CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)			2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
NAME	Mr. Samuel Last	L. L. SUFFIX	Date Received	
	Loyd Neal	Jr.	FILED FOR RECORD	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; P. O. BOX 8347 Corpus Christi, Texas AREA CODE PHONE NUMBER	CITY; STATE; ZIP CODE 78468-8347 EXTENSION	JUL 1 3 2016 CLERK CO ATY CO PT, NUECES COUNTY TEXAS BY DEPUTY	
OFFICEHOLDER PHONE	(361) 549-2744		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
NAME	Mrs	SUFFIX	Date Processed	
	Lobell	48	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	P. O. Box 8347 Corpus Christi, Texas		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 549-2744	EXTENSION		
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 01 / 01 / 2016	Month THROUGH 06	Day Year 30 / 2016	
11 ELECTION	BLECTION DATE Month Day Year Primary 11 / 08 / 2016 XXGeneral	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)	
	County Judge			
7				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)	
Samuel L. Neal, Jr.				
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			
	COMMITTEE TYPE	COMMITTEE NAME		
*	X GENERAL	Loyd Neal Campaign		
	SPECIFIC	P. O. Box 8347		
		Corpus Christi, Texas 78468-	-8347	
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		Claudia Lobell		
	1	COMMITTEE CAMPAIGN TREASURER ADDRESS		
		P. O. Box 8347	0.247	
		Corpus Christi, Texas 78468	3-8347	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL POLITICAL EXPENDITURES \$5,375.94			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$14,257.19			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT				
		y	perjury, that the accompanying report is	
MOTARY PUBLIC	MOVE EXEACH	<i>Y</i>	formation required to be reported by me	
	VICKI J KEACH My Commission Exp	under Title 15, Election Code.		
STATE OF TELLS	February 20, 2018		14	
		Signature of Ca	ndidate or Officeholder	
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Samuel L. Neal, Jr, this the				
day of, 20_16, to certify which, witness my hand and seal of office.				
Wicki Keach Vicki Keach Notary Public				
Signature of officer	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		
	Samuel L. Neal, Jr.		
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	4	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	5. XX SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		emorials Expense	Polling Experience Printing Experience Solarion Man		Travel In District Travel Out Of District	not listed above)
Credit Card Payment	New State Control of the Control of	tion Guide explain	2000 MARIN 1975	20 20 00 00 00 00 00 00 00 00 00 00 00 0	Other (enter a category	not listed above)
1 Total pages Schedule F1:					3 Filer ID (Ethics C	Commission Filers)
6		L. Neal,	Jr.			,
4 Date	5 Payee name	and the second s	200			
1/13/16	CC Hispanic Chamber of Commerce					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	Corpus Chris	sti, Texas	3			
8	(a) Category (See Categories	listed at the top of this se	chedule)	(b) Description		
PURPOSE	table sponsor	for 1-13	3-16		outside of Texas. Complete Sche	
OF EXPENDITURE	State of the			Check if Aust	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeho	lder name		Office sought	0	ffice held
Date	Payee name					
2/1/16	South Jetty					
Amount (\$)	Payee address;	City; State; Z	ip Code			
d 40 00	P. O. Box 1:		70272			
\$ 48.00	Port Aransa:	s, Texas	78373			
	Category (See Categories	listed at the top of this s	chedule)	Description		
PURPOSE					outside of Texas. Complete Sche	
OF EXPENDITURE	advertising	expense		Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeho	lder name		Office sought	0	ffice held
Date	Payee name					
2/1/16	LULAC Council 1 Foundation					
2/1/10	Louise Counc.	rr r roun	aacion			
Amount (\$)	Payee address;	City; State; Z	ip Code		25,	
	P. O. Box 1			-		
\$ 350.00	Corpus Chri	sti, Texa	s 7846	0		
	Category (See Categories	s listed at the top of this s	schedule)	Description		
PURPOSE	advertising	expense		Check if travel of	outside of Texas. Complete Scho	edule T.
OF EXPENDITURE		_		Check if Aust	in, TX, officeholder living ex	pense
Complete ONLY if direct	Candidate / Officeh	older name		Office sought		Office held
expenditure to benefit C/O				0009.11		
	A MARIE A CALL I A CALL	TIGALAL CODICA	AFT. 110.	AUEDIU = 40.		
