taylor	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5413 Pressler Dr. Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions)	
Date 10/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel C. Dalton	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8002 Villefranche Dr. Corpus Christi, Texas 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

Samuel L. Neal, Jr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/14/14

5 Full name of contributor

out-of-state PAC (ID# _____)

Barry Andrews

6 Contributor address; City; State; Zip Code

2730 Irving Blvd.
Dallas, Texas 75207

7 Amount of contribution (\$)

\$ 1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

beer distributor/principal

10 Employer (See Instructions)

Andrews Distributing

Date

10/20/14

Full name of contributor

out-of-state PAC (ID# _____)

David Massie

Contributor address; City; State; Zip Code

P. O. Box 4074
Corpus Christi, Texas 78469

Amount of contribution (\$)

\$ 1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

/principal

Employer (See Instructions)

CC Gasket & Fastner

Date

10/17/14

Full name of contributor

out-of-state PAC (ID# _____)

John W. Wallace

Contributor address; City; State; Zip Code

12 Camden Place
Corpus Christi, Texas 78412

Amount of contribution (\$)

\$ 500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/14

Full name of contributor

out-of-state PAC (ID# _____)

Marilynn G. Yankee

Contributor address; City; State; Zip Code

5319 St. Andrews
Corpus Christi, Texas 78413

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

Western Steel

Date

10/1/14

Full name of contributor

out-of-state PAC (ID# _____)

Rachel Canales

Contributor address; City; State; Zip Code

1374 Sandpiper
Corpus Christi, Texas 78412

Amount of contribution (\$)

\$ 700.00

In-kind contribution description (if applicable)

food & beverage

(If travel outside of Texas, complete Schedule T)

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: **8**

2 FILER NAME: Samuel L. Neal, Jr. 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>10/1/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>L & F Distributors</u>	7 Amount of contribution (\$) <u>\$ 300.00</u>	8 In-kind contribution description (if applicable) <u>beverages</u>
6 Contributor address; City; State; Zip Code <u>8761 Hwy. #44 Corpus Christi, Texas 78406</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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)
		(If travel outside of Texas, complete Schedule T)	
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 EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/8/14		5 Payee name Rex A. Kinnis on			
6 Amount (\$) \$509.12		7 Payee address; City; State; Zip Code P. O. Box 60294 Corpus Christi, Texas 78466			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead		(b) Description (If travel outside of Texas, complete Schedule T) website host <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 10/9/14		Payee name Lamar Advertising			
Amount (\$) \$6,772.00		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	
Date 10/13/14		Payee name Grassroots			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code Corpus Christi, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) fees		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 10/16/14		Payee name Pan American Golf Tournament			
Amount (\$) \$ 100.00		Payee address; City; State; Zip Code 801 Horne Road Corpus Christi, Texas 78416			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) Veterans Golf Tournament 11/11/14 <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/21/14		5 Payee name Jennifer Dragoo			
6 Amount (\$) \$ 600.00		7 Payee address; City; State; Zip Code Corpus Christi, Texas 78410			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) salaries/wages/contract labor		(b) Description (If travel outside of Texas, complete Schedule T) newsletters <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 10/21/14		Payee name Morehead, Dotts, Rybak			
Amount (\$) \$3,247.50		Payee address; City; State; Zip Code 2767 Santa Fe Corpus Christi, Texas 78411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) broadcast production <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 10/21/14		Payee name Grassroots			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code Corpus Christi, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) fees		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 10/21/14		Payee name LJLAC			
Amount (\$) \$ 800.00		Payee address; City; State; Zip Code P. O. Box 271051 Corpus Christi, Texas 78427			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) sponsor table - food/beverage expense		Description (If travel outside of Texas, complete Schedule T) 10/23/14 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: 3		2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/21/14		5 Payee name MAJIC			
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) event expense		(b) Description (If travel outside of Texas, complete Schedule T) sponsor Abel's radio show 10/14 <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 10/22/14		Payee name NCRW-PAC			
Amount (\$) \$ 120.00		Payee address; City; State; Zip Code P. O. Box 270054 Corpus Christi, Texas 78427			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense food/beverage expense		Description (If travel outside of Texas, complete Schedule T) sponsor table of 8 for 10/13/14 monthly meeting <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 10/1/14		Payee name Rachel Canales			
Amount (\$) \$ 700.00		Payee address; City; State; Zip Code 1374 Sandpiper Corpus Christi, Texas 78412			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) fundraising expense food & beverage		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 10/1/14		Payee name L & F Distributors			
Amount (\$) \$ 300.00		Payee address; City; State; Zip Code 8761 Hwy 44 Corpus Christi, Texas 78406			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) fundraising expense beverages		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <p style="text-align: right;">1</p>
2 FILER NAME <p style="text-align: center;">Samuel L. Neal, Jr.</p>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <p style="text-align: center;">Rachel Canales</p>		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <p style="text-align: center;">L & F Distributors</p>		
Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED