## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 33
3 CANDIDATE/ OFFICEHOLDER	ms/mrs/mr First Mr. Larry	MI	OFFICE USE ONLY
NAME			Date Received
	NICKNAME LAST	SUFFIX	FILED FOR RECORD
	Olivarez	i i	ATG: 26 AM
4 CANDIDATE/ OFFICEHOLDER MAILING	. N 122 , V2	city; state; zip code rpus Christi, Tx 78413	OCT 11 2016  KARA SANDS
ADDRESS  Change of Address			CLERK, COUNTY COURT, NACCES COUNTY TEXAS BY 121 CLC CLC VOS DEPLITY
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(361 ) 442-4906		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Juan	мі <b>М</b> .	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
Se Se	Macias,	Jr.	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S		ZIP CODE
ADDRESS	3606 Braeburn Dr.	Corpus Christi,	Tx 78415
(Residence or Business)	5		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	ā
TREASURER PHONE	(361) 215-0919		
9 REPORT TYPE	January 15 X 30th day before	election	15th day after campaign treasurer appointment (Officeholder Only)
III	July 15 8th day before el	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07 / 03 / 2016	THROUGH 10 /	08 / 2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	2
	Month Day Year Primary	Runoff Other Description	
- 00 A	11 / 08 / 2016 X General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
S	12 150 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nueces County	Sheriff
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GO TO PAGE 2

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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)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITL IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
1	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		940 2
	SPECIFIC	COMMITTEE ADDRESS	
			a a a a
	11	COMMITTEE CAMPAIGN TREASURER NAME	3
Additional Pages	-		-
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	20		g <sup>E</sup> V
N			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	l .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,262.84
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$ 28,930.73
	4. TOTAL	POLITICAL EXPENDITURES	\$ 28,930.73
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DON'T PERIOD	\$ 349.83
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 0.00
18 AFFIDAVIT	* 4		
Not Co	YOLANDA GUAJARI ary Public, State of mm. Expires 07-18- Notary ID 120386	true and correct and includes all information under Title 18, Election Code 2020	rjury, that the accompanying report is mation required to be reported by me idate or Officeholder
AFFIX NOTARY STAN	IP/SEALABOVE	^ 1	e <sub>n</sub> = ==================================
Sworn to and subsc		by the said Larry OliVarez to certify which, witness my hand and seal of office.	, this the
Yolande	Dugard	20 Yolanda Guajardo	NOTARY
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer admir istering oath

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
	Larry Olivarez	# 3
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,884.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 378.84
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 28,930.73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

9, 1			
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: Page I of 8
filer name Larry Oliv	arez		3 Filer ID (Ethics Commission Filers)
Date 07-22-16	5 Full name of contributor	state PAC (ID#:)	7 Amount of contribution (\$) \$2,500.00
	The state of the s	State; Zip Code 1s Christi, Tx 78401	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	uctions)
Date	Full name of contributor	state PAC (ID#:)	
08-08-16	Nova N. Herin	state FAO (ID#)	Amount of contribution (\$) \$2,000.00
08-08-10		State; Zip Code	\$2,000.00
	13742 Hillwood Trl Corp	us Christi, Tx 78410	
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	uctions)
Date 08-10-16	Full name of contributor	state PAC (ID#:	Amount of contribution (\$) \$200.00
	Contributor address; City;	State; Zip Code as Christi, Tx 78408	
Principal occu	oation / Job title (See Instructions)	Employer (See Instru	uctions)
Date 08-10-16	Full name of contributor out-of-a	state PAC (ID#:	Amount of contribution (\$) \$500.00
	Contributor address; City; 4833 Saratoga Blvd Corpu	State: Zip Code us Christi, Tx 78413	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)
		y **	
	2 8 X 8		- F2

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

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: Page 2 of 8 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Larry Olivarez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 08-16-16 Wesley Rogers \$500.00 6 Contributor address; City; State; Zip Code Bishop, Tx 78413 501 Bluebonnet Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 08-16-16 \$1,500.00 Wesley Rogers Contributor address: City; State; Zip Code Bishop, Tx 78413 501 Bluebonnet Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 09-10-16 Cole Park Event - Campaign To Elect Roy Barrera \$328.00 City; State; Zip Code Contributor address; Corpus Christi, Tx 78426 P.O. Box 260605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 08-29-16 Golf Tournment Event - Montalvo Enterprises, LLC \$200.00 City; State; Zip Code Contributor address; 4717 Everhart Road Corpus Christi, Tx 78411 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

