


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Mr.                      Larry NICKNAME                      LAST                      SUFFIX  Oliverez	<b>OFFICE USE ONLY</b> Date Received <b>FILED FOR RECORD AT 3:42 PM JUL 14 2016</b> MASA SANDS CLERK COUNTY COURT NUECES COUNTY TEXAS BY:  DEPUTY Date Hand-delivered or Date Postmarked	
4 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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                      442-4906		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Mr.                      Juan                      M. NICKNAME                      LAST                      SUFFIX  Macias                      Jr.	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Processed	
STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 3606 Breaburn Dr.                      Corpus Christi, Tx 78415		Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                      215-0919		
9 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year 01 / 14 / 2016                      THROUGH                      07 / 06 / 2016		
11 ELECTION	ELECTION DATE Month                      Day                      Year 11 / 08 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  Nueces County Sheriff	

GO TO PAGE 2

2016-129

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

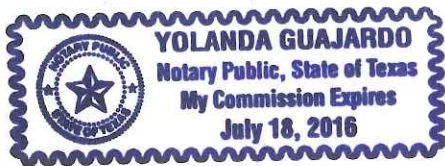
FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> Larry Olivarez	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,911.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,265.58
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,645.42
<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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Olivarez, this the 14 day of July, 2016, to certify which, witness my hand and seal of office.

_____ Signature of officer administering oath	Yolanda Guajardo _____ Printed name of officer administering oath	Notary _____ Title of officer administering oath
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# 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	\$ 15,911.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,265.58
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 10

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#: \_\_\_\_\_)  
Richard Rodriguez

7 Amount of contribution (\$)  
\$50.00

6 Contributor address; City; State; Zip Code  
6657 Long Meadow Dr. Corpus Christi, Tx 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

02/20/2016

Contributor address; City; State; Zip Code  
8306 Seashore Dr. Corpus Christi, Tx 78413

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
G. W. Butler

Amount of contribution (\$)

02/23/2016

Contributor address; City; State; Zip Code  
15502 Escapada St. Corpus Christi, Tx 78418

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

02/23/2016

Contributor address; City; State; Zip Code  
4009 Oak Forrest Corpus Christi, Tx 78413

\$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 2 of 10

2 FILER NAME  
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date  
03/09/2016

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
N. V. Cisco Mendez Jr

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
3506 Crestvilla Dr. Corpus Christi, Tx 78415

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/18/2016

Contributor address; City; State; Zip Code  
4205 Petronila Corpus Christi, Tx 78410

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/26/2016

Contributor address; City; State; Zip Code  
4664 Kostoryz Corpus Christi, Tx 78415

\$325.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/31/2016

Contributor address; City; State; Zip Code  
1826 SPID Corpus Christi, Tx 78416

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Page 3 of 10

2 FILER NAME  
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date  
04/01/2016

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

Zeba LLC

6 Contributor address; City; State; Zip Code

P O Box 3696 Corpus Christi, Tx 78463

7 Amount of contribution (\$)  
\$2,300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/05/2016

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

RJL Enterprizes

Contributor address; City; State; Zip Code

2149 Terrace Bay Dr. Corpus Christi, Tx 78418

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/17/2016

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

Thelma A. Lopez

Contributor address; City; State; Zip Code

4934 Deer Park Rd. Corpus Christi, Tx 78413

Amount of contribution (\$)  
\$42.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/17/2016

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 (\$)  
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Page 4 of 10

2 FILER NAME  
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date  
04/17/2016

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jovita R. & Michael Ajello

7 Amount of contribution (\$)  
\$14.00

6 Contributor address; City; State; Zip Code  
6301 Alexis Drive Corpus Christi, Tx 78414

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/21/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John W. Taylor

Amount of contribution (\$)  
\$300.00

Contributor address; City; State; Zip Code  
P O Box 270965 Corpus Christi, Tx 78427

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/24/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
David Hewitt Jr.

