CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Samuel NICKNAME LAST	Loyd	Date Received
	Loyd Neal	Jr.	FILED FOR RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS/POBOX; APT/SUITE#; CITY; P. 0. Box 8347 Corpus Christi, Texas 7846	STATE; ZIPCODE	Date Hand delivered of Postmarked
change of address			Receipt ANA T. BAROGUERA
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 991-8686	EXTENSION	Clerk, County Court, Nueces County, Texas Date Processed Deputy Deputy
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Imaged YCa M Cen
NAME	Mr. Gabe	SUFFIX	
	Hernandez	35/11/	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 3716 Leopard St., Corpus Chri	OTY; STATE; isti, Texas 78408	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 881-9091	EXTENSION	
9 REPORT TYPE	January 15 30th day before election XX 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 9 / 25 /14 THROUGH	Month Day 10 / 25 /	Year
11 ELECTION	Month Day Year ELECTION DATE 11 04 2014 ELECTION TYPE Primary	Runoff XX G	eneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
i.	County Judge	County Judge	e a
www.ethics.state.tx.us	GOTORIO	2014-15	0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET DG 2

			OOVER ONLE FG Z
14 C/OH NAME		5	15 ACCOUNT # (Ethics Commission Filers)
Sar	muel L. Neal	., Jr.	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Loyd Neal Campaign	
	SPECIFIC	COMMITTEE ADDRESS P. O. Box 8347	
		Corpus Christi, Texas 78468-8347	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		Mr. Gabe Hernandez	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		3716 Leopard St.	
		Corpus Christi, Texas 78408	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	N S
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$19,650.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$15,848.62
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRING PERIOD	\$ 78,362.22
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$
AFFIX NOTARY STAME	MASO OF THE PARTY	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by didate or Officeholder
AFFIX NOTARY STAME	P / SEAL ABOVE		•
Sworn to and subs	cribed before r	ne, by the said <u>Samuel L. Neal</u> , Jr.	, this the
27 day	of <u>October</u>		hy hand and seal of office.
	emono pieni zakon a z a zako ^z kia		Title of officer administering oath

P.O. Box 12070

Т	he Instruction Guide explains how to complete the	nis form.	1 Total pages S	A CONTRACTOR OF THE CONTRACTOR
FILER NAM	IE .		3	8
Samue1	L. Neal, Jr.		3 ACCOUNT#	(Ethics Commission Filers)
Date	TE Education			
	out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution
9/30/14	The American Electric Power Co 6 Contributor address: City: State: Zip Cod	- Texas-	\$ 500.00	description (if applical
	Committee for Responsible Gove	rnment		ĺ
	539 N. Carancahua			į.
Principal occ	Corpus Christi, Texas 78401 upation / Job title (See Instructions)		(If travel outside	of Texas, complete Schedule
PAC	-p-mon (dee mstructions)	10 Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC/ID#		7	
0/5/2/			Amount of contribution (\$)	In-kind contribution
8/5/14	West Hoskins		\$ 250.00	description (if applicab
	Contributor address; City; State; Zip Code		230.00	
	308 Pebble Beach			
	Portland, Texas 78374			t. E
Principal occu	pation / Job title (See Instructions)		(If travel outside	i of Texas, complete Schedule T
banker/	President	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	lst Commun		
			Amount of contribution (\$)	In-kind contribution
9/24/14	Joe R. Fulton Contributor address; City; State: Zip Code P. 0. Box 9486		\$ 1,000.00	description (if applicable
	Contributor address; City; State; Zip Code P. 0. Box 9486		Ψ 1,000.00	
	Corpus Christi, Texas 78469			
	1 10Ad3 70409	2		
Principal occu	pation / Job title (See Instructions)	F1	(If travel outside of	of Texas, complete Schedule T)
reti	red	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:) [Amount of	h-1/2-1
10/8/14	Na 490		contribution (\$)	In-kind contribution description (if applicable
10/0/14	Daniel W. Korus. Contributor address: City: State: Zip Code		500.00	
	2033 N. Lexington Blvd.			
	Corpus Christi, Texas 78409		1	
			(If travel outside of	. T
orincipal occup	pation / Job title (See Instructions)	Employer (See In	istructions)	f Texas, complete Schedule T)
		Del Mar Col	lege	W.
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
0/13/14	Philip C. Skrobarczyk		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$ 500.00	
	250 Melrose Ave.		ı.	
	Corpus Christi, Texas 78404		8 6	
			(If travel outside of	Texas, complete Schedule T)
	The second secon			rexas, complete schedule 1)
	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	The state of the s	Employer (See Ins Fulton Consti	structions)	
	ation / Job title (See Instructions)		structions)	
constru	ation / Job title (See Instructions)	Fulton Const	ructions)	1

