

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER SPECIAL PRE-ELECTION REPORT

FORM COR-COH-T

1 ACCOUNT #		2 Total pages filed: 12 Pages		OFFICE USE ONLY  Date Received <b>FILED FOR RECORD AT 11:00 A M</b>  <b>MAR 22 2016</b>  Date Hand Delivered or Postmarked <b>KARA SANDS</b> CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS BY <i>[Signature]</i> DEPUTY Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Larry	MI		
	NICKNAME	LAST Oliverz	SUFFIX		
4 DATE ORIGINAL REPORT FILED	Month	Day	Year		
5 EXPLANATION OF CORRECTION					

Two Non-Monetary (In-Kind) Political Contributions were filed as an expense and a contribution. On Cover Sheet Pg 2 line 5 was corrected to show correct amount. Also Form was type for better presentation.

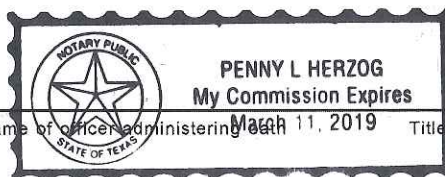
6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by *Penny L. Herzog* this the 31 day of March, 20 16.  
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

Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 12 Pages		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Larry	MI	<b>OFFICE USE ONLY</b>  Date Received    Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST Oliverez	SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6406 Lake Wood Circle; Corpus Christi, Tx 78413				
	AREA CODE PHONE NUMBER EXTENSION ( 361 ) 442-4906				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mr.	FIRST Juan	MI M.	Receipt #	Amount \$
	NICKNAME	LAST Macias	SUFFIX Jr.	Date Processed	
<b>6</b> CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3606 Braeburn; Corpus Christi, Tx 78415			Date Imaged	
	AREA CODE PHONE NUMBER EXTENSION ( 361 ) 215-0919				
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	<b>9</b> REPORT TYPE				
	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10</b> PERIOD COVERED	Month Day Year 01 / 17 / 2016			Month Day Year 02 / 20 / 2016	
	THROUGH				
<b>11</b> ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2016		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
	<b>12</b> OFFICE OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)  Nueces Country Sheriff	

**GO TO PAGE 2**

# 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.

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

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,985.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,010.93
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 408.59
<b>OUTSTANDING LOAN TOTALS</b>	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]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Penny L. Hertzog, this the 21st day of March, 20 16, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

Printed name Penny L. Hertzog Register with  
My Commission Expires  
March 11, 2019  
www.ethics.state.tx.us

\_\_\_\_\_  
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	\$ 2,865.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 120.00
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	\$ 5,010.93
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 4

2 FILER NAME  
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date  
01/22/2016

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert & Juanita S. Vela M.D.

7 Amount of contribution (\$)  
\$400.00

6 Contributor address; City; State; Zip Code  
5201 Greenbriar; Corpus Christi, Tx 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
02/02/2016

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

Amount of contribution (\$)  
\$750.00

Contributor address; City; State; Zip Code  
4618 Megal Dr; Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/03/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ronald D. Flores

Amount of contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code  
4750 Grand Junction #21; Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/06/2016

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

Amount of contribution (\$)  
\$50.00

Contributor address; City; State; Zip Code  
5029 Baldpate; 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 4

2 FILER NAME  
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date  
02/04/2016

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Marilyn Barlett  
6 Contributor address; City; State; Zip Code  
112 Townhouse; Corpus Christi, Tx 78412

7 Amount of contribution (\$)  
\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
02/18/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Guadalupe M. & Gloria R. Rodriquez Jr.  
Contributor address; City; State; Zip Code  
5302 River Oaks; Corpus Christi, Tx 78413

Amount of contribution (\$)  
\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/19/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gracie & Adan R. Chavez  
Contributor address; City; State; Zip Code  
3906 Tripoli Dr.; Corpus Christi, Tx 78415

Amount of contribution (\$)  
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/29/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nelda Z. Garcia  
Contributor address; City; State; Zip Code  
5418 Hulen Dr.; Corpus Christi, Tx 78413

