

# 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: 33
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr.      FIRST: Larry      MI: NICKNAME:      LAST: Olivarez      SUFFIX:	<b>OFFICE USE ONLY</b> Date Received <b>FILED FOR RECORD AT 9:26 AM</b> <b>OCT 11 2016</b> KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY: <u>Sheela Arora</u> DEPUTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6404 Lakewood Circle      Corpus Christi, Tx 78413	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361 )      PHONE NUMBER: 442-4906      EXTENSION:	Receipt #      Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr.      FIRST: Juan      MI: M. NICKNAME:      LAST: Macias,      SUFFIX: Jr.	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3606 Braeburn Dr.      Corpus Christi, Tx 78415		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361 )      PHONE NUMBER: 215-0919      EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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      THROUGH      Month      Day      Year 07 / 03 / 2016      10 / 08 / 2016		
11 ELECTION	ELECTION DATE Month      Day      Year 11 / 08 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" 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

2016-148

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Larry Olivarez

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

GENERAL

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 24,262.84

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 28,930.73

4. TOTAL POLITICAL EXPENDITURES

\$ 28,930.73

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

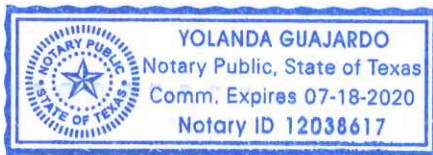
\$ 349.83

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Olivarez, this the 11 day of October 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Larry Olivarez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,884.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 378.84
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	\$ 28,930.73
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:  
Page 1 of 8

2 FILER NAME  
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date  
07-22-16

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

7 Amount of contribution (\$) \$2,500.00

6 Contributor address; City; State; Zip Code  
400 Mann St Ste 705 Corpus Christi, Tx 78401

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
08-08-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nova N. Herin

Amount of contribution (\$) \$2,000.00

Contributor address; City; State; Zip Code  
13742 Hillwood Trl Corpus Christi, Tx 78410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08-10-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jon Hurt, CPA

Amount of contribution (\$) \$200.00

Contributor address; City; State; Zip Code  
4122 Russell Dr. Corpus Christi, Tx 78408

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08-10-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gulley-Hurst, LLC

Amount of contribution (\$) \$500.00

Contributor address; City; State; Zip Code  
4833 Saratoga Blvd 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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Page 2 of 8

2 FILER NAME  
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date  
08-16-16

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

7 Amount of contribution (\$)  
\$500.00

6 Contributor address; City; State; Zip Code  
501 Bluebonnet Bishop, Tx 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
08-16-16

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

Amount of contribution (\$)  
\$1,500.00

Contributor address; City; State; Zip Code  
501 Bluebonnet Bishop, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
09-10-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Cole Park Event - Campaign To Elect Roy Barrera

Amount of contribution (\$)  
\$328.00

Contributor address; City; State; Zip Code  
P. O. Box 260605 Corpus Christi, Tx 78426

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08-29-16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Golf Tournament Event - Montalvo Enterprises, LLC

Amount of contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code  
4717 Everhart Road Corpus Christi, Tx 78411

