CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Mr. Larry NICKNAME LAST SUFFIX Oliverez	OFFICE USE ONLY Date Received FILED FOR RECORD AT 3.47 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6406 Lake Wood Circle Corpus Christi, Tx 78413	JUL 1 4 2016 CLERK COLLEY FOL AT NUECES COUNTY TEXAS BY DEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 442-4906	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Juan M. NICKNAME LAST SUFFIX Macias Jr.	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (no po box please); apt / suite #; city; state; 3606 Breaburn Dr. Corpus Christi, T	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 215-0919	
9 REPORT TYPE	January 15 30th day before election Runoff X July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month $01 \left/ 14 \right/ 2016$ THROUGH $07 \left/ \right.$	Day Year 2016
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 11 / 08 / 2016	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known Nueces County of Nueces C	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 1	Filer ID (Ethics Commission Filers)
Larry Olivarez			The state of the s
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFURES.	IT THE CANDIDATE'S OR OFFICEHOLDER'S
22	COMMITTEE TYPE	COMMITTEE NAME	s ⁽¹
•	GENERAL		8 98 <u>.</u> .
	SPECIFIC	COMMITTEE ADDRESS	
u u		A	19 18
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			.
11 (2)		COMMITTEE CAMPAIGN TREASURER ADDRESS	The second secon
		· ·	Ε
		0	- Y
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,911.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00		\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,265.58
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$ 10,645.42
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00
18 AFFIDAVIT		W. 2	3
	OLANDA GUAJA ptary Public, State o My Commission Eq July 18, 2016	Texas Spires under title 15, Election Code.	ation required to be reported by me
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subscribed day of Aug	Jugjard	to certify which, witness my hand and seal of office. o folanda Sugardo	, this the
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NA	19 FILER NAME 20 Filer ID (Ethics Cor				
Larry C	Larry Olivarez				
	LE SUBTOTALS SCHEDULE	2 5		SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	X 1.X	\$]	15,911.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	н	\$	п - 9	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	2	
4.	SCHEDULE E: LOANS	in the state of th	\$	2 2	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	5,265.58	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s.	\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$		
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$	2	

SCHEDULE A1

		- 10 A A A A A A A A A A A A A A A A A A
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 1 of 10
2 FILER NAME Larry Oliva	arez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/18/2016	Richard Rodriguez 6 Contributor address; City; State; Zip Code 6657 Long Meadow Dr. Corpus Christi, Tx 784	\$50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
02/20/2016	Contributor address; City; State; Zip Code	\$300.00
	8306 Seashore Dr. Corpus Christi, Tx 784	113
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
02/23/2016	G. W. Butler Contributor address; City; State; Zip Code	\$100.00
	15502 Escapada St. Corpus Christi, Tx 784	18
Principal occup	cation / Job title (See Instructions) Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/23/2016	Joe A. Gonzales Contributor address; City; State; Zip Code	\$150.00
	4009 Oak Forrest Corpus Christi, Tx 784	13
Principal occuj	Dation / Job title (See Instructions) Employer (See Instructions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHED	DULE AS NEEDED

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

SCHEDULE A1

Instruction Guide explains how	to complete this	; form.	1 Total pages Schedule A1: Page 2 of 10
arez			3 Filer ID (Ethics Commission Filers)
5 Full name of contributor	out-of-state PAC) (ID#:)	7 Amount of contribution (\$)
N. V. Cisco Mendez Jr			A
6 Contributor address;	City; State	; Zip Code	\$50.00
3506 Crestvilla Dr.	Corpus Ch	risti, Tx 78415	1 A A
pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Full name of contributor	out-of-state PAC) (ID#:)	Amount of contribution (\$)
Gilbert Escobar			
Contributor address; 4205 Petronila			\$100.00
ation / Job title (See Instructions)		Employer (See Instruct	tions)