Amount of contribution (\$)  
\$150.00

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Page 3 of 4
2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irene M. Bocanegra 6 Contributor address; City; State; Zip Code 5333 Everhart; Corpus Christi, Tx 78411	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noe & Thelma Lozez Lira, M.D. Contributor address; City; State; Zip Code 5422 Hulen Dr.; Corpus Christi, Tx 78413	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jovita R. Michael Ajello Contributor address; City; State; Zip Code 6301 Alexis Dr; Corpus Christi, Tx 78414	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thelma A. & Louis M. Lopez Contributor address; City; State; Zip Code 4934 Deer Park; Corpus Christi, Tx 78413	Amount of contribution (\$) \$50.00
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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
Page 4 of 4

**2** FILER NAME  
Larry Olivarez

**3** Filer ID (Ethics Commission Filers)

**4** Date  
02/18/2016

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

**6** Contributor address; City; State; Zip Code  
6814 Fawn Ridge; Corpus Christi, Tx 78413

**7** Amount of contribution (\$)  
\$20.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
02/18/2016

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

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

Amount of contribution (\$)  
\$20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/18/2016

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

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

Amount of contribution (\$)  
\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/18/2016

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

Contributor address; City; State; Zip Code  
4110 Cimarron Lake; Corpus Christi, Tx 78413

Amount of contribution (\$)  
\$500.00

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.



# 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		\$ 120.00	
5 Date 01/23/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Flores	8 Amount of Contribution \$ \$70.00	9 In-kind contribution description Materials
7 Contributor address; City; State; Zip Code 306 W Ave A St; Corpus Christi, Tx 78410		<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 01/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARK	Amount of Contribution \$ \$50.00	In-kind contribution description Material
Contributor address; City; State; Zip Code 12940 Leopard; Corpus Christi, Tx 78410		<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	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 1 of 5	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 04/14/2016	<b>5</b> Payee name Home Depot				
<b>6</b> Amount (\$) \$106.84	<b>7</b> Payee address; City; State; Zip Code 5401 S. Padre Island Drive; 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">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 01/14/2016	Payee name Light House Graphics				
Amount (\$) \$2,165.00	Payee address; City; State; Zip Code 3046 S. Padre Island Drive; Corpus Christi, Tx 78415				
<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 border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">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 01/24/2016	Payee name Office Depot				
Amount (\$) \$15.26	Payee address; City; State; Zip Code 5425 S. Padre Island; 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">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 2 of 5	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/24/2016	<b>5</b> Payee name Home Depot
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<b>6</b> Amount (\$) \$82.05	<b>7</b> Payee address; City; State; Zip Code 5041 S. Padre Island; Corpus Christi, Tx 78411
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<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
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Date 01/26/201	Payee name Light House Graphics
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Amount (\$) \$405.94	Payee address; City; State; Zip Code 3046 S. Padre Island; Corpus Christi, Tx 78415
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/28/2016	Payee name Tony Mendoza
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Amount (\$) \$20.00	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  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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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 5	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/02/2016	<b>5</b> Payee name Light House Graphics	
<b>6</b> Amount (\$) \$460.00	<b>7</b> Payee address; City; State; Zip Code 3046 S. Padre Island; 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 02/01/2016	Payee name Ads Venture	
Amount (\$) \$454.65	Payee address; City; State; Zip Code P. O. Box 142; Fulton, Tx 78358	
<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	
	Candidate / Officeholder name	Office sought                      Office held
Date 02/03/2016	Payee name Kiko's Mexican Restaurant	
Amount (\$) \$139.02	Payee address; City; State; Zip Code 5514 Everhart; 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
	<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  
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 5	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/04/2016	<b>5</b> Payee name Light House Graphics	
<b>6</b> Amount (\$) \$649.50	<b>7</b> Payee address; City; State; Zip Code 3046 SPID; 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	
Date 02/08/2016	Candidate / Officeholder name B & T Rents	
Amount (\$) \$32.48	Payee address; City; State; Zip Code 1321 S. Staples; Corpus Christi, Tx 78404	
<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	
Date 02/08/2016	Candidate / Officeholder name BDP - Bill Dunlap Production	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 106 East Broadway; Portland, Tx 78374	
<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	
Date	Candidate / Officeholder name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	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 5	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/14/2016	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) \$85.19	<b>7</b> Payee address; City; State; Zip Code 5041 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) 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
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Date 02/14/2016	Payee name Apollo Towing		
Amount (\$) \$195.00	Payee address; City; State; Zip Code 6342 Harwick; Corpus Christi, Tx 78417		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment - related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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