

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 NAME | MS / MRS / MR FIRST MI MR JOSE F NICKNAME LAST SUFFIX OLIVARES | OFFICE USE ONLY Date Received FILED FOR RECORD AT 4:20 PM FEB 01 2016 KARA SANDS CLERK COUNTY CLERK ALBON COUNTY TEXAS BY <i>R. H. ...</i> DEPUTY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 317 PEOPLES ST, APT 506 CORPUS CHRISTI TX 78401 | Date Hand-delivered or Date Postmarked | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 876-8116 | Receipt # Amount \$ Date Processed Date Imaged | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI MR GARRY L NICKNAME LAST SUFFIX VILLARREAL | Date Hand-delivered or Date Postmarked | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5414 CAIN DR CORPUS CHRISTI TX 78411 | | |
| 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 01 / 16 / 2016 THROUGH 01 / 28 / 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

2016-063

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)

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 | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| COMMITTEE ADDRESS | |
| COMMITTEE CAMPAIGN TREASURER NAME | |
| COMMITTEE CAMPAIGN TREASURER ADDRESS | |

Additional Pages

| | | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 8036.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2431.33/100 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 8199.44/100 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 AFFIDAVIT

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

LISA M. MORENO
Notary Public, State of Texas
My Commission Expires
December 02, 2018

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose F. Olivares, this the 29th 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 JOSE F OLIVARES | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 8036.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 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 | \$ 2431.38 |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 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:
1

2 FILER NAME

JOSE F OLIVARES

3 Filer ID (Ethics Commission Filers)

4 Date

01/19/16

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

YVONNE E VALADEZ

7 Amount of contribution (\$)

8036.00

6 Contributor address; City; State; Zip Code

4205 HERNDON ST, CORPUS CHRISTI
TX 78411

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; 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.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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 Schedule F1: 2 | 2 FILER NAME JOSE F OLIVARES | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------------|----------------------------------------|---------------------------------------|

| | |
|---------------------------|-------------------------------------|
| 4 Date 01/21/16 | 5 Payee name BEACH TO BAY |
|---------------------------|-------------------------------------|

| | |
|--------------------------------|-------------------------------------------------------------------------------------------|
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip Code 317 PEOPLES ST, CORPUS CHRISTI, TX 78401 |
|--------------------------------|-------------------------------------------------------------------------------------------|

| | | |
|------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) SPONSOR BEACH TO BAY ADVERTISING | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSOR/ADVERTISE BEACH TO BAY EVENT |
|------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|-------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-------------------------------------------------------|-------------------------------|---------------|-------------|

| | |
|-------------------------|-------------------------------------------|
| Date 01/21/16 | Payee name LIGHT HOUSE GRAPHICS |
|-------------------------|-------------------------------------------|

| | |
|-------------------------------|--------------------------------------------------------------------------------------------------|
| Amount (\$) 1461.38 | Payee address; City; State; Zip Code 3046 SO PADRE ISLADD DR, CORPUS CHRISTI, TX 78415 |
|-------------------------------|--------------------------------------------------------------------------------------------------|

| | | |
|-------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINT ADVERTISING TSHIRTS FOR CAMPAIGN |
|-------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

| | |
|-------------------------|-----------------------------------|
| Date 01/28/16 | Payee name MARK DE LEON |
|-------------------------|-----------------------------------|

| | |
|------------------------------|-------------------------------------------------------------------|
| Amount (\$) 200.00 | Payee address; City; State; Zip Code CORPUS CHRISTI, TX |
|------------------------------|-------------------------------------------------------------------|

| | | |
|-------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSOR, TX BOMBERS TBALL ADVERTISEMENT ON TSHIRTS |
|-------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| 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: 2 | 2 FILER NAME JOSE F OLIVARES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/26/16 | 5 Payee name COASTAL BEND TX DEMOCRATIC WOMEN | |
| 6 Amount (\$) 120.00 | 7 Payee address; City; State; Zip Code CORPUS CHRISTI TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FEES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP FOR DEMOCRATIC CHARTER FEE |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

| | | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date 01/20/16 | Payee name AMERICAN GE FORUM OF TEXAS INC | |
| Amount (\$) 400.00 | Payee address; City; State; Zip Code 1000 BRAZOS ST STE 200, AUSTIN TX 78701 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONTRIBUTION | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SCHOLARSHIP PROGRAM CONTRIBUTION FOR AGEF BEATRICE P PEREZ WOMENS CHARTER |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

| | | |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

7:52 PM
01/29/16
Cash Basis

POLITICAL CAMPAIGN FOR JOSE OLIVARES
Profit & Loss
January 16 - 28, 2016

| | <u>Jan 16 - 28, 16</u> |
|------------------------------------|------------------------|
| Income | |
| Contributions > 50 | |
| Cash Contributions > 50 | 8,036.00 |
| Total Contributions > 50 | <u>8,036.00</u> |
| Total Income | <u>8,036.00</u> |
| Gross Profit | 8,036.00 |
| Expense | |
| Expenses > 100 | |
| Advertising Expense > 100 | 1,911.38 |
| Charitable Contributions > 100 | 400.00 |
| Fees > 100 | 120.00 |
| Total Expenses > 100 | <u>2,431.38</u> |
| Total Expense | <u>2,431.38</u> |
| Net Income | <u><u>5,604.62</u></u> |

