

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: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR JOSE F NICKNAME LAST SUFFIX <p style="text-align: center;">OLIVARES</p>	OFFICE USE ONLY Date Received <p style="text-align: center; color: blue;">FILED FOR RECORD AT 1:50 M JAN 15 2016</p> <p style="text-align: center; color: blue;">KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <u>[Signature]</u> DEPUTY</p> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">317 PEOPLES ST, APT 506 CORPUS CHRISTI TX 78401</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 876-8116		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR GARRY L NICKNAME LAST SUFFIX <p style="text-align: center;">VILLARREAL</p>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">5414 CAIN DR CORPUS CHRISTI TX 78411</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 853-4694		
9 REPORT TYPE	<input checked="" 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 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 Month Day Year 11 / 19 / 2015 THROUGH 01 / 15 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 16	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) NUECES COUNTY SHERIFF	

GO TO PAGE 2

2016-028

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

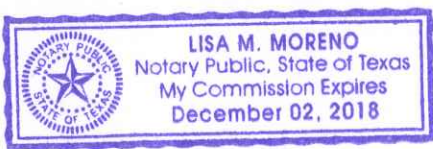
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME JOSE F OLIVARES	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 457.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21284.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 75.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 11475.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2550.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jose F. Olivares, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Lisa M. Moreno

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>JOSE F OLIVARES</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12492.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>8335.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>10399.05</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1051.58</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

JOSE F OLIVARES

3 Filer ID (Ethics Commission Filers)

4 Date

12/02/15

5 Full name of contributor, out-of-state PAC (ID#: _____)

JOE MARTINEZ

7 Amount of contribution (\$)

5,000.00

6 Contributor address; City; State; Zip Code

902 US HWY 181, PORTLAND TX 78374

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/08/15

Full name of contributor, out-of-state PAC (ID#: _____)

JOSEPH WILSON

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4309 BEAVER CREEK DR, CORPUS CHRISTI TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/16/15

Full name of contributor, out-of-state PAC (ID#: _____)

MIKE RICHTER

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

3886 N RIVERVIEW DR, ROBSTOWN TX 78380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/19/15

Full name of contributor, out-of-state PAC (ID#: _____)

GILBERT CANTU

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

7326 ARYAN CT, CORPUS CHRISTI TX 78414

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

JOSE F OLIVARES

3 Filer ID (Ethics Commission Filers)

4 Date

12/19/15

5 Full name of contributor out-of-state PAC (ID#: _____)

MARGARITA LOPEZ

6 Contributor address; City; State; Zip Code

1425 SWEETWATER CREEK DR,
CORPUS CHRISTI, TX 78410

7 Amount of contribution (\$)

300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/19/15

Full name of contributor out-of-state PAC (ID#: _____)

NELDA LAUREL

Contributor address; City; State; Zip Code

1125 GREEN FIELD DR, CORPUS CHRISTI
TX 78405

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/06/16

Full name of contributor out-of-state PAC (ID#: _____)

MARISOL D VASQUEZ

Contributor address; City; State; Zip Code

4837 KENDALL DR, CORPUS CHRISTI
TX 78415

Amount of contribution (\$)

70.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/09/16

Full name of contributor out-of-state PAC (ID#: _____)

JOE L HERNANDEZ

Contributor address; City; State; Zip Code

6917 ROUND TABLE, CORPUS CHRISTI
TX 78414

Amount of contribution (\$)

150.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

JOSE F OLIVARES

3 Filer ID (Ethics Commission Filers)

4 Date

01/10/16

5 Full name of contributor

ABEL GARZA

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

161.00

6 Contributor address;

1806 BROOK LN, KINGSVILLE TX 78363

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/10/16

Full name of contributor

CONCEPCION MORALES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

67.00

Contributor address;

3738 TOPEKA ST, CORPUS CHRISTI TX 78411

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/10/16

Full name of contributor

ELEANOR R MUNGIA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

385.00

Contributor address;

4209 HOLLY RIDGE, CORPUS CHRISTI TX 78413

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/10/16

Full name of contributor

MARIA E GUERRA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

156.00

Contributor address;