Filer ID (Ethics Commission Filers)  Amount of contribution (\$) \$2,000.00  Amount of contribution (\$) \$656.00
Amount of contribution (\$) \$2,000.00  s)  Amount of contribution (\$)
\$2,000.00 s) Amount of contribution (\$)
Amount of contribution (\$)
The control of the co
£
s)
Amount of contribution (\$) \$200.00
s)
Amount of contribution (\$) \$300.00
s)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Page 4 of 8 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Larry Olivarez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 09-23-16 \$3,000.00 David Hewitt, Jr. 6 Contributor address; City; State; Zip Code Corpus Chisti, Tx 78413 4806 Olympia 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 09-24-16 Janie C. Rodela \$100.00 Contributor address; City; State; Zip Code Corpus Christi, Tx 78413 7033 Winter Park Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 09-02-16 Golf Tournment Benefit \$1,050.00 Contributor address; City; State; Zip Code Country Club Corpus Christi, Tx 78411 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Miguel F. Carranco \$100.00 09-21-16 Contributor address; City; State; Zip Code Corpus Christi, Tx 78413 4325 Murphy Dr 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Page 5 of 8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Larry Olivarez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#: 09-25-16 Benito G. Zuniga \$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) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 10-07-16 \$100.00 Mike Westergren Contributor address; City; State; Zip Code 2033 18th Street Corpus Christi, Tx 78404 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) 10-07-16 \$6,000.00 Anna M. Hewitt Contributor address; City; State; Zip Code Corpus Christi, Tx 78413 6406 Lakewood Circle Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 10-07-16 Maricela T. Mendoza \$100.00 Contributor address; City; State; Zip Code Corpus Christi, Tx 78411 5440 Everhart #7 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Page 6 of 8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Larry Oliverez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 10-07-16 Nelda Z. Garcia \$100.00 6 Contributor address; City; State; Zip Code 5418 Hulen Dr Corpus Christi, Tx 78413 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 10-07-16 Joe L. Palacios \$100.00 Contributor address; City; State; Zip Code 4929 Eider Drive Corpus Christi, Tx 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 10-07-16 Mario Mungia \$100.00 Contributor address; City; State; Zip Code 4209 Holly Ridge Corpus Christi, Tx 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 10-07-16 Priscilla A. Olivarez \$200.00 Contributor address; City; State; Zip Code Corpus Christi, Tx 78413 5225 Greenbriar Dr 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 7 of 8
FILER NAME Larry Oliverez	3 Filer ID (Ethics Commission Filers)
Date  5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)
	and the second s

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

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Page 8 of 8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Larry Oliverez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_ 10-07-16 Richard Serna \$100.00 6 Contributor address; City; State; Zip Code 5329 Fulwell Dr Corpus Christi, Tx 78413 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 10-07-16 Ernesto Lira Jr \$100.00 Contributor address; City; State; Zip Code Corpus Christi, Tx 78413 5405 Hulen Dr Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 10-08-16 Gerald G. Garza Sr. \$100.00 Contributor address; City; State; Zip Code 4614 Oxford Dr Corpus Christi, Tx 78411 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) Happy Fund Raiser \$900.00 10-18-16 Contributor address; City; State; Zip Code Corpus Christi, Tx 78411 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2: Page 1 of 1	
2 FILER NAME Larry Olivarez			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor	)	8 Amount of 9 In-kind contribution Contribution 5 description	
10-05-2016	Richard Armijo		\$378.84 Coolers for Event  Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	2		
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$ . description	
	Contributor address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		A The second sec	
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## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Page 1 of 22	Larry Olivarez	a s
4 Date 06-09-16	5 Payee name West Side Helping Hand	
6 Amount (\$)	7 Payee address; City; State; Zip Code	* 2
\$100.00	P. O. Box 543 Corpus Christi, Tx 7	8465
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Donation	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	= <u> </u>
06-25-16	Walmart Supercenter	
Amount (\$)	Payee address; City; State; Zip Code	
\$95.00	6101 Saratoga Rd Corpus Christi, Tx 7	78412
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Office Overhead	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
>	="" B	
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
06-29-16	Dollar Tree Store	
Amount (\$)	Payee address; City; State; Zip Code	
\$17.32	5513 Saratoga Blvd Corpus Christi, T	x 78418
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Office Overhead	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
V)	, a = g = g = g = g = g = g = g = g = g =	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Page 2 of 22 Larry Olivarez 4 Date 07-03-16 5 Payee name Tin-Ram Sports 6 Amount (\$) 7 Payee address; City; State; Zip Code 5314 Stonemill Circle Corpus Christi, Tx 78413 \$181.86 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Gulf Coast Mailing & Printing Services 07-12-16 Amount (\$) Payee address; City; State; Zip Code \$64.95 P. O, Box 9312 Corpus Christi, Tx 7869 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Printing Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 06-29-16 Walmart Supercenter Amount (\$) Payee address; City; State; Zip Code \$59.03 5513 Saratoga Blvd Corpus Christi, Tx 78413 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Food/Beverage Expense Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