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: Page 3 of 8
2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
4 Date 09-16-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cars 4 Credit 6 Contributor address; City; State; Zip Code P. O. Box 271477 Corpus Christi, Tx 78427	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09-16-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole Park & Golf Event- Nueces Democratic Party Contributor address; City; State; Zip Code P. O. Box 853 Corpus Christi, Tx 78403	Amount of contribution (\$) \$656.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09-19-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irene M. Bocanegra Contributor address; City; State; Zip Code 5333 Everhart Corpus Christi, Tx 78411	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09-21-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Vela, M.D. Contributor address; City; State; Zip Code 5201 Greenbriar Corpus Christi, Tx 78413	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: Page 4 of 8
2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
4 Date 09-23-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Hewitt, Jr. 6 Contributor address; City; State; Zip Code 4806 Olympia Corpus Chisti, Tx 78413	7 Amount of contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09-24-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janie C. Rodela Contributor address; City; State; Zip Code 7033 Winter Park Corpus Christi, Tx 78413	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09-02-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golf Tournment Benefit Contributor address; City; State; Zip Code Country Club Corpus Christi, Tx 78411	Amount of contribution (\$) \$1,050.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09-21-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel F. Carranco Contributor address; City; State; Zip Code 4325 Murphy Dr Corpus Christi, Tx 78413	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Page 5 of 8
2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
4 Date 09-25-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benito G. Zuniga	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2042 Overland Trl Corpus Christi, Tx 78410		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-07-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Westergren	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2033 18th Street Corpus Christi, Tx 78404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-07-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna M. Hewitt	Amount of contribution (\$) \$6,000.00
Contributor address; City; State; Zip Code 6406 Lakewood Circle Corpus Christi, Tx 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-07-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maricela T. Mendoza	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5440 Everhart #7 Corpus Christi, Tx 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Page 6 of 8
2 FILER NAME Larry Oliverrez		3 Filer ID (Ethics Commission Filers)
4 Date 10-07-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelda Z. Garcia 6 Contributor address; City; State; Zip Code 5418 Hulén Dr Corpus Christi, Tx 78413	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-07-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe L. Palacios Contributor address; City; State; Zip Code 4929 Eider Drive Corpus Christi, Tx 78413	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-07-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Mungia Contributor address; City; State; Zip Code 4209 Holly Ridge Corpus Christi, Tx 78413	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-07-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla A. Olivarez Contributor address; City; State; Zip Code 5225 Greenbriar Dr Corpus Christi, Tx 78413	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Page 7 of 8
2 FILER NAME Larry Oliverez		3 Filer ID (Ethics Commission Filers)
4 Date 10-07-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David L. Brooks 6 Contributor address; City; State; Zip Code 7305 Diamond Ridge Dr Corpus Christi, Tx 78413	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-07-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald D. Flores Contributor address; City; State; Zip Code 4750 Grand Junction Corpus Christi, Tx 78413	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-07-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee A. Trujillo Contributor address; City; State; Zip Code 4730 Woolridge Corpus Christi, Tx 78427	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-07-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telma A. Lopez Contributor address; City; State; Zip Code 4934 Deer Park Rd Corpus Christi, Tx 78413	Amount of contribution (\$) \$100.00
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Page 8 of 8
<b>2</b> FILER NAME Larry Oliverrez		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10-07-16	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Serna <hr/> <b>6</b> Contributor address; City; State; Zip Code 5329 Fulwell Dr Corpus Christi, Tx 78413	<b>7</b> Amount of contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 10-07-16	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernesto Lira Jr <hr/> <b>Contributor address;</b> City; State; Zip Code 5405 Hulen Dr Corpus Christi, Tx 78413	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10-08-16	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald G. Garza Sr. <hr/> <b>Contributor address;</b> City; State; Zip Code 4614 Oxford Dr Corpus Christi, Tx 78411	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10-18-16	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Happy Fund Raiser <hr/> <b>Contributor address;</b> City; State; Zip Code Corpus Christi, Tx 78411	<b>Amount of contribution (\$)</b> \$900.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: Page 1 of 1	
2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10-05-2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Armijo 7 Contributor address; City; State; Zip Code 2601 Hardwood Ln Houston, Tx 77093	8 Amount of Contribution \$ \$378.84	9 In-kind contribution description Coolers for Event  <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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 1 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06-09-16	<b>5</b> Payee name West Side Helping Hand	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code P. O. Box 543 Corpus Christi, Tx 78465	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Donation	<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: _____	
Date 06-25-16	Payee name Walmart Supercenter	
Amount (\$) \$95.00	Payee address; City; State; Zip Code 6101 Saratoga Rd Corpus Christi, Tx 78412	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	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: _____	
Date 06-29-16	Payee name Dollar Tree Store	
Amount (\$) \$17.32	Payee address; City; State; Zip Code 5513 Saratoga Blvd Corpus Christi, Tx 78418	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	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: _____	

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: Page 2 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 07-03-16	<b>5</b> Payee name Tin-Ram Sports				
<b>6</b> Amount (\$) \$181.86	<b>7</b> Payee address; City; State; Zip Code 5314 Stonemill Circle Corpus Christi, Tx 78413				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<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:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">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 07-12-16	Payee name Gulf Coast Mailing & Printing Services				
Amount (\$) \$64.95	Payee address; City; State; Zip Code P. O, Box 9312 Corpus Christi, Tx 7869				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	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:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">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 06-29-16	Payee name Walmart Supercenter				
Amount (\$) \$59.03	Payee address; City; State; Zip Code 5513 Saratoga Blvd Corpus Christi, Tx 78413				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	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:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">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.