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
	Samuel L. Neal, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#.	ÿ	7 Amount of	8 In-kind contribution
0/20/11/			contribution (\$)	description (if applicable)
9/30/14	Fred W. Heldenfels, IV		\$ 1,000.00	
	6 Contributor address; City; State; Zip Code			
	1204 Havre Lafitte Dr. Austin, Texas 78746			l I
	Adscin, lexas 70740		(If travel outside	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		o. rextae, complete concade 1)
construc	tion/principal	Helfende1	s Brothers	
Date	Full name of contributor		Amount of	In-kind contribution
10/3/14	Orlon Drilling Company		contribution (\$)	description (if applicable)
10/5/14	Contributor address; City; State; Zip Code		\$ 2,000.00	
	674 Flato R ad			
	Corpus Christi, Texas 78405			
			(If travel outside of	of Texas, complete Schedule T)
Principal occup well dr:	pation / Job title (See Instructions)	Employer (See I	nstructions)	
well di	IIIIII	Urion Dril	ling Company	7
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of	In-kind contribution
10/2/14	Elect Blake Farenthold Commit	tee	contribution (\$) \$ 1,000.00	description (if applicable)
	Contributor address; City; State; Zip Code		1,000.00	
	P. O. Box 3369			
	Corpus Christi, Texas 78463)
Deinainal sassa	otion / lab title (Co.) and otion			of Texas, complete Schedule T)
congress	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date				
	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/14	James M. May Contributor address; City; State; Zip Code		\$ 200.00	
	4 Hewit Dr.			
	Corpus Christi, Texas 78404			-
Principal occup	ation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
physi	cian/owner	2 7 0	•	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
0/20/1/	Edward A Wantin		contribution (\$)	description (if applicable)
9/30/14	Edward A. Martin Contributor address; City; State; Zip Code		\$ 1,000.00	
	5814 Oslow Parkway		1	ni .
	Corpus Christi, Texas 78414		in the second	Mars.
Principal occup	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
, TO	X-10-10-10-10-10-10-10-10-10-10-10-10-10-	p.0901 (00e 11	.c. dollons)	
				Promise to the second s