7548 ANNEMASE ST, CORPUS CHRISTI TX 78414

City; State; Zip Code

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

JOSE F OUVARES

3 Filer ID (Ethics Commission Filers)

4 Date

01/10/16

5 Full name of contributor out-of-state PAC (ID#: _____)

PAULINE LOPEZ

7 Amount of contribution (\$)

140.00

6 Contributor address; City; State; Zip Code

1006 GREEN ACRE DR, CORPUS CHRISTI TX 78405

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/10/16

Full name of contributor out-of-state PAC (ID#: _____)

VILMA G JASSO

Amount of contribution (\$)

63.00

Contributor address; City; State; Zip Code

7821 WOLVERINE DR, CORPUS CHRISTI TX 78414

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/15

Full name of contributor out-of-state PAC (ID#: _____)

ACCURATE WELDING + INSPECTION LLC

Amount of contribution (\$)

5000.00

Contributor address; City; State; Zip Code

902 US HWY 181, PORTLAND TX 78374

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/15

Full name of contributor out-of-state PAC (ID#: _____)

OMNI CHIROPRACTIC PA

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

3118 LA ROCHELLE WAY
CORPUS CHRISTI TX 78414

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME JOSE F OLIVARES		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 12/14/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD RODRIGUEZ	8 Amount of Contribution \$ 3000.00	9 In-kind contribution description POLITICAL SIGNAGE Supplies
7 Contributor address; City; State; Zip Code 1006 MENDOZA, CORPUS CHRISTI TX 78416		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN DE LOS SANTOS	Amount of Contribution \$ 5000.00	In-kind contribution description POLITICAL SIGNS
Contributor address; City; State; Zip Code 6018 LE CROSS DR, CORPUS CHRISTI TX 78415		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME JOSE F OLIVARES		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 01/10/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALO M VILLARREAL	8 Amount of Contribution \$ 335.00	9 In-kind contribution description BBQ FUNDRAISER MEAT SMOKERS
7 Contributor address; City; State; Zip Code 3418 HERITAGE LN, CORPUS CHRISTI, TX 78415		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME JOSE F OLIVARES	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/15	5 Payee name MAGIC 1049	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code PO BOX 270547, CORPUS CHRISTI TX 78427	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN RADIO BROADCAST
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12/02/2015	Payee name DEMOCRATIC PARTY	
Amount (\$) 1250.00	Payee address; City; State; Zip Code 4818 EAST BEN WHITE BVD SUITE 104 AUSTIN TX 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE'S	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REGISTRATION FEE WITH DEMOCRATIC PARTY
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12/29/15	Payee name VOID SEE NEXT PAGE	
Amount (\$) 200.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME JOSE F OLIVARES	3 Filer ID (Ethics Commission Filers)
4 Date 12/29/15	5 Payee name HEB	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 5901 WEBER, CORPUS CHRISTI TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGES EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL NEW YEARS EVE CAMPAIGN PARTY
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/16/15	Payee name LIGHT HOUSE GRAPHICS	
Amount (\$) 1131.21	Payee address; City; State; Zip Code 3046 SO. PADRE ISLAND DR CORPUS CHRISTI TX 78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE / ADVERTISEMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING OF CAMPAIGN CARDS, FLYERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/02/15	Payee name LIGHT HOUSE GRAPHICS	
Amount (\$) 2267.84	Payee address; City; State; Zip Code 3046 SO. PADRE ISLAND DR CORPUS CHRISTI TX 78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE / ADVERTISEMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING OF CAMPAIGN BUSINESS CARDS, FLYERS, BANNERS, SHIRTS
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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME JOSE F OLIVARES	3 Filer ID (Ethics Commission Filers)
4 Date 12/05/15	5 Payee name OMNI CHIROPRACTIC PA	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 3118 LA ROCHELLE WAY, CORPUS CHRISTI TX 78414	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REIMBURSEMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REFUND DEPOSIT IN ERROR