<b>1</b> Total pages, Schedule F1: Page 3 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07-14-16	<b>5</b> Payee name Nueces Country Democratic Party	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code P. O. Box 853 Corpus Christi, Tx 78403	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Donation	<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
Date 07-12-16	Payee name Gulf Coast Mailing & Printing Services	
Amount (\$) \$64.95	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	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
Date 08-03-16	Payee name Gulf Coast Mailing & Printing Services	
Amount (\$) \$194.85	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F1: Page 4 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07-04-16	<b>5</b> Payee name Kevin Kieschnick	
<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code Nueces Country Courthouse Corpus Christi, Tx 78401	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fee	<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	
Date 08-07-16	Candidate / Officeholder name Payee name The Home Depot	
Amount (\$) \$57.50	City; State; Zip Code 5041 S. Padre Island Drive Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 08-08-16	Candidate / Officeholder name Payee name Walmart Supermarket	
Amount (\$) \$62.21	City; State; Zip Code 6101 Saratoga Dr. Corpus Christi, Tx 78412	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	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	
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# 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: Page 5 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 08-10-16	<b>5</b> Payee name HEB Store				
<b>6</b> Amount (\$) \$45.00	<b>7</b> Payee address; City; State; Zip Code 11158 Leopard Corpus Christi, Tx 78410				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Transportation Expense	<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:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">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 08-10-16	Payee name Dairy Queen 17				
Amount (\$) \$600.07	Payee address; City; State; Zip Code 11101 Leopard St Corpus Christi, Tx 78410				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	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:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08-12-16	Payee name Checks.Com				
Amount (\$) \$27.55	Payee address; City; State; Zip Code Internet Sale				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	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:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 6 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08-16-16	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) \$228.00	<b>7</b> Payee address; City; State; Zip Code 4833 S. Padre Island Dr. Corpus Christi, Tx 78411	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Office Overhead	<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: _____	
Date 08-18-16	Payee name Walmart Supercenter	
Amount (\$) \$198.00	Payee address; City; State; Zip Code 4109 Staples St Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 08-22-16	Payee name The Home Depot	
Amount (\$) \$128.10	Payee address; City; State; Zip Code 5041 S. Padre Island Dr Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	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
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 7 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)				
<b>4</b> Date 08-19-16	<b>5</b> Payee name Lighthouse Graphics					
<b>6</b> Amount (\$) \$1,558.80	<b>7</b> Payee address; City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, Tx 78415					
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<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 style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:5%; border:none;"></td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date 08-20-16	Payee name Stripes 2101					
Amount (\$) \$45.00	Payee address; City; State; Zip Code 5701 Everhart Corpus Christi, Tx 78413					
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Transportation Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:5%; border:none;"></td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date 08-20-16	Payee name DM Productions					
Amount (\$) \$280.00	Payee address; City; State; Zip Code P. O. Box 71803 Corpus Christi, Tx 78467					
<b>PURPOSE OF EXPENDITURE</b>	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				
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:5%; border:none;"></td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	
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 POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 8 of 22		<b>2</b> FILER NAME Larry Olivarez		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 0-23-16		<b>5</b> Payee name Tin-Ram Sports			
<b>6</b> Amount (\$) \$110.41		<b>7</b> Payee address; City; State; Zip Code 5314 Stonemill Circle Corpus Christi, Tx 78413			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 08-23-16		Payee name Gulf Coast Mailing & Printing Services			
Amount (\$) \$136.40		Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Printing Expense		Description <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 08-25-16		Payee name Dollar Tree Stores Inc.			
Amount (\$) \$14.07		Payee address; City; State; Zip Code 5513 Saratoga Blvd Corpus Christi, Tx 78413			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Event Expense		Description <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 POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 9 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 08-25-16	<b>5</b> Payee name HEB				
<b>6</b> Amount (\$) \$55.96	<b>7</b> Payee address; City; State; Zip Code 5313 Saratoga Corpus Christi, Tx 78413				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<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 style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:20%; border:none;">Candidate / Officeholder name</td> <td style="width:10%; border:none;">Office sought</td> <td style="width:10%; border:none;">Office held</td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08-25-16	Payee name Walmart Supermart				
Amount (\$) \$10.79	Payee address; City; State; Zip Code 5101 Saratoga Rd Corpus Christi, Tx 78412				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:20%; border:none;">Candidate / Officeholder name</td> <td style="width:10%; border:none;">Office sought</td> <td style="width:10%; border:none;">Office held</td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08-28-16	Payee name Stripes 2101				
Amount (\$) \$45.00	Payee address; City; State; Zip Code 5701 Everhart Rd Corpus Christi, Tx 78413				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Transportation Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:20%; border:none;">Candidate / Officeholder name</td> <td style="width:10%; border:none;">Office sought</td> <td style="width:10%; border:none;">Office held</td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 10 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 08-26-16	<b>5</b> Payee name Northshore Country Club				
<b>6</b> Amount (\$) \$1,835.50	<b>7</b> Payee address; City; State; Zip Code 801 E. Broadway Blvd Portland, Tx 78374				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<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 style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08-23-16	Payee name Omni Hotel & Resorts - Texas Young Democrats				
Amount (\$) \$93.00	Payee address; City; State; Zip Code 900 North Shoreline Blvd Corpus Christi, Tx 78401				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08-24-16	Payee name Stripes 2101				
Amount (\$) \$45.00	Payee address; City; State; Zip Code 5701 Everhart Corpus Christi, Tx 78413				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Transportation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 11 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 08-25-16	<b>5</b> Payee name Office Depot				
<b>6</b> Amount (\$) \$80.04	<b>7</b> Payee address; City; State; Zip Code 5425 S. Padre Island Dr Corpus Christi, Tx 78411				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Office Overhead	<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 style="width:100%; border:none;"> <tr> <td style="width:25%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:45%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:10%;">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 08-25-16	Payee name Jason's Dell #616				
Amount (\$) \$31.22	Payee address; City; State; Zip Code 1416 Airline Corpus Christi, Tx 78412				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:45%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:10%;">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 08-26-16	Payee name Walmart Supercenter				
Amount (\$) \$48.17	Payee address; City; State; Zip Code 6101 Saratoga Corpus Christi, Tx 8412				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:45%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:10%;">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		