		24 E X	9 II 35
Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
BBQ Fund Raiser Contributor address;	City; State	e; Zip Code	\$325.00
4664 Kostoryz	Corpus Ch	ıristi, Tx 78415	th.
pation / Job title (See Instructions)		Employer (See Instruct	tions)
Full name of contributor	out-of-state PA(C (ID#:)	Amount of contribution (\$)
Iconic Sign Group Contributor address;		э; Zip Code	\$200.00
1826 SPID	Corpus Cł	aristi, Tx 78416	
pation / Job title (See Instructions)		Employer (See Instruct	tions)
			3 5
		(9)	
	5 Full name of contributor N. V. Cisco Mendez Jr 6 Contributor address; 3506 Crestvilla Dr. pation / Job title (See Instructions) Full name of contributor Gilbert Escobar Contributor address; 4205 Petronila pation / Job title (See Instructions) Full name of contributor BBQ Fund Raiser Contributor address; 4664 Kostoryz pation / Job title (See Instructions) Full name of contributor BRQ Fund Raiser Contributor address; 4664 Kostoryz pation / Job title (See Instructions)	5 Full name of contributor N. V. Cisco Mendez Jr 6 Contributor address; City; State 3506 Crestvilla Dr. Corpus Ch pation / Job title (See Instructions) Full name of contributor Gilbert Escobar Contributor address; City; State 4205 Petronila Corpus Ch pation / Job title (See Instructions) Full name of contributor BBQ Fund Raiser Contributor address; City; State 4664 Kostoryz Corpus Ch pation / Job title (See Instructions) Full name of contributor BBQ Fund Raiser Contributor address; City; State 4664 Kostoryz Corpus Ch pation / Job title (See Instructions) Full name of contributor Iconic Sign Group Contributor address; City; State Corpus Ch Corpus Ch	S Full name of contributor

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 3 of 10
2 FILER NAME	en U	3 Filer ID (Ethics Commission Filers)
Larry Oliv	arez	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
04/01/2016	Zeba LLC 6 Contributor address; City; State; Zip Code	\$2,300.00
	P O Box 3696 Corpus Christi, Tx 78463	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
_		w 11
Date	Full name of contributor	Amount of contribution (\$)
04/05/2016	RJL Enterprizes Contributor address; City; State; Zip Code	\$500.00
	2149 Terrace Bay Dr. Corpus Christi, Tx 78418	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Thelma A. Lopez	Amount of contribution (p)
04/17/2016	Contributor address; City; State; Zip Code	\$42.00
	4934 Deer Park Rd. Corpus Christi, Tx 78413	
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/17/2016	Nelda Z. Garcia Contributor address; City; State; Zip Code	\$100.00
,	5418 Hulen Dr. Corpus Christi, Tx 78413	5 "
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	itions)
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		* 96 2 2 **********************************
22	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

n =	A)		200
The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: Page 4 of 10
2 FILER NAME Larry Oliva	rez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	D#;)	7 Amount of contribution (\$)
-	Jovita R. & Michael Ajello	-	
04/17/2016	6 Contributor address; City; State;	Zip Code	\$14.00
01/17/2010	(New attributed with the first continues in the first of	sti, Tx 78414	
			*
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
_	John W. Taylor	S. O. O. O.	
04/21/2016	Contributor address; City; State;	Zip Code	\$300.00
	P O Box 270965 Corpus Chri	sti, Tx 78427	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
			6.2
Date	Full name of contributor out-of-state PAC (I	D#;)	Amount of contribution (\$)
	David Hewitt Jr.		