### 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to describe the services and the services are services.	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: Page 3 of 22	2 FILER NAME Larry Olivarez	2 n	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 07-14-16	5 Payee name Nueces Country Democratic Party		
6 Amount (\$)	7 Payee address; City; State; Zip Code		4
\$1,000.00	P. O. Box 853 Corpus Christi, Tx 7	8403	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel o	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Donation	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	7	V S
07-12-16	Gulf Coast Mailing & Printing Services		
Amount (\$)	Payee address; City; State; Zip Code	11 Sec. 2011	
\$64.95	P. O. Box 9312 Corpus Christi, Tx 7	8469	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08-03-16	Gulf Coast Mailing & Printing Service	es	
Amount (\$)	Payee address; City; State; Zip Code	9 B	* A
\$194.85	P. O. Box 9312 Corpus Christi, Tx 7	8469	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	The Instruction Guide explains how to	complete time formi	
Jotal pages Schedule F1: Page 4 of 22	2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers
Date 07-04-16	5 Payee name Kevin Kieschnick	v 2	A 2 0 4
Amount (\$)	7 Payee address; City; State; Zip Code	25 10 0 20	
\$30.00	Nueces Country Courthouse Corpus	Christi, Tx 7840	1.
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	F		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
EXPENDITURE	Fee	Should in Addition	in, in, onsorroider itting expense
	. *	4.1	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08-07-16	The Home Depot		
Amount (\$)	Payee address; City; State; Zip Code		11
\$57.50	5041 S. Padre Island Drive Corpus C	Christi, Tx 78411	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austi	n, TX, officeholder living expense
WII S	6 mg	10 12	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		30
08-08-16	Walmart Supermarket		
Amount (\$)	Payee address; City; State; Zip Code		2 0 1/1
\$62.21	6101 Saratoga Dr. Corpus Christi, Tr	x 78412	
	Cotogony (Co-Cotogologillated at the top of this selection)	Description	
4 4 T	Category (See Categories listed at the top of this schedule)		
PURPOSE			outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Office Overhead		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
OF			