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# 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: Page 12 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08-29-16	<b>5</b> Payee name The Home Depot	
<b>6</b> Amount (\$) \$119.19	<b>7</b> Payee address; City; State; Zip Code 5041 S. Padre Island Dr. Corpus Christi, Tx 78411	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<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	
Date 08-29-16	Candidate / Officeholder name Office sought Office held	
Payee name Light House Graphics	Office sought Office held	
Amount (\$) \$811.87	Payee address; City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, Tx 78415	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <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	
Date 08-29-16	Candidate / Officeholder name Office sought Office held	
Payee name Gulf Coast Mailing & Printing Services	Office sought Office held	
Amount (\$) \$324.75	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <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	
Date 08-29-16	Candidate / Officeholder name Office sought Office held	
Payee name Gulf Coast Mailing & Printing Services	Office sought Office held	
Amount (\$) \$324.75	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 13 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08-30-16	<b>5</b> Payee name Lighthouse Graphics	
<b>6</b> Amount (\$) \$270.62	<b>7</b> Payee address; City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, Tx 78415	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense	<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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 09-01-16	Payee name Walmart Supercenter	
Amount (\$) \$12.86	Payee address; City; State; Zip Code 4109 S. Staples Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	Description <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 09-04-16	Payee name Sam's Club	
Amount (\$) \$39.69	Payee address; City; State; Zip Code 4833 S. Padre Island Dr Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <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 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: Page 14 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-06-16	<b>5</b> Payee name City of Corpus Christi - Special Events	
<b>6</b> Amount (\$) \$885.00	<b>7</b> Payee address; City; State; Zip Code 1581 N. Chaparral Corpus Christi, Tx 78401	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<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	
Date 09-06-16	Payee name Gulf Coast Mailing & Printing Services	
Amount (\$) \$407.02	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx 78469	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <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 09-07-16	Payee name DM Productions	
Amount (\$) \$1,375.00	Payee address; City; State; Zip Code P. O. Box 71803 Corpus Christi, Tx 78467	
<b>PURPOSE OF EXPENDITURE</b>	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
	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 POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 15 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-08-16	<b>5</b> Payee name Walmart Supercenter	
<b>6</b> Amount (\$) \$39.47	<b>7</b> Payee address; City; State; Zip Code 6101 Saratoga Corpus Christi, Tx 78412	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<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 _____	
Date 09-08-16	Payee name Lighthouse Graphics	
Amount (\$) \$449.23	Payee address; City; State; Zip Code 3046 South Padre Island Dr Corpus Christi, Tx 78415	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	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 _____	
Date 09-10-16	Payee name Corner Store	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 3958 Saratoga Blvd Corpus Christi, Tx 78413	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Transportation Expense	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 _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 16 of 23	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-12-16	<b>5</b> Payee name Southside Post Office	
<b>6</b> Amount (\$) \$12.00	<b>7</b> Payee address; City; State; Zip Code 6742 Weber Rd Corpus Christi, Tx 78413	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Office Overhead	<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	
Date 09-13-16	Payee name Subway #31295	
Amount (\$) \$25.82	Payee address; City; State; Zip Code 3921 Saratoga Corpus Christi, Tx 78415	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 09-13-16	Payee name Office Depot	
Amount (\$) \$57.39	Payee address; City; State; Zip Code 5425 S. Padre Island Dr Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