7:54 PM

01/29/16

Cash Basis

POLITICAL CAMPAIGN FOR JOSE OLIVARES
Detailed Political Transaction Activity
As of January 28, 2016

| Type | Date | Num | Adj | Name | Memo | Debit | Credit | Balance |
|------------------------------------------|------------|------|-----|----------------------------|----------------------|----------|----------|-----------|
| CC City Employee CU - Checking | | | | | | | | 2,594.82 |
| Deposit | 01/19/2016 | 1502 | | YVONNE L VALADEZ | Deposit | 8,036.00 | | 10,630.82 |
| Check | 01/20/2016 | 1007 | | AGIF BEATRICE T PEREZ W... | SCHOLARSHIP SPON... | | 400.00 | 10,230.82 |
| Check | 01/21/2016 | 1008 | | BEACH TO BAY | ADVERTISE SPONSO... | | 250.00 | 9,980.82 |
| Check | 01/21/2016 | 1009 | | LIGHT HOUSE GRAPHICS | TSHIRS | | 1,461.38 | 8,519.44 |
| Check | 01/26/2016 | 1010 | | COASTAL BEND TDW | MEMBERSHIP TDW | | 120.00 | 8,399.44 |
| Check | 01/28/2016 | 1011 | | MARK DE LEON | ADVERTISEMENT TX ... | | 200.00 | 8,199.44 |
| Total CC City Employee CU - Checking | | | | | | 8,036.00 | 2,431.38 | 8,199.44 |
| CC City Employee CU - Savings | | | | | | | | 26.00 |
| Total CC City Employee CU - Savings | | | | | | | | 26.00 |
| Undeposited Funds | | | | | | | | 0.00 |
| Total Undeposited Funds | | | | | | | | 0.00 |
| Personal Reimbursable Loan | | | | | | | | -1,051.58 |
| Total Personal Reimbursable Loan | | | | | | | | -1,051.58 |
| Unrestricted Net Assets | | | | | | | | -535.96 |
| Total Unrestricted Net Assets | | | | | | | | -535.96 |
| Contributions < 50 | | | | | | | | -672.00 |
| Fundraising Contributions < 50 | | | | | | | | -672.00 |
| Total Fundraising Contributions < 50 | | | | | | | | -672.00 |
| Total Contributions < 50 | | | | | | | | -672.00 |
| Contributions > 50 | | | | | | | | -1,327.00 |
| Cash Contributions > 50 | | | | | | | | 0.00 |
| Deposit | 01/19/2016 | 1502 | | YVONNE L VALADEZ | Deposit | | 8,036.00 | -8,036.00 |
| Total Cash Contributions > 50 | | | | | | 0.00 | 8,036.00 | -8,036.00 |
| Fundraising Contributions > 50 | | | | | | | | -992.00 |
| Total Fundraising Contributions > 50 | | | | | | | | -992.00 |
| Non-Cash Contributions > 50 | | | | | | | | -335.00 |
| Total Non-Cash Contributions > 50 | | | | | | | | -335.00 |
| Total Contributions > 50 | | | | | | 0.00 | 8,036.00 | -9,363.00 |
| Expenses < 100 | | | | | | | | 30.00 |
| Fees < 100 | | | | | | | | 30.00 |
| Total Fees < 100 | | | | | | | | 30.00 |
| Total Expenses < 100 | | | | | | | | 30.00 |
| Expenses > 100 | | | | | | | | 0.00 |
| Advertising Expense > 100 | | | | | | | | 0.00 |
| Check | 01/21/2016 | 1008 | | BEACH TO BAY | ADVERTISE SPONSO... | 250.00 | | 250.00 |
| Check | 01/21/2016 | 1009 | | LIGHT HOUSE GRAPHICS | TSHIRS | 1,461.38 | | 1,711.38 |
| Check | 01/28/2016 | 1011 | | MARK DE LEON | ADVERTISEMENT TX ... | 200.00 | | 1,911.38 |
| Total Advertising Expense > 100 | | | | | | 1,911.38 | 0.00 | 1,911.38 |
| Charitable Contributions > 100 | | | | | | | | 0.00 |
| Check | 01/20/2016 | 1007 | | AGIF BEATRICE T PEREZ W... | SCHOLARSHIP SPON... | 400.00 | | 400.00 |
| Total Charitable Contributions > 100 | | | | | | 400.00 | 0.00 | 400.00 |
| Fees > 100 | | | | | | | | 0.00 |
| Check | 01/26/2016 | 1010 | | COASTAL BEND TDW | MEMBERSHIP TDW | 120.00 | | 120.00 |
| Total Fees > 100 | | | | | | 120.00 | 0.00 | 120.00 |
| Total Expenses > 100 | | | | | | 2,431.38 | 0.00 | 2,431.38 |
| Personal Reimbursable Expenses | | | | | | | | 935.72 |
| Advertising Reimbursable | | | | | | | | 346.40 |
| Total Advertising Reimbursable | | | | | | | | 346.40 |

7:54 PM
01/29/16
Cash Basis

POLITICAL CAMPAIGN FOR JOSE OLIVARES
Detailed Political Transaction Activity
As of January 28, 2016

| Type | Date | Num | Adj | Name | Memo | Debit | Credit | Balance |
|--------------------------------------|------|-----|-----|------|------|------------------|------------------|-------------|
| Event Expense Reimbursable | | | | | | | | 529.05 |
| Total Event Expense Reimbursable | | | | | | | | 529.05 |
| Gifts, Awards Reimbursable | | | | | | | | 60.27 |
| Total Gifts, Awards Reimbursable | | | | | | | | 60.27 |
| Total Personal Reimbursable Expenses | | | | | | | | 935.72 |
| TOTAL | | | | | | 10,467.38 | 10,467.38 | 0.00 |