### 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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
Total pages Schedule F1: Page 5 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
1 Date 08-10-16	5 Payee name HEB Store	a sv _ a
3 Amount (\$)	7 Payee address; City; State; Zip Code	
\$45.00	11158 Leopard Corpus Christi, Tx 7	8410
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transportation Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08-10-16	Dairy Queen 17	
Amount (\$)	Payee address; City; State; Zip Code	×
\$600.07	11101 Leopard St Corpus Christi, Tx	78410
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08-12-16	Checks.Com	
Amount (\$)	Payee address; City; State; Zip Code	
\$27.55	Internet Sale	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Office Overhead	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	9 N S NS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H  ATTACH ADDITIONAL COPIES OF THIS	Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Sredit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1: Page 6 of 22	2 FILER NAME Larry Olivarez	n sa	3 Filer ID (Ethics Commission Filers)
Date 08-16-16	5 Payee name Sam's Club		
Amount (\$)	7 Payee address; City; State; Zip Code	4	
\$228.00	4833 S. Padre Island Dr. Corpus Chri	sti, Tx 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Office Overhead		outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	*	
08-18-16	Walmart Supercenter		
Amount (\$)	Payee address; City; State; Zip Code	14_	
\$198.00	4109 Staples St Corpus Christi, Tx	78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	- Indian	
08-22-16	The Home Depot		
Amount (\$)	Payee address; City; State; Zip Code	/dt =	
\$128.10	5041 S. Padre Island Dr Corpus Chr	risti, Tx 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries A.  The Instruction Guide explains how to	Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: Page 7 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 08-19-16	5 Payee name Lighthouse Graphics	Total Time Time Time Time Time Time Time Time
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,558.80	3046 S. Padre Island Dr. Corpus Chi	risti, Tx 78415
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	a same a same
08-20-16	Stripes 2101	
Amount (\$)	Payee address; City; State; Zip Code	
\$45.00	5701 Everhart Corpus Christi, Tx 78	3413
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Transportation Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08-20-16	DM Productions	
Amount (\$) \$280.00	Payee address; City; State; Zip Code P. O. Box 71803 Corpus Christi, Tx 7	78467
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Political redit Card Payment		pense Travel Out Of District Other (enter a category not listed above)  omplete this form.			
Total pages Schedule F1: Page 8 of 22		3 Filer ID (Ethics Commission Filers)			
Date 0-23-16	5 Payee name Tin-Ram Sports	2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Amount (\$)	7 Payee address; City; State; Zip Code	9 9			
\$110.41	5314 Stonemill Circle Corpus Christi	, Tx 78413			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF	Advertising Expense	Check if Austin, TX, officeholder living expense			
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
08-23-16	Gulf Coast Mailing & Printing Services	Gulf Coast Mailing & Printing Services			
Amount (\$)	Payee address; City; State; Zip Code				
\$136.40	P. O. Box 9312 Corpus Christi, Tx 7	8469			
1					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
08-25-16	Dollar Tree Stores Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$14.07	5513 Saratoga Blvd Corpus Christi, T	Tx 78413			
4 "	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense			
EXI ENDITORE					
\$	, (I)	16 = 6			
	Candidate / Officeholder name	Office sought Office held			

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (order present and lighted phase)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)			
Total pages Schedule F1: Page 9 of 22		3 Filer ID (Ethics Commission Filers)			
Date 08-25-16	5 Payee name HEB				
\$ Amount (\$) \$55.96	7 Payee address; City; State; Zip Code 5313 Saratoga Corpus Christi, Tx 78	413			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date 08-25-16	Payee name Walmart Supermart				
Amount (\$)	Payee address; City; State; Zip Code				
\$10.79	5101 Saratoga Rd Corpus Christi, Tx	78412			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date 08-28-16	Payee name Stripes 2101				
Amount (\$)	Payee address; City; State; Zip Code				
\$45.00	5701 Everhart Rd Corpus Christi, Tr	x 78413			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Transportation Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
St. 1	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED			