04/24/2016	Contributor address; City; State;	Zip Code	\$140.00
_ 9	4806 Olympia Corpus Chris	sti,Tx 78413	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
0			# ¹
Date	Full name of contributor		
Date	out of state 170 (i	D#:)	Amount of contribution (\$)
04/27/2016	Contributor address; City; State;	Zin Codo	¢200.00
04/2//2010	P Section and Section Control of the Section	Zip Code	\$300.00
	5549 Leopard St. Corpus Chri	isti, Tx 78408	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: Page 5 of 10
2 FILER NAME Larry Oliva	arez		*	3 Filer ID (Ethics Commission Filers)
	100 100 100 100 100 100 100 100 100 100	Market Market		36 F
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Dr. Edgar L. Cortes		0.5	
04/28/2016	6 Contributor address;	City; State	; Zip Code	\$500.00
	27 Camden Pl.	Corpus Ch	risti, Tx 78412	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
		- "		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Charles S.Mandel		02	a material and discount and a second
04/28/2016	Contributor address;	City; State	; Zip Code	\$500.00
	28 Great Lakes	Corpus Ch	nristi, Tx 78413	
Principal occup	pation / Job title (See Instructions)	-9	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Thelma G. Mendel			
04/28/2016	Contributor address;	City; State	; Zip Code	\$500.00
	28 Great Lakes	Corpus Ch	risti, Tx 78413	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
			>	g - g
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/28/2016	Juan Esqueda Jr. Contributor address;	City; State	; Zip Code	\$100.00
	4021 O'Day Dr.	Corpus Ch	risti, Tx 78413	
SECTION PROV. VA				24 71
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
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20 000 pt. (20)				
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	Amount Of 1 A to section	ONAL CODIEC S	ETINO COLIEDIU E ACCU	FERE
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 6 of 10
2 FILER NAME Larry Oliv	arez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
04/28/2016	Ronald D. Flores 6 Contributor address; City; State; Zip Code 4750 Grand Junction #21 Corpus Christi, Tx 78413	\$250.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	otions)
Date	Full name of contributor uut-of-state PAC (ID#:) Raul R. Capitaine, MD PA	Amount of contribution (\$)
04/28/2016	Contributor address; City; State; Zip Code	\$300.00
a 1	6000 S. Staples, Ste 406 Corpus Christi, Tx 78413	
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
04/28/2016	Contributor address; City; State; Zip Code	\$100.00
Principal occu	711 N. Carrancahua St. Ste 1700 Corpus Christi, Tx 7840 pation / Job title (See Instructions) Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
04/28/2016	Arnold De La Paz Contributor address; City; State; Zip Code	\$250.00
	1891 County Rd 26 Corpus Christi, Tx 78415	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Page 7 of 10
2 FILER NAME		9:	3 Filer ID (Ethics Commission Filers)
Larry Oliv	arez	23 26	
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
	David Farias		
04/28/2016		Zip Code	\$100.00
	834 Alhambra Corpus Chris	sti, Tx 78418	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	A. Joseph Huerta		
04/29/2016	Contributor address; City; State;	Zip Code	\$100.00
	924 Leopard Corpus Chri	sti, Tx 78401	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	David Hewitt Jr.		
05/11/2016		Zip Code	\$140.00
	4806 Olympia Corpus Chri	isti, Tx 78413	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
23	* 1 × 2	a ×	e
Date	Full name of contributor	D#:)	Amount of contribution (\$)
05/14/2016	Juan M. Macias Jr. Contributor address; City; State;	Zip Code	\$56.00
	P O Box 270081 Corpus Chri	sti, Tx 78427	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Page 8 of 10
2 FILER NAME Larry Oliva	re7	e e e e e e e e e e e e e e e e e e e	3 Filer ID (Ethics Commission Filers)
	iicz		
4 Date	5 Full name of contributor ut-of-state PAC (ID	#:)	7 Amount of contribution (\$)
05/18/2016	BBQ Fund Raiser 6 Contributor address; City; State;		\$2,447.00
2	466 Kostoryz Corpus Chris	sti, Tx 78415	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Adolfo R. Escobedo	3 AS X 2 A S A X A	
06/14/2016	Contributor address; City; State;	Zip Code	\$500.00
i.	3 Great Lakes Dr. Corpus Chris	sti, Tx 78413	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
×	TI E		
Date	Full name of contributor)#:)	Amount of contribution (\$)
	Pete's Pest Control		
06/22/2016	Contributor address; City; State;	Zip Code	\$300.00
	P O Box 61042 Corpus Chris	ti, Tx 78466	S 8
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
06/27/2016	Nicholas Montalvo Contributor address; City; State;	Zip Code	\$300.00
ē	4421 Congressional Corpus Chris	sti, Tx 78413	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 9 of 10
2 FILER NAME Larry Oliva	arez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
06/30/2016	Eloy Salazar 6 Contributor address; City; State; Zip Code 9450 SPID Corpus Christi, Tx 78413	\$300.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	itions)
Date	Full name of contributor	Amount of contribution (\$)
	William A Skrobarczyk Jr. CPA	en P. Na II.