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sci	nedule A:
2	FILER NAME			3 ACCOUNT # /F	Ethics Commission Filers)
	Comus 1	I Nami I		(1)	Lunes Commission Filers)
_	200,000	L. Neal, Jr.			
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	10/1/14	Robert Tamez		contribution (\$) \$ 100.00	description (if applicable)
		6 Contributor address; City: State; Zip Code 4626 Weiskopf			
		Corpus Christi, Texas 78413			Î
				(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I		P
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
		A Section 1		contribution (\$)	description (if applicable)
	10/1/14	Barbara J. Vollmer		\$ 100.00	25-E/F 04
		Contributor address; City: State: Zip Code 1018 Delta Dr.			
		Corpus Christi, Texas 78412			
		corpus chiristi, rexas 70412			
	Dein sin al				of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See II		14
				r Condition	ing
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	10/1/14	. Richard C. Pittman. Contributor address; City; State; Zip Code 14325 Caribe		\$ 200.00	description (if applicable)
	=	Corpus Christi, Texas 78418			
	Principal occur	ation / Job title (See Instructions)	F (0)		of Texas, complete Schedule T)
		ering/principal	Employer (See In Bath Engi		
	The second second		Dath Engi	neering	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution
	10/1/14	Edward Floyd		\$ 250.00	description (if applicable)
		Edward Floyd Contributor address; City; State; Zip Code		230.00	
		P. 0. Box 1152			
		Robstown, Texas 78380		ĺ	
				(If travel outside o	f Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In	structions)	
	insuranc	e agent/owner	Floyd Insur	ance	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	9/29/14	Mike Shaw	9	contribution (\$) 2,500.00	description (if applicable)
	distribution of the state of th	Contributor address; City; State; Zip Code			
	İ	90 Madisum St., Suite 702		ĺ	
		Denver, CO 80206-5416			
		232,22, 30 30200 3 120		(If travel autain-	f Toyon nemalate 2
		ation / Job title (See Instructions)	Employer (See In	structions)	f Texas, complete Schedule T)
	car deal	er/owner	Employer (See In Mike Shaw		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	8	17	3 ACCOUNT # (E	thics Commission Filers)
Samuel L	. Neal, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
i viene viene			contribution (\$)	description (if applicable)
9/29/14	Donald P. McClure		\$ 200.00	
	6 Contributor address; City; State; Zip Code 17 Lakeshore Dr			
	Corpus Christi, Texas 78413			
	oolpas onlisel, lexas 70415		(If travel outside	i of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
insuranc	ce agent/retired		*	
Date	Full name of contributor		Amount of	In-kind contribution
9/29/14	Dugan Eye Institute		\$ 250.00	description (if applicable)
9	Contributor address; City; State; Zip Code		1 230100	
	1333 Third St., Suite 100			
	Corpus Christi, Texas 78404			
			(If travel outside of	of Texas, complete Schedule T)
100	pation / Job title (See Instructions)	Employer (See I	- 59	
phyiscia	an/owner	Dugan Eye	Intitute	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/29/14	Lance K. Bruun		\$ 1,000.00	description (ii applicable)
	Contributor address; City; State; Zip Code		1,000.00	
	711 N. Carancahua, Suite 1660		27	
	Corpus Christi, Texas 78401-	0573	**	
Delevired ecour	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
attorne			ruun, Attorn	ey at Law
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/30/14	Rudy Garza		\$ 250.00	description (if applicable)
16	Contributor address; City; State; Zip Code			
	6221 Michaux	48		
	Corpus Christi, Texas 78414			
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/30/14	Paul D. Chapa		\$ 500.00	description (if applicable)
	Contributor address; City; State; Zip Code			ila.
	8022 St. Laurent Dr.			
	Corpus Christi, Texas 78414			
				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	12	
attorney	/principal	Linebarger,	Goggan, Bla	ir & Sampson LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME		ALTO CONTRACTOR OF THE CONTRAC	3 ACCOUNT # (E	thics Commission Filers)
	Samuel L.	Neal, Jr.			
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	10/1/14	Jaime Powell		contribution (\$) \$ 250.00	description (if applicable)
		6 Contributor address; City; State; Zip Code			
		15405 Grass Cay #505			
		Copus Christi, Texas 78418			
					of Texas, complete Schedule T)
9	journal	ation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	109000000			contribution (\$)	description (if applicable)
1	10/1/14	Palm Tree Plaza		\$ 500.00	
	8	Contributor address; City; State; Zip Code			
		4530 White Oak			
	ea	Corpus Christi, Texas 78410		(If travel outside o	of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See I		or rexus, complete concodic 1)
	pr pert	y/owner			
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
(9/30/14	Alicia G. Cuellar		contribution (\$) \$ 200.00	description (if applicable)
	* = ** = **	Contributor address; City; State; Zip Code			
		P. O. Box 7608			<u> </u>
		Corpus Christi, Texas 78467-7	608		E F
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		,
	attorne	ey/owner	Alicia G. (Cuellar Atto	rney at Law
	Date	Full name of contributor		Amount of	In-kind contribution
	10/1/14	Alan J. Stoner		contribution (\$) \$ 250.00	description (if applicable)
	10/1/14	Contributor address; City; State; Zip Code		Ψ 250.00	
		242 Cape May Dr.		9.	
		Corpus Christi, Texas 78412			
		oorpus onriser, reads 70412		() []	
	Principal occur	pation / Job title (See Instructions)	Employer (See I	Marian American Company	of Texas, complete Schedule T)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	10/1/14	Torry Arnold		contribution (\$)	description (if applicable)
2	10/1/14	Terry Arnold Contributor address; City; State; Zip Code		\$ 100.00	
		245 Circle Dr.			
		Corpus Christi, Texas 78411			
				1000 1000	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
-					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