### SCHEDULE F1

	4	EXPEND	ITURE CATE	GORIES F	OR BOX 8(a)	2 4	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage E Gitt/Awards/Mem Legal Services The Instruction	norials Expense	Office Overl Polling Exp Printing Exp Salaries/Wa		Transportation Travel In Distri Travel Out Of	
1 Total pages Schedule F1: Page 10 of 22	2 FILER N Larry (	ame Olivarez				3 Filer ID (	Ethics Commission Filers)
4 Date 08-26-16	5 Payee na Norths	ime Shore Count	ry Club	0	2 <sup>1</sup>	1	
6 Amount (\$) \$1,835.50	7 Payee at 801 E.	ddress; Broadway B	City; State; Z slvd Portl	Zip Code and, Tx 7	8374	·,	
PURPOSE OF EXPENDITURE		(See Categories III Expense	sted at the top of this	schedule)	Fig. 1	outside of Texas. Com iin, TX, officeholder	
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officehold	ler name		Office sought	e d	Office held
Date 08-23-16	Payee na Omni l		orts - Texas	Young D	emocrats	o light	H BE Z <sub>2</sub> H BE B B B B B B B B B B B B B B B B B B
Amount (\$) \$93.00	Payee ad		City; State; :	- Andrews and Andrews	sti, Tx 78401		
PURPOSE OF EXPENDITURE	Category		sted at the top of this	schedule)		outside of Texas. Com in, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/Oh		late / Officehold	ler name		Office sought	- X	Office held
Date 08-24-16	Payee n Stripes			2000000 000000000000000000000000000000	8		
Amount (\$) \$45.00	Payee ad 5701 E		City; State; Corpus Chri	1	413	is 	
PURPOSE OF EXPENDITURE		y (See Categories li	sted at the top of this	schedule)		outside of Texas, Comin, TX, officeholder	* Walter Children Control Cont
Complete ONLY if direct expenditure to benefit C/OF		late / Officehole	der name	* 10 *	Office sought	= = = = = = = = = = = = = = = = = = =	Office held
\$ P	АТ	TACH ADDITI	ONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica		kpense Travel Out Of District  /ages/Contract Labor Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to c			
Total pages Schedule F1: Page 11 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)		
Date 08-25-16	5 Payee name Office Depot	* * * * * *		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$80.04	5425 S. Padre Island Dr Corpus Chris	ti, Tx 78411		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense		
	* * 2	70		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
08-25-16	Jason's Dell #616			
Amount (\$)	Payee address; City; State; Zip Code	a		
\$31.22	1416 Airline Corpus Christi, Tx 78	412		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
08-26-16	Walmart Supercenter			
Amount (\$)	Payee address; City; State; Zip Code			
\$48.17	6101 Saratoga Corpus Christi, Tx 8	412		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	0.00	Check if travel outside of Texas. Complete Schedule T.		
	Office Overhead	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
OF	Office Overhead			

### 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

	The Instruction Guide explains		
Total pages Schedule F1: Page 12 of 22	2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
Date 08-29-16	5 Payee name The Home Depot	3 9	
Amount (\$) \$119.19	7 Payee address; City; State; Zip 5041 S. Padre Island Dr. Corpu		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Advertising Expense	Check if travel of	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08-29-16	Light House Graphics		
Amount (\$)	Payee address; City; State; Zip	Code	
\$811.87	3046 S. Padre Island Dr. Corpu	ıs Christi, Tx 78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Printing Expense	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
		Office sought	Office held
expenditure to benefit C/Ol	н	e u	Office held
expenditure to benefit C/Of	H Payee name	Services	Office held
Date 08-29-16	Payee name Gulf Coast Mailing & Printing S	Services	Office held
Date  08-29-16  Amount (\$)	Payee name Gulf Coast Mailing & Printing S Payee address; City; State; Zip P. O. Box 9312 Corpus Christ Category (See Categories listed at the top of this sch	Services Code Ci, Tx 78469  Description Check if travel of	outside of Texas. Complete Schedule T.
Date  08-29-16  Amount (\$)  \$324.75	Payee name Gulf Coast Mailing & Printing S Payee address; City; State; Zip P. O. Box 9312 Corpus Christ	Services Code Ci, Tx 78469  Description Check if travel of	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		pense Travel Out Of District (ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: Page 13 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 08-30-16	5 Payee name Lighthouse Graphics	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$270.62	3046 S. Padre Island Dr. Corpus Chris	sti, Tx 78415
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
N		S N N N
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09-01-16	Walmart Supercenter	
1 92 8		
Amount (\$)	Payee address; City; State; Zip Code	
\$12.86	4109 S. Staples Corpus Christi, Tx 78	411
e n		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
30 To 100 To		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09-04-16	Sam's Club	
Amount (\$)	Payee address; City; State; Zip Code	
\$39.69	4833 S. Padre Island Dr Corpus Chris	sti, Tx 78411
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
7 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
192 Hrs. 2 2 2	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above)  complete this form.
1 Total pages Schedule F1: Page 14 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 09-06-16	5 Payee name City of Corpus Christi - Special Events	S
6 Amount (\$)	7 Payee address; City; State; Zip Code	· 8 · 1
\$885.00	1581 N. Chaparral Corpus Christi, Tx	c 78401
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	V
09-06-16	Gulf Coast Mailing & Printing Services	S
Amount (\$)	Payee address; City; State; Zip Code	2 * V
\$407.02	P. O. Box 9312 Corpus Christi, Tx 78	8469
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	ii ii	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
09-07-16	DM Productions	
Amount (\$)	Payee address; City; State; Zip Code	9,
\$1,375.00	P. O. Box 71803 Corpus Christi, Tx 7	8467
6	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
- 3 1 2 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
0	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/A The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)  complete this form.
1 Total pages Schedule F1: Page 15 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 09-08-16	5 Payee name Walmart Supercenter	
6 Amount (\$)	7 Payee address; City; State; Zip Code	9
\$39.47	6101 Saratoga Corpus Christi, Tx 7	8412
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09-08-16	Lighthouse Graphics	*
Amount (\$)	Payee address; City; State; Zip Code	
\$449.23	3046 South Padre Island Dr Corpus (	Christi, Tx 78415
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	K C
09-10-16	Corner Store	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.00	3958 Saratoga Blvd Corpus Christi,	Tx 78413
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Transportation Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
20	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		xpense Travel Out Of District Other (enter a category not listed above)
Orocat Card T aymort	The Instruction Guide explains how to	complete this form.
Total pages Schedule F1: Page 16 of 23	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 09-12-16	5 Payee name Southside Post Office	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$12.00	6742 Weber Rd Corpus Christi, Tx 78	8413
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	1	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09-13-16	Subway #31295	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.82	3921 Saratoga Corpus Christi, Tx 7	8415
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09-13-16	Office Depot	
Amount (\$)	Payee address; City; State; Zip Code	
\$57.39	5425 S. Padre Island Dr Corpus Chr	isti, Tx 78411
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	_e = 0 = 0	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
	W _ > = >0	and the second second
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