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# 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: Page 17 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-13-16	<b>5</b> Payee name The Home Depot	
<b>6</b> Amount (\$) \$55.74	<b>7</b> Payee address; City; State; Zip Code 5041 S. Padre Island Dr Corpus Christi, Tx 78411	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<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 _____	
Date 09-20-16	Payee name Sam's Club	
Amount (\$) \$42.20	Payee address; City; State; Zip Code 4833 S. Padre Island Dr Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <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 09-25-16	Payee name KRIS TV	
Amount (\$) \$127.50	Payee address; City; State; Zip Code 301 Artesian St Corpus Christi, Tx 78401	
<b>PURPOSE OF EXPENDITURE</b>	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
	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 POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 18 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-25-16	<b>5</b> Payee name KRIS TV	
<b>6</b> Amount (\$) \$127.50	<b>7</b> Payee address; City; State; Zip Code 301 Artesian St Corpus Christi, Tx 78401	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<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	
Date 09-20-16	Payee name KRIS TV	
Amount (\$) \$5,784.25	Payee address; City; State; Zip Code 301 Artesian St Corpus Christi, Tx 78401	
<b>PURPOSE OF EXPENDITURE</b>	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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	
Date 09-21-16	Payee name Gulf Coast Mailing & Printing Services	
Amount (\$) \$5.66	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <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	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 19 of 23	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-21-16	<b>5</b> Payee name Lighthouse Graphics	
<b>6</b> Amount (\$) \$146.13	<b>7</b> Payee address; City; State; Zip Code 3046 South Padre Island Dr Corpus Christi, Tx 78415	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<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	
Date 09-27-16	Payee name Hobby Lobby	
Amount (\$) \$32.40	Payee address; City; State; Zip Code 5425 South Padre Island Dr Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <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 09-27-16	Payee name Party City	
Amount (\$) \$50.54	Payee address; City; State; Zip Code 5425 South Padre Island Dr Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <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 POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 20 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-27-16	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) \$52.90	<b>7</b> Payee address; City; State; Zip Code 4833 SPID Corpus Christi, Tx 78411	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<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	
Date 09-27-16	Candidate / Officeholder name Walmart Supercenter	
Amount (\$) \$46.99	City; State; Zip Code 6101 Saratoga Rd Corpus Christi, Tx 78412	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <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	
Date 09-28-16	Candidate / Officeholder name Walmart Supercenter	
Amount (\$) \$44.73	City; State; Zip Code 1821 SPID Corpus Christi, Tx 78416	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 21 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09-30-16	<b>5</b> Payee name Malkan Interactive Communications	
<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code 2117 Leopard Corpus Christi, Tx 78408	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<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: _____	
Date 09-30-16	Payee name Malkan Interactive Communication	
Amount (\$) \$160.00	Payee address; City; State; Zip Code 2117 Leopard Corpus Christi, Tx 78408	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fee	Description <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 09-30-16	Payee name Nueces County Democratic Party	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 2701 Morgan Ave Corpus Christi, Tx 78405	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Donation	Description <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 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: Page 22 of 22	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10-03-16	<b>5</b> Payee name KRIS Communications	
<b>6</b> Amount (\$) \$7,905.00	<b>7</b> Payee address; City; State; Zip Code 301 Artesian St. Corpus Christi, Tx 78401	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<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 _____	
Date 10-06-16	Payee name Academy	
Amount (\$) \$326.43	Payee address; City; State; Zip Code 5001 SPID Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <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 10-06-16	Payee name Sam's Club	
Amount (\$) \$74.00	Payee address; City; State; Zip Code 4833 SPID Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <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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