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/10/15	Payee name ACCURATE WELDING AND INSPECTION LLC		
Amount (\$) 5000.00	Payee address; City; State; Zip Code 902 US HWY 181, PORTLAND TX 78374		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REFUND DEPOSIT IN ERROR
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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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5	2 FILER NAME JOSE F OLIVARES	3 Filer ID (Ethics Commission Filers)
4 Date 01/04/16	5 Payee name LIGHT HOUSE GRAPHICS	
6 Amount (\$) 346.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3046 SO. PADRE ISLAND DR CORPUS CHRISTI TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE / ADVERTISEMENT	(b) Description PRINTING SHIRTS ON CAMPAIGN <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 01/09/16	Payee name QC MEAT MARKET	
Amount (\$) 13.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3002 SO. PORT AVE CORPUS CHRISTI TX 78405	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description FOOD FOR BBQ FUNDRAISER <input type="checkbox"/> Check 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 01/09/16	Payee name FAMILY DOLLAR	
Amount (\$) 14.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1324 S STAPLES ST CORPUS CHRISTI TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description TABLE COVERS FOR BBQ FUNDRAISER <input type="checkbox"/> Check 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5	2 FILER NAME JOSE F OLIVARES	3 Filer ID (Ethics Commission Filers)
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4 Date 01/09/16	5 Payee name HEB GROCERY
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6 Amount (\$) 50.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3033 S PORT AVE CORPUS CHRISTI TX 78415
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description BBQ FUNDRAISE SPICES, FOOD, SIDES <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 01/09/16	Payee name HEB GROCERY
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Amount (\$) 82.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3033 S PORT AVE CORPUS CHRISTI TX 78405
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description BBQ FUNDRAISER FOOD, SPICES <input type="checkbox"/> Check 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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Date 01/09/16	Payee name SAM'S WHOLESALE
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Amount (\$) 87.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4833 50 PADRE ISLAND DR CORPUS CHRISTI TX 78411
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description BBQ FUND RAISER PLATE FOOD <input type="checkbox"/> Check 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5		2 FILER NAME JOSE F OLIVARES		3 Filer ID (Ethics Commission Filers)	
4 Date 01/09/16		5 Payee name PENAS MEAT MARKET			
6 Amount (\$) 160.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3114 MORGAN CORPUS CHRISTI TX 78405			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description BBQ FUNDRAISER MEAT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	
Date 01/09/16		Payee name McCoys Building Supply			
Amount (\$) 121.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1602 N PADRE ISLAND DR CORPUS CHRISTI TX 78408			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description BBQ FUNDRAISER STAKES 48" <input type="checkbox"/> Check 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	
Date 12/09/15		Payee name ENRIQUES RESTAURANT			
Amount (\$) 15.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5230 KOSTORYZ RD CORPUS CHRISTI TX 78415			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SOLICITATION / FUNDRAISING		(b) Description SOLICITATION OF COMEDY SHOW EVENT + PLANNING <input type="checkbox"/> Check 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	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Candidate/Officeholder/Political Committee
Credit Card Payment

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Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 12/04/15	5 Payee name LA RIBERA RESTAURANT	
6 Amount (\$) 19.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1602 MORGAN AVE CORPUS CHRISTI TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING	(b) Description SOLICITATION + PLANNING OF COMEDY SHOW FUNDRAISER <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 12/16/15	Payee name BIRDS RUBBER STAMPS	
Amount (\$) 14.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5230 KOSTORYZ ST STE 11 CORPUS CHRISTI TX 78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	(b) Description CAMPAIGN RUBBER STAMP <input type="checkbox"/> Check 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 01/09/16	Payee name HEB GROCERY	
Amount (\$) 60.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 308 E MAIN ROBSTOWN TX 78380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description BBQ CANDY GIFTS FOR KIDS FUNDRAISER <input type="checkbox"/> Check 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

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SCHEDULE G

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Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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1 Total pages Schedule G: 5	2 FILER NAME JOSE F OLIVARES	3 Filer ID (Ethics Commission Filers)
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4 Date 12/05/15	5 Payee name WALGREENS
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6 Amount (\$) 67.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2101 MORGAN AVE CORPUS CHRISTI TX 78405
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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