Amount of contribution (\$)  
\$140.00

Contributor address; City; State; Zip Code  
4806 Olympia Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/27/2016

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

Amount of contribution (\$)  
\$300.00

Contributor address; City; State; Zip Code  
5549 Leopard St. Corpus Christi, Tx 78408

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 5 of 10

**2** FILER NAME  
Larry Olivarez

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

**4** Date  
04/28/2016

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dr. Edgar L. Cortes

**7** Amount of contribution (\$)  
\$500.00

**6** Contributor address; City; State; Zip Code  
27 Camden Pl. Corpus Christi, Tx 78412

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

**9** Employer (See Instructions)

Date  
04/28/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Charles S.Mandel

Amount of contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
28 Great Lakes Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/28/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Thelma G. Mendel

Amount of contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
28 Great Lakes Corpus Christi, Tx 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/28/2016

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Juan Esqueda Jr.

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
4021 O'Day Dr. 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 6 of 10

**2** FILER NAME  
Larry Olivarez

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

**4** Date  
04/28/2016

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

Ronald D. Flores

**6** Contributor address; City; State; Zip Code

4750 Grand Junction #21 Corpus Christi, Tx 78413

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

\$250.00

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

**9** Employer (See Instructions)

Date

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

Amount of contribution (\$)

04/28/2016

Raul R. Capitaine, MD PA

Contributor address; City; State; Zip Code

6000 S. Staples, Ste 406 Corpus Christi, Tx 78413

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

04/28/2016

William A. Skrobarczyk, Jr. CPA

Contributor address; City; State; Zip Code

711 N. Carrancahua St. Ste 1700 Corpus Christi, Tx 78401

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

04/28/2016

Arnold De La Paz

Contributor address; City; State; Zip Code

1891 County Rd 26 Corpus Christi, Tx 78415

\$250.00

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 7 of 10

2 FILER NAME

Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date

04/28/2016

5 Full name of contributor

David Farias

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

6 Contributor address;

834 Alhambra

City; State; Zip Code

Corpus Christi, Tx 78418

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/29/2016

Full name of contributor

A. Joseph Huerta

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

Contributor address;

924 Leopard

City; State; Zip Code

Corpus Christi, Tx 78401

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/11/2016

Full name of contributor

David Hewitt Jr.

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

Contributor address;

4806 Olympia

City; State; Zip Code

Corpus Christi, Tx 78413

Amount of contribution (\$)

\$140.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/14/2016

Full name of contributor

Juan M. Macias Jr.

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

Contributor address;

P O Box 270081

City; State; Zip Code

Corpus Christi, Tx 78427

Amount of contribution (\$)