F				1		
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sci	hedule A:	
2	FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)	
	Samuel L	. Neal, Jr.				
4	Date 10/1/14	 Full name of contributor □ out-of-state PAC (ID# Philip John Ramirez Contributor address; City; State; Zip Code 322 Santa Monica Place 		7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)	
		Corpus Christi, Texas 78411				
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)	
	architect	/principal	Turner Ran	irez		
	Date 10/1/14	Full name of contributor out-of-state PAC(ID#_ Jack Rice Turner Contributor address: City: State; Zip Code 5525 S. Staples, Suite A-7 Corpus Christi, Texas 78411		Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)	
	Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
	architect	/principal	Turner Ram			
	Date 10/1/14	Full name of contributor out-of-state PAC(ID#_ Angelica R. Flores Contributor address; City; State; Zip Code 3334 Mavis Dr.		Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)	
	1	Corpus Christi, Texas 78411		200		
	Principal occup	nation / Job title (See Instructions)	Employer (See Ii		of Texas, complete Schedule T)	
	Date 10/1/14	Full name of contributor out-of-state PAC(ID#_ Suzanne Taylor Contributor address: City; State; Zip Code 5413 Pressler Dr. Corpus Christi, Texas 78413		Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	(If travel outside of structions)	of Texas, complete Schedule T)	
	realtor					
1	Date 0/1/14	Full name of contributor out-of-state PAC (ID#_Samuel C. Dalton Contributor address; City; State; Zip Code 8002 Villefranche Dr. Corpus Christi, Texas 78414		Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable) f Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions) retired	Employer (See In		· ioxas, complete schedule ()	
	If co	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instru			requirements.	

P.O. Box 12070

	E			
			3 ACCOUNT #	/Ethian Co.
	Samuel L. Neal, Jr.		ACCOUNT #	(Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:			
10/14/14	D out-of-state PAC (IDM.	0	7 Amount of contribution (S) \$ 1,000.00	(iii applicat
	Dallas, Texas 75207		(If travel outsid	
Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)	e of Texas, complete Schedule
140 17	tributor/principal		istributing	
Date	Full name of contributor		Amount of	In-kind contribution
10/20/14	David Massie		contribution (\$)	description (if applicab
	Contributor address; City; State; Zip Code		\$ 1,000.00	
	P. O. Box 4074			
	Corpus Christi, Texas 78469			
Principal occu	pation / Job title (See Instructions)	Employer (See	(If travel outside	of Texas, complete Schedule T
	/principal	CC Gasket &		
Date	Full name of contributor out-of-state PAC (ID#_	N TOWNS IN	Amount of	T
0/17/14	John W. Wallace	200 B	contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code 12 Camden Place		\$ 500.00	
	Corpus Christi, Texas 78412			Ì
orincipal occur	pation / Job title (See Instructions)		(If travel outside	of Texas, complete Schedule T)
		Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	1-13-1
)/22/14	Marilynn G. Yankee		contribution (\$)	In-kind contribution description (if applicable
	Contributor address: City; State; Zip Code		\$ 250.00	80 AMA 02
1	5319 St. Andrews			
1	Corpus Christi, Texas 78413			
			(If tenuel autolul	
rincipal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	of Texas, complete Schedule T)
	business owner	Western St	eel eel	
Date	Full name of contributor out-of-state PAC (ID#	1	Amount of	In-kind contribution
0/1/14	Rachel Canales		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code		\$ 700.00	food & beverage
	1374 Sandpiper			
	Corpus Christi, Texas 78412		ļ	
			(If travel outside o	f Texas, complete Schedule T)
incipal occupa	ation / Job title (See Instructions)	Employer (See In	structions)	
		*		
			100	
	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instruc	THIS SCHEDULF	SNEEDED	