redit Card Payment	Committee Legal Services Salaries/W The Instruction Guide explains how to c	ages/ContractLabor omplete this form.	Other (enter a category not listed above)
Total pages Schedule F1: Page 17 of 22	2 FILER NAME Larry Olivarez	8) 2 - 9	3 Filer ID (Ethics Commission Filers)
Date 09-13-16	5 Payee name The Home Depot		
Amount (\$)	7 Payee address; City; State; Zip Code		5
\$55.74	5041 S. Padre Island Dr Corpus Chris	ti, Tx 78411	
-9 <del>100-2-</del>	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	340	
09-20-16	Sam's Club		
Amount (\$)	Payee address; City; State; Zip Code		
\$42.20	4833 S. Padre Island Dr Corpus Chri	sti, Tx 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	1	
У	KRIS TV		
09-25-16	KKG5 T V		
09-25-16 Amount (\$)	Payee address; City; State; Zip Code	o o	a
		78401	
Amount (\$)	Payee address; City; State; Zip Code	78401	
Amount (\$) \$127.50	Payee address; City; State; Zip Code  301 Artesian St Corpus Christi, Tx 7	Description	outside of Texas. Complete Schedule T.
Amount (\$) \$127.50	Payee address; City; State; Zip Code  301 Artesian St Corpus Christi, Tx 7	Description Check if travel o	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Amount (\$) \$127.50  PURPOSE OF	Payee address; City; State; Zip Code  301 Artesian St Corpus Christi, Tx 7  Category (See Categories listed at the top of this schedule)	Description Check if travel o	

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1: Page 18 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)	
4 Date 09-25-16	5 Payee name KRIS TV	1 1 4 2 E	
6 Amount (\$)	7 Payee address; City; State; Zip Code	The second secon	
\$127.50	301 Artesian St Corpus Christi, Tx 78	401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
09-20-16	KRIS TV		
Amount (\$)	Payee address; City; State; Zip Code		
\$5,784.25	301 Artesian St Corpus Christi, Tx 7	78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	-	
09-21-16	Gulf Coast Mailing & Printing Service	s	
Amount (\$) \$5.66	Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, Tx		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica redit Card Payment	d Committee Legal Services Salaries/Wi The Instruction Guide explains how to co	/ages/Contract Labor Other (enter a category not listed above)  omplete this form.	
Total pages Schedule F1: Page 19 of 23	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)	
Date 09-21-16	5 Payee name Lighthouse Graphics		
Amount (\$)	7 Payee address; City; State; Zip Code	N. 3	
\$146.13	3046 South Padre Island Dr Corpus Cl	hristi, Tx 78415	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
09-27-16	Hobby Lobby		
Amount (\$)	Payee address; City; State; Zip Code		
\$32.40	5425 South Padre Island Dr Corpus C	hristi, Tx 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
09-27-16	Party City		
Amount (\$)	Payee address; City; State; Zip Code		
\$50.54	5425 South Padre Island Dr Corpus Christi, Tx 78411		
P 11 0:	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		a n z = - z	

