

# 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: <i>MR.</i> FIRST: <i>Larry</i> MI: _____ NICKNAME: _____      LAST: <i>Olivarez</i> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received <b>FILED FOR RECORD</b> <b>AT 5:03p M</b>  <b>FEB 22 2016</b>  <b>KARA SANDS</b> CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <i>[Signature]</i> DEPUTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6406 Lakewood Circle</i> <i>Corpus Christi TX 78413</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>361</i> <i>1442-4906</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>MR.</i> FIRST: <i>Juan</i> MI: <i>M</i> NICKNAME: _____      LAST: <i>Macias</i> SUFFIX: <i>JR.</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3606 Braeburn</i> <i>Corpus Christi, Tx 78415</i>	Date Hand-delivered or Date Postmarked	
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>361</i> <i>215-0919</i>	Receipt #      Amount \$	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	Date Processed	
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <i>01 / 17 / 2016</i> <i>02 / 20 / 2016</i>	Date Imaged	
11 ELECTION	ELECTION DATE: Month      Day      Year <i>03 / 01 / 2016</i> 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) <i>Nueces County Sheriff</i>	

GO TO PAGE 2

**2016-096**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** \_\_\_\_\_ **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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,865. <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,130.93
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,434.52
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Olivarez, this the 22 day of Feb, 2014, to certify which, witness my hand and seal of office.

Yolanda Guajardo  
Signature of officer administering oath

Yolanda Guajardo  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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		\$
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:  
1-4

2 FILER NAME *Larry Olivarez* 3 Filer ID (Ethics Commission Filers)

4 Date <i>1-22-2016</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Vela MD</i> <i>Juanita S. Vela</i> 6 Contributor address; City; State; Zip Code <i>5201 Greenbriar Christi, TX 78413</i>	7 Amount of contribution (\$)  <i>\$ 400.00</i>
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8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>2-2-2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Liza Esparza</i> Contributor address; City; State; Zip Code <i>4618 Megal Dr Corpus Christi Texas 78413</i>	Amount of contribution (\$)  <i>\$ 750.00</i>
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>2-3-2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald D. Flores</i> Contributor address; City; State; Zip Code <i>4750 Grand Junction # 21 Corpus Christi TX 78413</i>	Amount of contribution (\$)  <i>\$ 200.00</i>
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>2-5-2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Esmeralda Garcia</i> Contributor address; City; State; Zip Code <i>5029 Baldpate Drive Corpus Christi Texas 78413</i>	Amount of contribution (\$)  <i>\$ 50.00</i>
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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: <i>2-4</i>
2 FILER NAME <i>Larry Olivarez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-4-2016</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marilyn Bartlett</i>	7 Amount of contribution (\$) <i>\$ 50.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>112 Townhouse Ln Corpus Christi TX 78412</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2-18-2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Guadalupe M. Rodriguez, Jr. Gloria R. Rodriguez</i>	Amount of contribution (\$) <i>\$ 50.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5302 River Oaks Corpus Christi TX 78413</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-19-2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gracie &amp; Adan R. Chavez</i>	Amount of contribution (\$) <i>\$ 100.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3906 Tripoli Dr Corpus Christi TX 78415</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-18-2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nelda Z. Garcia</i>	Amount of contribution (\$) <i>\$ 150.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5418 Hulen Dr. Corpus Christi TX 78413</i>		
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:

3-4

2 FILER NAME

Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date

2-18-2016

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

Irene M. Boca negra

7 Amount of contribution (\$)

\$ 300.<sup>00</sup>

6 Contributor address; City; State; Zip Code  
5333 Everhart CORPUS CHRISTI  
suite 210A TX 78411

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-18-2016

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

Noe Lira MD  
Thelma Lopez Lira MD

Amount of contribution (\$)

\$ 150.<sup>00</sup>

Contributor address; City; State; Zip Code  
5432 Hulend Dr CORPUS CHRISTI  
TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-2016

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

Jovita R. Ajello  
Michael Ajello

Amount of contribution (\$)

\$ 50.<sup>00</sup>

Contributor address; City; State; Zip Code  
6301 Alexis Dr CORPUS CHRISTI  
TX 78414

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-2016

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

Thelma A. Lopez  
Louis M. Lopez

Amount of contribution (\$)

\$ 50.<sup>00</sup>

Contributor address; City; State; Zip Code  
4934 Deer Park CORPUS CHRISTI  
TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4-4

2 FILER NAME

Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date

2-18-2016

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

Barbara Montez

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address; City; State; Zip Code  
6814 Fawn Ridge Corpus Christi TX 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-18-2016