\$56.00

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 8 of 10

2 FILER NAME  
Larry Olivarez

3 Filer ID (Ethics Commission Filers)

4 Date  
05/18/2016

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

BBQ Fund Raiser

6 Contributor address; City; State; Zip Code

466 Kostoryz Corpus Christi, Tx 78415

7 Amount of contribution (\$)

\$2,447.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

06/14/2016

Adolfo R. Escobedo

Contributor address; City; State; Zip Code

3 Great Lakes Dr. Corpus Christi, Tx 78413

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

06/22/2016

Pete's Pest Control

Contributor address; City; State; Zip Code

P O Box 61042 Corpus Christi, Tx 78466

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

06/27/2016

Nicholas Montalvo

Contributor address; City; State; Zip Code

4421 Congressional Corpus Christi, Tx 78413

\$300.00

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 9 of 10
2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eloy Salazar 6 Contributor address; City; State; Zip Code 9450 SPID Corpus Christi, Tx 78413	7 Amount of contribution (\$)  \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William A Skrobarczyk Jr. CPA Contributor address; City; State; Zip Code 711 N. Carranchua Ste 1700 Corpus Christi, Tx 78401	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cars For Credit Contributor address; City; State; Zip Code P O Box 271477 Corpus Christi, Tx 78427	Amount of contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Luna Contributor address; City; State; Zip Code 3684 Wright St. Corpus Christi, Tx 78405	Amount of contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Page 10 of 10
2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)
4 Date 07/06/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Texas Ice House Dance Fund Raiser 6 Contributor address; City; State; Zip Code 6601 Everhart Rd. Corpus Christi, Tx 78411	7 Amount of contribution (\$)  \$2,297.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 1 of 14	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/14/2016	<b>5</b> Payee name The 2016 South Texas Winter Baseball Banquet	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code Solomon P. Ortiz Center Corpus Christi, Tx 78401	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 01/16/2016	Payee name NAACP Annual Banquet	
Amount (\$) \$130.00	Payee address; City; State; Zip Code 1519 N. Chaoparral St. Corpus Christi, Tx 78401	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 01/19/2016	Payee name Corner Store	
Amount (\$) \$20.08	Payee address; City; State; Zip Code 3958 Saratoga Corpus Christi, Tx 78413	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Transportation Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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 2 of 14	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/18/2016	<b>5</b> Payee name Stripes	
<b>6</b> Amount (\$) \$25.24	<b>7</b> Payee address; City; State; Zip Code 1601 Agnes Corpus Christi, Tx 78405	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Transportation	<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 02/18/2016	Payee name Corner Store	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 3958 Saratoga Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Transportation Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 02/19/2016	Payee name The Home Depot	
Amount (\$) \$147.20	Payee address; City; State; Zip Code 50410 SPID 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 3 of 14		<b>2</b> FILER NAME Larry Olivarez		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/22/2016		<b>5</b> Payee name Lighthouse Graphics			
<b>6</b> Amount (\$) \$1380.19		<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)  Printing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/24/2016		Payee name Tin Ram Sports			
Amount (\$) \$108.50		Payee address; City; State; Zip Code 5314 Stonemill Circle Corpus Christi, Tx 78413			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/29/2016		Payee name The Home Depot			
Amount (\$) \$43.24		Payee address; City; State; Zip Code 5041 SPID 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 4 of 14	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/29/2016	<b>5</b> Payee name Kiko's Mexican Restaurant	
<b>6</b> Amount (\$) \$259.61	<b>7</b> Payee address; City; State; Zip Code 5514 Everhart Rd. 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)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 03/03/2016	Payee name Ads Venture	
Amount (\$) \$48.71	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 03/03/2016	Payee name Lighthouse Graphics	
Amount (\$) \$248.95	Payee address; City; State; Zip Code 3046 South Padre Island Dr. Corpus Christi, Tx 78415	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 5 of 14		2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)	
4 Date 03/08/2016		5 Payee name Robstown High School			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 1100 Picker Lane Corpus Christi, Tx 78380			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 03/10/2016		Payee name Hobby Lobby			
Amount (\$) \$9.29		Payee address; City; State; Zip Code 5425 SPID Ste 1 Corpus Christi, Tx 78411			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 03/21/2016		Payee name Office Depot			
Amount (\$) \$56.58		Payee address; City; State; Zip Code 1737 S. Staples St. Corpus Christi, Tx 78404			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 6 of 14	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 03/30/2016	<b>5</b> Payee name Nueces County Democratic Party				
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 3765 S. Alameda Ste 324 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 style="width:100%; border: none;"> <tr> <td style="width: 20%;"><b>9</b> Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width: 35%;">Candidate / Officeholder name</td> <td style="width: 20%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>		<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 04/07/2016	Payee name Southside Post Office				
Amount (\$) \$131.00	Payee address; City; State; Zip Code 6742 Weber Rd. Corpus Christi, Tx 78413				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"><b>9</b> Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width: 35%;">Candidate / Officeholder name</td> <td style="width: 20%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>		<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 04/07/2016	Payee name Quanton Kopies				
Amount (\$) \$218.67	Payee address; City; State; Zip Code 4701 Ayers St #401 Corpus Christi, Tx				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"><b>9</b> Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width: 35%;">Candidate / Officeholder name</td> <td style="width: 20%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>		<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 7 of 14	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID. (Ethics Commission Filers)
<b>4</b> Date 04/07/2016	<b>5</b> Payee name Quanton Kopies	
<b>6</b> Amount (\$) \$124.49	<b>7</b> Payee address; City; State; Zip Code 4701 Ayers St #401 Corpus Christi, Tx 78415	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 04/07/2016	Payee name Donahue	
Amount (\$) \$258.74	Payee address; City; State; Zip Code 11205 Heiber Rd Logan, Ohio 43138	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 04/18/2016	Payee name Hobby Lobby	
Amount (\$) \$39.38	Payee address; City; State; Zip Code 5425 S Padre Island Dr. Ste 1 Corpus Christi, Tx 78411	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 8 of 14	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2016	5 Payee name Southside Post Office Station	
6 Amount (\$) \$47.00	7 Payee address; City; State; Zip Code 6742 Weber Rd Corpus Christi, Tx 78413	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Office Overhead Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 04/27/2016	Payee name Lighthouse Graphics	
Amount (\$) \$146.14	Payee address; City; State; Zip Code 3046 SPID 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 04/27/2016	Payee name Gulf Coast Mailing & Printing Services	
Amount (\$) \$116.91	Payee address; City; State; Zip Code P O Box 9312 Corpus Christi, Tx 78469	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 9 of 14		2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)	
4 Date 04/28/2016		5 Payee name Hobby Lobby			
6 Amount (\$) \$71.50		7 Payee address; City; State; Zip Code 5425 SPID Ste 1 Corpus Christi, Tx 78411			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH				
Date 04/29/2016		Candidate / Officeholder name Quantum Kopies			
Amount (\$) \$94.18		Payee address; City; State; Zip Code 4701 Ayers #401 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		
	Complete ONLY if direct expenditure to benefit C/OH				
Date 05/12/2016		Candidate / Officeholder name American GI Forum Of South Texas			
Amount (\$) \$130.00		Payee address; City; State; Zip Code P O Box 10307 Corpus Christi, Tx 78460			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH				

