CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MI Mr. Larry	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX	Date Received
_	Oliverez	AT 16:02 M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6406 Lake Wood Circle; Corpus Christi, Tx 78413	JAN 1 5 2016 KARA SANDS
Change of Address		BY PHECES COUNTY TEXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 442-4906	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST MI	Receipt # Amount \$
TREASURER NAME	Mr. Juan M	Date Processed
	NICKNAME LAST SUFFIX Macias Jr.	Date Imaged
	7	
7 CAMPAIGN TREASURER ADDRESS	street address (no po box please); apt / suite #; city; state; 3606 Braeburn; Corpus Christi, Tx 78415	ZIP CODE
(Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 215-0919	-
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month $11/24/2015$ THROUGH $01/2015$	Day Year 16 / 2016
11 ELECTION	Month Day Year Month Day General Special ELECTION TYPE BLECTION TYPE Control Con	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known	1)
	Nueces County Sh	neriff

GO TO PAGE 2

2016-017

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Larry Olivarez		1	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI WSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
	56	t.	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ 0.00
	I .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,779.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0,00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,344.48
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		* 0.00
18 AFFIDAVIT			
Notary My (CI JO QUINTANILLA Public, State of Te Commission Expires March 01, 2016	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is principle of the companying re
AFFIX NOTARY STAMI	P/SEALABOVE	Orginature of State	Additional of the angle of the
C		Washington and Alexander	15th
day of Januaru	A 9 -	by the said Mora polluntanilla	, this the
day of January		to certify which, witness my hand and seal of office.	
OLOORIGO	Lluntar	illa Traci Jo Quintanill	20
Signature of officer a	dministering 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 Co				
	Larry Olivarez				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,779.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	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 A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 1 of 4
2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) BBQ Fund Raiser - Robert Mata 11/24/2015 6 Contributor address; City; State; Zip Code 4664 Kostoryz Corpus Christi, Tx 78415	7 Amount of contribution (\$) \$ 1.376.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date Full name of contributor David Hewitt Jr. Contributor address; City; State; Zip Code 4806 Olympia Corpus Christi, Tx 78413	Amount of contribution (\$) \$ 120.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	otions)
Date Full name of contributor Rodolfo A. Caceres Contributor address; City; State; Zip Code 4202 Pontchartrain Dr. Corpus Christi, Tx 78413	Amount of contribution (\$) \$ 120.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor Priscilla A. Olivarez Contributor address; City; State; Zip Code 5225 Greenbriar Dr. Corpus Christi, Tx 78413	Amount of contribution (\$) . \$ 120.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED

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

SCHEDULE A1

The	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 2 of 4	
2 FILER NAME Larry Oliva	rez	3 Filer ID (Ethics Commission F	ilers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
11/23/2016	Juan M. Macias Jr. 6 Contributor address; City; State; Zip	\$ 100.00 Code	
V	3606 Braeburn Dr. Corpus Christi,	Tx 78415	
8 Principal occup	ation / Job title (See Instructions) 9 E	mployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	li.
11/23/2016	Contributor address; City; State; Zip	Code \$ 60.00	
	815 Morrison Waterloo, IL 62	:296	
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
11/23/2015	Advance Nuclear Consultants, LLC Contributor address; City; State; Zig	SUTING TWO COPY	
	2601 Hardwood Lane Houston, Tx 77		
Principal occup	eation / Job title (See Instructions)	mployer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
11/29/2015	Marc Perez Contributor address; City; State; Zip	\$ 300.00	
,	15885 Punta Espada Loop Corpus Christ	i, Tx 78418	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
i			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 3 of 4
FILER NAME Larry Oliva	rez	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)
11/30/2015	Nicolas Montalvo 6 Contributor address; City; State; Zip Code	\$ 200.00
	4421 Congressional Dr. Corpus Christi, Tx 7	8413
Principal occu	pation / Job title (See Instructions) 9 Employe	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
12/09/2015	Raul R. Capitaine, M.D., P.A. Contributor address; City; State; Zip Code	\$ 150.00
	600 S. Staples, Suite 406 Corpus Christi,	Tx 78411
Principal occup	eation / Job title (See Instructions) Employe	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
12/12/2015	Johnny Garcia Contributor address; City; State; Zip Code	\$ 200.00
	4032 Weber Corpus Christi, Tx 7	78411
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
12/15/2015	David Hewitt Jr. Contributor address; City; State; Zip Code	\$ 120.00
	4806 Olympia Corpus Christi, Tx 7	78413
Principal occu	pation / Job title (See Instructions) Employe	er (See Instructions)