l	ATTACH ADDI	HONAL COPIES	OF THIS S	CHEDULE AS NE	:EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Ex

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica				
Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Samuel L. Neal, Jr	3 Filer ID (Ethics Commission Filers)	
4 Date 2/1/16	5 Payee name PACT			
6 Amount (\$) \$ 400.00	7 Payee address; City; State; Zip Code P. O. Box 835 Port Aransas, Texas 78373			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description Check if travel outside of Texas. Complete Schedule T. 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 2/1/16	Payee name NCJLS			
Amount (\$) \$ 250.00	Payee address; City; State; Zip Code P. O. Box 260968 Corpus Christi, Texas 7842	26		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) gift/awards/memorials expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date 2/1/16	Payee name South Jetty			
Amount (\$) \$ 64.00	Payee address; City; State; Zip Code P. O. Box 1117 Port Aransas, Texas 78373	3		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
8	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to co	
1 Total pages Schedule F1:	2 FILER NAME Samuel L. Neal, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
2/19/16	Nueces A&M Club	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
***************************************	3714 Berkeley	
\$ 275.00	Corpus Christi, Texas 784	114
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	advertising expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/19/16	United Vietnam Veterans of	Texas
Amount (\$)	Payee address; City; State; Zip Code	
\$ 150.00	P. O. Box 4490 Corpus Christi, Texas 7846	59
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	advertising expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/19/16	NC Republican Party	
Amount (\$)	Payee address; City; State; Zip Code 4639 Corona Dr., Suite 5	
\$ 500.00	Corpus Christi, Texas 784	11
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	advertising expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Ol		veccount of the last of the second of the last of the
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Samuel L. Neal, Jr. 6 4 Date 5 Payee name 3/17/16 South Jetty 6 Amount (\$) 7 Payee address; City; State; Zip Code P. O. Box 1117 64.00 Port Aransas, Texas 78373 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF advertising expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 4/1/16 Southwest Airlines Amount (\$) Payee address; City; State; Zip Code 476.94 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** travel out of district Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date 4/15/16 Republican Party of Texas Amount (\$) Payee address; City; State; Zip Code 198.00 Dallas, Texas Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** contribution made by Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B	[1]	pense Travel Out Of District		
Candidate/Officeholder/Political Committee Credit Card Payment Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Cabadula E1.		180		
1 Total pages Schedule F1:	2 FILER NAME Samuel L. Neal, Jr. 3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name			
4/27/16 6 Amount (\$)	American G.I. Forum of S 7 Payee address; City; State; Zip Code	outn Texas		
O Amount (φ)	P. O. Box 10307			
\$ 150.00	Corpus Christi, Texas 78	460		
Ψ 150.00	corpus chiristi, icaus 70	400		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	anatin made by	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	donation made by	Check if Austin, TX, officeholder living expense		
ATTENDED TO COME AND THE CONTRACT OF THE COMMENT AND THE				
	100 No. 2 100 No. 2			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
expenditure to bollont 5, 5.	-			
Date	Payee name			
All courses and course of the				
5/26/16	PAGA			
Amount (\$)	Payee address; City; State; Zip Code			
	4958 High Meadow			
\$ 100.00	Corpus Christi, Texas 784	13		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Band Self to Self Self Self Self Self Self Self Self	Check if travel outside of Texas. Complete Schedule T.		
OF	advertising expense	Check if Austin, TX, officeholder living expense		
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/Oh	1			
Date 5 / 2 6 / 1 6	Payee name			
5/26/16	CC Chamber of Commerce			
Amount (4)	Device address: City State: Zin Code	2		
Amount (\$)	Payee address; City; State; Zip Code 1501 N. Chaparral St.			
\$1,000.00	Corpus Christi, Texas 784	0.1		
41,000.00	001740 01111001, 101140			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	advertising expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	sponsor table for Salute	Check if Austin, TX, officeholder living expense		
to Military 2016				
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
experientare to benefit 0/01				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		
AT INGTINES THE STATE OF THE ST				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	ages/Contract Labor Other (enter a category not listed above)		
Great Card Fayment	The Instruction Guide explains how to c	omplete this form.		
Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
6	Samuel L. Neal, Jr.			
4 Date	5 Payee name			
6/3/16	Juneteenth Coalition			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$ 150.00	Corpus Christi, Texas			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	advertising expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	advertibility expense	Check if Austin, TX, officeholder living expense		
LAFENDITORE				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
6/30/16	NC Republican Party			
1				
Amount (\$)	Payee address; City; State; Zip Code			
THE COLD SHAPE OF THE COLD SHA	4639 Corona Dr., Suite 5			
\$ 100.00	Corpus Christi, Texas 784	11		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	event expense	Check if travel outside of Texas. Complete Schedule T.		
OF	flag day reception	Check if Austin, TX, officeholder living expense		
EXPENDITURE		, , , , , , , , , , , , , , , , , , ,		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/O	н			
Date	Payee name			
6/30/16	V. 200 PARTICLE AND COLONIAL			
0,00,00				
Amount (\$)	Payee address; City; State; Zip Code	8		
\$ 100.00	Corpus Christi, Texas			
,				
1 22110417-11-	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF	advertising expense	Check if Austin, TX, officeholder living expense		
EXPENDITURE				
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Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	Н			
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