06/30/2016	Contributor address; City; State; Zip Code	\$100.00
	711 N. Carranchua Ste 1700 Corpus Christi, Tx 78401	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
06/30/2016	Cars For Credit Contributor address; City; State; Zip Code	\$1,500.00
	P O Box 271477 Corpus Christi, Tx 78427	
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Edward Luna	Amount of contribution (\$)
06/30/2016	Contributor address; City; State; Zip Code	\$300.00
	3684 Wright St. Corpus Christi, Tx 78405	at .
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	etions)
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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Page 10 of 10
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Larry Oliva	arez	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
07/06/2016	South Texas Ice House Dance Fund Raiser 6 Contributor address; City; State; Zip Code	\$2,297.00
	6601 Everhart Rd. Corpus Christi, Tx 78411	8 5
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
a B	Contributor address; City; State; Zip Code	5.3.8 P
Dringled cour	eation / Job title (See Instructions) Employer (See	a Instructions)
Principal occup	ation / Job title (See Instructions) Employer (See	e Instructions)
		=
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
		5 x
	Contributor address; City; State; Zip Code	
Principal occur	pation / Job title (See Instructions) Employer (Se	e Instructions)
i iliopai oosa,	Employer (ee	o maradiona)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
		2 W
Principal occur	pation / Job title (See Instructions) Employer (Se	ee Instructions)
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Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	*	3 Filer ID (Ethics Commission Filers)
Page 1 of 14	Larry Olivarez		0
4 Date	5 Payee name	Š,	2 × x
01/14/2016	The 2016 South Texas Winter Baseball	l Banquet	
6 Amount (\$)	7 Payee address; City; State; Zip Code		\$ · · · ·
\$100.00	Solomon P. Ortiz Center Corpus Chr.	isti, Tx 78401	6 B 2
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense		
* ×*	Contraction to the Management		s s
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	Al	W.
01/16/2016	NAACP Annual Banquet		
Amount (\$)	Payee address; City; State; Zip Code		K
\$130.00	1519 N. Chaoparral St. Corpus Christ	ti, Tx 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		itside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		v as x
01/19/2016	Corner Store		
Amount (\$)	Payee address; City; State; Zip Code	8	D #
\$20.08	3958 Saratoga Corpus Christi, Tx 7	'8413	
PURPOSE	Category (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T.
OF EXPENDITURE	Transportation Expense	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought	Office held
3	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1: Page 2 of 14	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	* ************************************
02/18/2016	Stripes	= «
6 Amount (\$)	7 Payee address; City; State; Zip Code	- d e
\$25.24	1601 Agnes Corpus Christi, Tx	78405
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Transportation	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
02/18/2016	Corner Store	
Amount (\$)	Payee address; City; State; Zip Code	2
\$15.00	3958 Saratoga Corpus Christi, Tx	78411
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
02/19/2016	The Home Depot	
Amount (\$)	Payee address; City; State; Zip Code	*** e a
\$147.20	50410 SPID Corpus Christi, Tx	78411
э.	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
	el	â e
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Carlo (critical di carlogory) (ichiicica decoto)
1 Total pages Schedule F1:	Annual Control		3 Filer ID (Ethics Commission Filers)
Page 3 of 14	Larry Olivarez	#	**
4 Date 02/22/2016	5 Payee name Lighthouse Graphics		i a
6 Amount (\$)	7 Payee address; City; State; Zip Code		6
\$1380.19	3046 SPID Corpus Christi, Tx 78	8415	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Printing Expense	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/24/2016	Tin Ram Sports		
Amount (\$)	Payee address; City; State; Zip Code		
\$108.50	5314 Stonemill Circle Corpus Christi	, Tx 78413	
	Category (See Categories listed at the top of this schedule)	Description	y P
PURPOSE	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Expense	Check if Austir	n, TX, officeholder living expense
	2 00	0	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/29/2016	The Home Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$43.24	5041 SPID Corpus Christi, Tx 78	411	
	Category (See Categories listed at the top of this schedule)	Description	\$ 121 \$ 8 (
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin	n, TX, officeholder living expense
week elegen as a take	0		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (anter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	ages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1: Page 4 of 14	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	2
02/29/2016	Kiko's Mexican Restaurant	Ti.