P.O. Box 12070

				· =
	e Instruction Guide explains how to complete th	nis form.	1 Total pages Sc	hedule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
-	Samuel L. Neal, Jr.			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
10/1/14	L & F Distrubutors		contribution (S)	description (if applicable
	L & F Distrubutors 6 Contributor address: City: State: Zip Code		\$ 300.00	beverages
	8761 Hwy. #44	2	21	
	Corpus Christi, Texas 78406			I.
9 Principal occur			(If travel outside	of Texas, complete Schedule T)
o micipal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	1	Amount of	
	5000		contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			, , , , , , , , , , , , , , , , , , , ,
	State, Zip Code			
			4	
			(If travel outside a	f Tower
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#			
	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution
			"""	description (if applicable)
	Contributor address; City; State; Zip Code			
			1	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	f Texas, complete Schedule T)
Date	Full name of contributor		Amount of	In-kind contribution
1			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	19		
			ï	
			. 1	
Principal occupa	ation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
	and (eee manuchans)	Employer (See Ir	estructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	
	South Mayor recipional Vision		contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		× 10	
1	ony, state, zip code		1	
			1	
	-		(If travel outside of	Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See In:	structions)	-0.23, complete Schedule T)
	•			
If no	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE A	S NEEDED	
11 CO	ntributor is out-of-state PAC, please see instru	ction guide foraddit	ional reporting re	quirements.

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicita Food/Beverage Expense Travel Polling Expense Travel	s/Wages/Contra ation/Fundraising In District Out Of District Overhead/Renta	act Labor Loa g Expense Tra Con al Expense OT	an Repayment/Reimbursement Insportation Equipment & Related Expense Intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Samuel L. Neal,	Jr.		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			<u></u>
10/8/14 6 Amount (\$)	Rex A. Kinnis on 7 Payee address; City; State; Zip	Codo		
\$509.12	P. O. Box 60294	Code		
4303.12	Corpus Christi, Texas 78	466		
8 PURPOSE	(a) Category (See categories listed at the top of this sch	redule) (b)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead	7	website hos	st
81			Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Payee name		1	
10/9/14	Lamar Advertising			
Amount (\$)	Payee address; City; State; Zip	Code		7
\$6,772.00	P. O. Box 96030 Baton Kouge, LA 70896			
PURPOSE	Category (See categories listed at the top of this scho	edule)	Description (If tra	ivel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising expense		billboards Check if Austin	5 , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date	Payee name			
10/13/14	Grassroots			
Amount (\$)	Payee address; City; State; Zip	Code		
\$1,000.00				
2	Corpus Christi, Texas			
PURPOSE	Category (See categories listed at the top of this sche	edule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	fees		Chook if A untin	TV -ffb-ld-st
Complete ONLY if direct	Candidate / Officeholder name		Office sought	TX, officeholder living expense Office held
expenditure to benefit C/O				Office field
Date	Payee name			
10/16/14	Pan American Golf Tournam	ent		
Amount (\$) \$ 100.00	Payee address; City; State; Zip 801 Horne Road	Code		
Ψ 100.00		416		a e
PURPOSE	Category (See categories listed at the top of this sche	edule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising expense			Golf Tournament 11/11/14 TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCH	EDULE AS NEE	DED