### 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

The state of the s	The Instruction Guide explains now to d	complete this form.		
Total pages Schedule F1: Page 20 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers		
Date 09-27-16	5 Payee name Sam's Club			
Amount (\$)	7 Payee address; City; State; Zip Code			
\$52.90	4833 SPID Corpus Christi, Tx 78411			
B	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense Check if Austin, TX, officeholder living expense			
EXPENDITORIE		Te a a a		
	9	1 8		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
00 27 16	747-1			
09-27-16	Walmart Supercenter	e t X H t		
Amount (\$)	Payee address; City; State; Zip Code	7		
\$46.99	6101 Saratoga Rd Corpus Christi, Tx	78412		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	2 H	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense Check if Austin, TX, officeholder liv			
EXPENDITURE	, , ,	10 yr = 10 yr		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name	-		
09-28-16	Walmart Supercenter			
09-20-10	vv annart Supercenter	The state of the s		
Amount (\$)	Payee address; City; State; Zip Code			
\$44.73	1821 SPID Corpus Christi, Tx 78416			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	*	Check if travel outside of Texas. Complete Schedule T.		
ŎF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense		
EXPENDITURE				
· ·		5 *		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		
	ALIADITADDITIONAL OUT ILO OF THIS			

### 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

Total pages Schedule F1: Page 21 of 22	2 FILER NAME 3 Filer ID (Ethics Commission Filers Larry Olivarez		
Date 09-30-16	5 Payee name Malkan Interactive Communications		
Amount (\$)	7 Payee address; City; State; Zip Code		A COLUMN TO A COLU
\$1,500.00	2117 Leopard Corpus Christi, Tx 78408		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Check if travel outside of Texas. Complete Sched		outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austi	In, TX, officeholder living expense
EXPENDITORE	, , , , , , , , , , , , , , , , , , ,		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09-30-16	Malkan Interactive Communication		
Amount (\$)	Payee address; City; State; Zip Code	11	
\$160.00	2117 Leopard Corpus Christi, Tx 7	8408	
	Category (See Categories listed at the top of this schedule)	Description	<del>(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</del>
PURPOSE	Charle liferand autoide of Towns Complete Coh		utside of Texas. Complete Schedule T.
OF EXPENDITURE	Fee	Check if Austin, TX, officeholder living expense	
EXPENDITURE	2 0	v = 4	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	No. Company of the Co		# # # # # # # # # # # # # # # # # # #
Date	Payee name		
09-30-16	Nueces County Democratic Party		
Amount (\$)	Payee address; City; State; Zip Code		
\$25.00	2701 Morgan Ave Corpus Christi, Tx 78405		
	Category (See Categories listed at the top of this schedule)	Description	2 .
PURPOSE	2 <sup>2</sup>	Check if travel o	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Donation	Check if Austi	in, TX, officeholder living expense
	N Y Bay A garage	y* III * 1	in the second se
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)		
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: Page 22 of 22	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)		
4 Date 10-03-16	5 Payee name KRIS Communications			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$7,905.00	301 Artesian St. Corpus Christi, Tx 2	78401		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	W 750	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10-06-16	Academy			
Amount (\$)	Payee address; City; State; Zip Code	y agggation of the second		
\$326.43	5001 SPID Corpus Christi, Tx 7	78411		
	, ,			
4	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	1			
Dete	Payee name			
Date				
10-06-16	Sam's Club			
Amount (\$)	Payee address; City; State; Zip Code			
\$74.00	4833 SPID Corpus Christi, Tx 78411			
11 E	corpus diminity in ,			
NO. 4	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	a. 4	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense Check if Austin, TX, officeholder living expense			
× * * * * * * * * * * * * * * * * * * *	1	A STATE OF THE STA		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF		y v v o		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		