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

SCHEDULE A1

The Instructi	on Guide explains how to comple	te this form.	1 Total pages Schedule A1: Page 4 of 4
FILER NAME Larry Olivarez		9	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor		7 Amount of contribution (\$) \$2,500.00	
Principal occupation / J	ob title (See Instructions)	9 Employer (See Instruct	ions)
Fig. 12/21/2015	name of contributor	State; Zip Code	Amount of contribution (\$) \$ 100.00
Principal occupation / J	ob title (See Instructions)	Employer (See Instruct	tions)
01/03/2016 BBC	Q Fund Raiser - Robert Mata	State; Zip Code ous Christi, Tx 78415	Amount of contribution (\$) \$1,693.00
	lob title (See Instructions)	Employer (See Instruc	tions)
	I name of contributor	state PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupation / .	Job title (See Instructions)	Employer (See Instruc	etions)
2			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		lages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: Page 1 of 10		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/2015	5 Payee name US Postal Office	9 _1
6 Amount (\$)	7 Payee address; City; State; Zip Code	=
\$38.00	Southside Station Corpus Christi, T	x 78427
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(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	Payee name	
11/10/2015	Tejas Cellular #3	
Amount (\$)	Payee address; City; State; Zip Code	
\$75.29	5656 Weber Rd. Corpus Christi, Tx	78411
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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
Date	Payee name	
11/11/2015	Richard Garcia	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	4110 Bascule Corpus Christi, Tx	78416
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/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
Orbait Oatu Fayinett	The Instruction Guide ex	cplains how to complete this form.		
1 Total pages Schedule F1: Page 2 of 10	2 FILER NAME Larry Oliverez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	9 =		
11/11/2015	Rosie's Mex Restaurant			
6 Amount (\$)		e; Zip Code	N	
\$12.45	131 W Ave A Robstow	n, Tx 78380		
8	(a) Category (See Categories listed at the top of	of this schedule) (b) Description		
PURPOSE		Check if trave	outside of Texas. Complete Schedule T.	
OF	Food/Beverage Expense	Check if Au	stin, TX, officeholder living expense	
EXPENDITURE	2 0 0 3/2 0 / 12 mgc _mp = 1.1			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	920318403184000		
11/17/2015	Majic 104.9			
Amount (\$)	Payee address; City; Stat	e; Zip Code		
\$500.00	Robstov	vn, Tx 78380		
	Category (See Categories listed at the top	of this schedule) Description	8	
PURPOSE		Check if travel	outside of Texas. Complete Schedule T.	
OF	Adverting Expense	Check if Aus	stin, TX, officeholder living expense	
EXPENDITURE	8-1			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	SM*		
	Ads Venture - Dawn Heral	ld.		
11/17/2015	Aus venture - Dawn Herai	lu		
Amount (\$)	Payee address; City; Stat	e; Zip Code		
\$1,700.00	P O Box 142 Fulton,	Tx 78358		
	Category (See Categories listed at the top	of this schedule) Description		
PURPOSE			ol outside of Texas. Complete Schedule T.	
OF	Consulting Expense		stin, TX, officeholder living expense	
EXPENDITURE			or each arrivery effects above the configuration ₩ 650¥2507.5	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	EEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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

Candidate/Officeholder/Politica	Il Committee Legal Services Salaries/M	Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1: Page 3 of 10	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	ш ш
11/17/2015	Ads Venture	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$120.00	P O Box 142 Fulton, Tx 78358	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	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	Payee name	
11/17/2015	Office Depot	
Amount (\$)	Payee address; City; State; Zip Code	
\$16.41	5425 S Padre Island Dr Corpus Chris	sti, Tx 78411
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	a a	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
EXPENDITORE		\ .
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/18/2015	Acapulco Restaurant	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.36	6517 Weber Rd Corpus Christi, Tx 7	78413
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	Н	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Larry Olivarez Page 4 of 10 5 Payee name 4 Date Democratic Party 11/27/2015 6 Amount (\$) 7 Payee address; City; State; Zip Code 3765 S Alameda St Corpus Christi, Tx 78411 \$1,250.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Fees **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **IBC** Bank 11/30/2015 Payee address; City; State; Zip Code Amount (\$) \$16.59 221 South Shoreline Blvd Corpus Christi, Tx 78401 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Accounting/Banking **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Rosie's Mex Restaurant 12/02/2015 Amount (\$) Payee address; City; State; Zip Code \$14.26 131 W Avenue A Robstown, Tx 78380 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Other (enter a category not listed above)
S. San San S. San	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1: Page 5 of 10	2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
4 Date 12/4/2015	5 Payee name IBC Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code	II	
\$25.85	221 South Shoreline Blvd Corpus Chi	risti, Tx 78401	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	utside of Texas. Complete Schedule T.
PURPOSE OF	a constant and on fi		
EXPENDITURE	Accounting/Banking	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/11/2015	Lighthouse Graphics		
Amount (\$)	Payee address; City; State; Zip Code		None provide version we arrange to the None of the Non
\$1,623.75	3046 South Padre Island Corpus Chr.	isti, Tx 78415	
-	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	A 1		utside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/15/2015	Plaza Michoacana Bakery		
Amount (\$)	Payee address; City; State; Zip Code		9 "
\$54.99	5250 Everhart Rd Corpus Christi, Tx	78411	
	Category (See Categories listed at the top of this schedule)	Description	Screen recent to be at the part and the
PURPOSE OF			outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	L Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relate