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 10 of 14	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 05/20/2016	<b>5</b> Payee name Corpus Christi Produce Co Inc				
<b>6</b> Amount (\$) \$46.06	<b>7</b> Payee address; City; State; Zip Code 238 North Port Avenue Corpus Christi, Tx 78405				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:45%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:15%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 05/20/2016	Payee name HEB				
Amount (\$) \$31.19	Payee address; City; State; Zip Code 5313 Saratoga Corpus Christi, Tx 78413				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:45%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:15%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 05/21/2016	Payee name B & T Rents				
Amount (\$) \$180.78	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)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:45%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:15%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 11 of 14		2 FILER NAME Larry Olivarez		3 Filer ID (Ethics Commission Filers)	
4 Date 05/24/2016		5 Payee name Stripes			
6 Amount (\$) \$25.00		7 Payee address; City; State; Zip Code 5529 Saratoga Blvd Corpus Christi, Tx 78413			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Transportation		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 06/14/2016		Payee name DM Productions			
Amount (\$) \$250.00		Payee address; City; State; Zip Code P O Box 71803 Corpus Christi, Tx 78467			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 06/20/2016		Payee name Southside Post Office			
Amount (\$) \$9.00		Payee address; City; State; Zip Code 6742 Weber Rd Corpus Christi, Tx 78413			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Office Overhead Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Page 12 of 14	<b>2</b> FILER NAME Larry Olivarez	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 06/24/2016	<b>5</b> Payee name Office Depot				
<b>6</b> Amount (\$) \$19.70	<b>7</b> Payee address; City; State; Zip Code 5425 S. Padre Island Dr. Corpus Christi, Tx 78411				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Office Overhead 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%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 06/25/2016	Payee name Office Depot				
Amount (\$) \$25.41	Payee address; City; State; Zip Code 5425 S. Padre Island Dr. Corpus Christi, Tx 78411				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead 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%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 06/28/2016	Payee name Party City				
Amount (\$) \$65.90	Payee address; City; State; Zip Code 5425 SPID Corpus Christi, Tx 78411				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 13 of 14	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
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4 Date 07/04/2016	5 Payee name HEB
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6 Amount (\$) \$36.79	7 Payee address; City; State; Zip Code 3033 South Port St Corpus Christi, Tx 78405
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/06/2016	Payee name International Bank of Commerce
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Amount (\$) \$4.95	Payee address; City; State; Zip Code 6130 S. Staples St Corpus Christi, Tx 78413
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Banking	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 07/06/2016	Payee name Metro PC
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Amount (\$) \$227.00	Payee address; City; State; Zip Code 5656 Weber Rd Corpus Christi, Tx 78411
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead 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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# 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.

1 Total pages Schedule F1: Page 14 of 14		2 FILER NAME Larry Oliveraz		3 Filer ID (Ethics Commission Filers)	
4 Date 07/06/2016		5 Payee name Lighthouse Graphics			
6 Amount (\$) \$173.20		7 Payee address; City; State; Zip Code 3046 SPID Corpus Christi, Tx 7815			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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