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

Diana Quintanilla

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code  
4402 Greensboro Corpus Christi TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-2016

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

Rosa Gonzales

Amount of contribution (\$)

\$ 25.00

Contributor address; City; State; Zip Code  
6112 CR 97A Sandia TX 78383

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-2016

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

VICTOR Medina

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code  
4110 Cimarron Lake Drive Corpus Christi TX 78413

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 FILER NAME <i>Larry Olivarez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1-14-2016</i>	5 Payee name <i>Home Depot</i>
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6 Amount (\$) <i>\$ 106.84</i>	7 Payee address; City; State; Zip Code <i>5401 S. Padre Island Drive CORPUS CHRISTI TX 78411</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(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 <i>1-14-2016</i>	Payee name <i>Light House Graphics</i>
--------------------------	---

Amount (\$) <i>\$ 2,165.00</i>	Payee address; City; State; Zip Code <i>3046 S. Padre Island Drive CORPUS CHRISTI TX 78415</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	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 <i>1-23-2016</i>	Payee name <i>Frank Flores</i>
--------------------------	-----------------------------------

Amount (\$) <i>\$ 70.00</i>	Payee address; City; State; Zip Code <i>306 W. Ave A Street Robstown TX 78380</i>
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>donation made by a candidate</i>	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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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Larry Olivarez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-24-2016</i>	<b>5</b> Payee name <i>Office Depot</i>	
<b>6</b> Amount (\$) <i>\$ 15.26</i>	<b>7</b> Payee address; City; State; Zip Code <i>5425 So. Padre Island CORPUS CHRISTI TX 78411</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> <i>1-25-2016</i>	<b>Payee name</b> <i>Home Depot</i>	
<b>Amount (\$)</b> <i>\$ 82.05</i>	<b>Payee address; City; State; Zip Code</b> <i>5041 S. Padre Island CORPUS CHRISTI, TX 78411</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>advertising expense</i>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> <i>1-26-2016</i>	<b>Payee name</b> <i>Light house Graphics</i>	
<b>Amount (\$)</b> <i>\$ 405.94</i>	<b>Payee address; City; State; Zip Code</b> <i>3046 So. Padre Island CORPUS CHRISTI, TX 78415</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>advertising expense</i>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Larry Olivarez</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>1-27-2016</i>	<b>5</b> Payee name <i>ARK</i>				
<b>6</b> Amount (\$) <i>\$ 50.<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>12940 Leopard Corpus Christi, TX 78410</i>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Donation made by candidate</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>1-28-2016</i>	Payee name <i>Tony Mendoza</i>				
Amount (\$) <i>\$ 20.<sup>00</sup></i>	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>2-2-2016</i>	Payee name <i>Light House Graphics</i>				
Amount (\$) <i>\$ 460.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>3046 S. Padre Island Corpus Christi TX 78415</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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:	2 FILER NAME <i>Larry Olivarez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-1-2016</i>	5 Payee name <i>Ads Venturo</i>	
6 Amount (\$) <i>\$454.65</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 142 Fulton, TX 78358</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-3-2016</i>	Payee name <i>Kiko's Mexican Restaurant</i>	
Amount (\$) <i>\$139.02</i>	Payee address; City; State; Zip Code <i>5514 Everhart Corpus Christi TX 78413</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	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
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Date <i>2-4-2016</i>	Payee name <i>Light House Graphics</i>	
Amount (\$) <i>649.50</i>	Payee address; City; State; Zip Code <i>3046 SPIP CORPUS CHRISTI TX 78415</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	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
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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 FILER NAME <i>LARRY OLIVAREZ</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-8-16</i>	5 Payee name <i>B + T Rents</i>	
6 Amount (\$) <i>\$32.48</i>	7 Payee address; City; State; Zip Code <i>1321 S. Staples CORPUS CHRISTI TX 78406</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) 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: _____	
Date <i>2-8-16</i>	Payee name <i>BOP Bill Dunlap Productions</i>	
Amount (\$) <i>\$200.00</i>	Payee address; City; State; Zip Code <i>106 East Broadway Portland, TX 78374</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	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: _____	
Date <i>2-14-16</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>\$85.19</i>	Payee address; City; State; Zip Code <i>5041 SPID CORPUS CHRISTI TX 78411</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	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

**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Larry Olivarez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>2-17-16</i>	<b>5</b> Payee name <i>Apollo Towing</i>
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<b>6</b> Amount (\$) <i>\$ 195.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>6342 Harwick Corpus Christi TX 78417</i>
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Transportation Equipment-Related expenses</i>	<b>(b)</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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<b>9</b> 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 (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <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 (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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