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Food/Beverage Expense Polling Exp / Gift/Awards/Memorials Expense Printing Ex		Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	outs	
Total pages Schedule F1: Page 6 of 10	2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
Date 12/15/2015	5 Payee name The Home Depot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$110.17	5041 S. Padre Island Dr Corpus Chri	sti,Tx 78411	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	7		outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
OF EXPENDITURE	Advertising Expense	Check II Aus	ini, TA, uniceriolder hving expense
	y ***		*
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		B 15
12/16/2015	Estella"s Dinner		П.
Amount (\$)	Payee address; City; State; Zip Code		
\$10.63	122 E 4th St Bishop, Tx 78343		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense		outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/19/2015	The Home Depot		
Amount (\$)	Payee address; City; State; Zip Code		-
\$82.25	13202 Leopard St Corpus Christi, T	x 78410	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense		l outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Travel In District Travel Out Of District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services 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 Larry Olivarez Page 7 of 10 4 Date 5 Payee name The Home Depot 12/19/2015 City; State; Zip Code 7 Payee address; 6 Amount (\$) 13202 Leopard St Corpus Christi, Tx 78410 \$68.63 (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 Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Cancun Mexican Restaurant 12/24/2015 City; State; Zip Code Payee address; Amount (\$) 6314 Yorktown Blvd Corpus Christi, Tx 78414 \$90.67 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Food/Beverage Expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/28/2015 Ads Venture City; State; Zip Code Payee address; Amount (\$) Fulton, Tx 78358 P O Box 142 \$477.90

PURPOSE

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Category (See Categories listed at the top of this schedule)

Advertising Expense

Candidate / Officeholder name

Description

Office sought

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica		ages/Contract Labor Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1: Page 8 of 10	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
12/28/2015	The Home Depot			
6 Amount (\$)	7 Payee address; City; State; Zip Code	2		
\$266.67	5041 S Padre Island Dr Corpus Christi, Tx 7844			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Expense	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	Payee name	· · · · · · · · · · · · · · · · · · ·		
01/01/2016	Office Depot			
Amount (\$)	Payee address; City; State; Zip Code			
\$45.05	5425 S Padre Island Dr Corpus Christi, Tx 78411			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead 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/Ol	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
01/02/2016	Estella's Diner			
Amount (\$)	Payee address; City; State; Zip Code			
\$99.32	122 E 4th St Bishop, Tx 78343			
9	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

SCHEDULE F1

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: Page 9 of 10	2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	P 0		
01/05/2016	Office Depot	8		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$88.81	5425 S Padre Island Dr Corpus Christ	i, Tx 78411		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	V	
PURPOSE	7		utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austir	n, TX, officeholder living expense	
EXI ENDITORE	98F 1546			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		,	
01/05/2016	Taqueria Jalisco #18			
Amount (\$)	Payee address; City; State; Zip Code			
\$21.49	538 Kostoryz Rd Corpus Christi, Tx 78415			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
01/08/2016	Office Depot			
Amount (\$)	Payee address; City; State; Zip Code			
\$14.06	5425 S Padre Island Dr Corpus Christi, Tx 78411			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Office Overhead Expense	Check if Austi	in, TX, officeholder living expense	
	•			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		pense Travel Out of District ages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Page 10 of 10	Larry Olivarez			
4 Date	5 Payee name			
01/08/2016	Estella's Dinner			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$16.18	122 E. 4th St Bishop, Tx 78343	,		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	520 St. U. S.	Check if travel outside of Texas. Complete Schedule T.		
OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense		
EXPENDITURE	1 ood, beverage Expense			
		a a		
	Candidate / Officeholder name	Office county Office hald		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
01/1/201/	NAACD Assess Description			
01/16/2016	NAACP Annual Banquet			
Amount (\$)	Payee address; City; State; Zip Code			
\$130.00	American Bank Center Corpus Christi	, Tx 78401		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Contribution/Donation made by	Check if travel outside of Texas. Complete Schedule T.		
OF		Check if Austin, TX, officeholder living expense		
EXPENDITURE	Candidate			
	*			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OF		Office sought Office field		
X10				
Date	Payee name			
The control of the co	#\$P 5.000 \$			
01/07/2016	Democratic Party			
Amount (\$)	Dougo address: City State: 7's Cade			
Amount (\$)	Payee address; City; State; Zip Code			
¢100.00	2765 Sauth Alamada Gamas Chairtí	T 70 41 1		
\$100.00	3765 South Alameda Corpus Christi,	1X /8411		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF	Event Expense	Check if Austin, TX, officeholder living expense		
EXPENDITURE	Dient Expense			
Complete CNII V if direct	Candidate / Officeholder name	Office squaht Office hold		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
WI IMOU WARNINGWE COLIES OF TUIS SCUENTE WS MEEDEN				