POLITICAL EXPENDITURES

SCHEDULE F

	EVALUATION OF THE PROPERTY OF		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Func Food/Beverage Expense Travel In Distric Polling Expense Travel Out of D Printing Expense Office Overhead	Contract Labor traising Expense t istrict	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above)
	The Instruction Guide explains how t	o complete this for	m.
1 Total pages Schedule F:	2 FILER NAME Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission File
4 Date	5 Payee name	241.	
10/21/14	Jennifer Dragoo		
6 Amount (\$) \$ 600.00	7 Payee address; City; State; Zip Code Corpus Christi, Texas 78410		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	salaries/wages/clatract labor	newslette	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
10/21/14	Morehead, Dotts, Rybak		
Amount (\$)	Payee address; City; State; Zip Code		tropies de
\$3,247.50	2767 Santa Fe		
	Corpus Christi, Texas 78411		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising expense	broadca	st production stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	72	
10/21/14	Grassroots		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	Corpus Christi, Texas		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
OF	fees		
EXPENDITURE		Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
10/21/14	LJILAC		
Amount (\$)	Payee address; City; State; Zip Code	TO PERSONAL CONTRACTOR OF THE PERSONAL CONTRACTO	
\$ 800.00	P. O. Box 271051 Corpus Christi Texas 78427		
***************************************	Corpus Christi, Texas /842/ Category (See categories listed at the top of this schedule)	Decembris : "	(Annual and
PURPOSE OF	spons table - food/beverage	10/23/14 b	If travel outside of Texas, complete Schedule T)
EXPENDITURE	expense		stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGO	DIES EOD BOY 9/6\		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wa Legal Services Solicitation/ Food/Beverage Expense Travel In D Polling Expense Travel Out	ages/Contract Labor Fundraising Expense istrict Of District thead/Rental Expense	oan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME	- I to complete tille form		
3	Samuel L. Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	×		
10/21/14 6 Amount (\$)	MAJIC			
\$ 200.00	7 Payee address; City; State; Zip Co Corpus Christi, Texas	de		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule	(b) Description (if	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	event expense		el's radio show 10/14	
		Check if Aus	stin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name	***************************************		
10/22/14	NCRW-PAC			
			7778 Y	
Amount (\$) \$ 120.00	Payee address; City; State; Zip Co P. 0. Box 270054	de		
φ 120.00	Corpus Christi, Texas 78427			
	Corpus Christi, Texas 76427			
PURPOSE	Category (See categories listed at the top of this schedule	Description (If	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	event expense	spons or tab	Description (If ravel outside of Texas, complete Schedule I) spons or table of 8 for 10/13/14 monthly meeting	
EXPENDITURE	food/beverage expense	Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/1/14	Rachel Canales			
Amount (\$)	Payee address; City; State; Zip Coo	ie		
\$ 700.00	1374 Sandpiper		0	
	Corpus Christi, Texas 78412			
			December of the Control of the Contr	
PURPOSE	Category (See categories listed at the top of this schedule fundraising expense) Description (if	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE		Chook if Aug	fo TV affected to the second	
	food & beverage		tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	All sections and the section of the		
10/1/14	L & F Distributors			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$ 300.00	8761 Hwy 44			
	Corpus Christi, Texas 78406			
	Category (See categories listed at the top of this schedule	Description //	travel cutside of Tours	
PURPOSE	fundraising expense	, Description (if	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	beverages	Chack # A	tin TV officeholder living aver-	
	Candidate / Officeholder name		tin, TX. officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

PAC-E

PAC-C

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Samuel L. Neal, Jr. 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Rachel Canales 5 Contribution / Expenditure reported on: X Schedule A Schedule B Schedule C Schedule D X Schedule F Schedule G Schedule H Schedule N COH-UC СОН-Т PAC-C PAC-E 7 Name of person(s) traveling 6 Dates of travel 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 L & F Distributors Contribution / Expenditure reported on: XX Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N

COH-UC

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

СОН-Т

Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee
Contribution / Expendi	cure reported on:
Sch	nedule A Schedule B Schedule C Schedule D Schedule F Schedule G nedule H Schedule N COH-UC COH-T PAC-C 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

Purpose of travel (including name of conference, seminar, or other event)

Dates of travel

Means of transportation