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$259.61	5514 Everhart Rd. Corpus Christi, T.	x 78411
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beaverage Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
03/03/2016	Ads Venture	
Amount (\$)	Payee address; City; State; Zip Code	
\$48.71	P O Box 142 Fulton, Tx 78358	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
03/03/2016	Lighthouse Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$248.95	3046 South Padre Island Dr. Corpus C	Christi, Tx 78415
70	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
(4)	4	a
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Page 5 of 14	Larry Olivarez		
4 Date	5 Payee name		
03/08/2016	Robstown High School	*	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00	1100 Picker Lane Corpus Christi, Tx	78380	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
03/10/2016	Hobby Lobby		
Amount (\$)	Payee address; City; State; Zip Code		
\$9.29	5425 SPID Ste 1 Corpus Christi, Tx 78	8411	
8	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
OF			
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held	
	p	3.0	
Date	Payee name		
03/21/2016	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$56.58	1737 S. Staples St. Corpus Christi, Tx	78404	
n _	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	8	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense	
-ABERTOILE	Since Overnead	8 5	
	Candidate / Office halder name	Office activity	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/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)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)
Total pages Schedule F1: Page 6 of 14		3 Filer ID (Ethics Commission Filers)
Date 03/30/2016	5 Payee name Nueces County Democratic Party	B B 5
Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00	3765 S. Alameda Ste 324 Corpus Chr.	isti, Tx 78411
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising Expense	
ле ^О о В	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
04/07/2016	Southside Post Office	
Amount (\$)	Payee address; City; State; Zip Code	
\$131.00	6742 Weber Rd. Corpus Christi, Tx	78413
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Office Overhead Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
30 and 10	e e	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	B 79
04/07/2016	Quanton Kopies	
Amount (\$)	Payee address; City; State; Zip Code	
\$218.67	4701 Ayers St #401 Corpus Christi	i, Tx
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF Drinting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, efficientles It light average.		
EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
20		it is
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to a	Other (enter a category not listed above) complete this form.	
Total pages Schedule F1: Page 7 of 14	2 FILER NAME Larry Olivarez	3 Filer ID (Ethics Commission Filers)	
Date	5 Payee name		
04/07/2016	Quanton Kopies	8	
Amount (\$)	7 Payee address; City; State; Zip Code		
\$124.49	4701 Ayers St #401 Corpus Christi, Tx 78415		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	T	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense	
LAT ENDITORE			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
04/07/2016	Donahue		
Amount (\$)	Payee address; City; State; Zip Code		
\$258.74	11205 Heiber Rd Logan, Ohio	0 43138	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Check if travel outside of Texas. Complete Schedule T.		
OF	Advertising Expense	Check if Austin, TX, officeholder living expense	
EXPENDITURE	8 - 1	# A A A A A A A A A A A A A A A A A A A	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
04/18/2016	Hobby Lobby		
Amount (\$)	Payee address; City; State; Zip Code		
\$39.38	5425 S Padre Island Dr. Ste 1 Corpus	Christi, Tx 78411	
(a)	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense	
	-	3 V " " " "	
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SOUEDOFE WO MEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Total pages Schedule F1: 2 FILER NAME Page 8 of 14 Date 04/21/2016 Amount (\$) Purpose OF EXPENDITURE Total pages Schedule F1: 2 FILER NAME Larry Olivarez Date 15 Payee name Southside Post Office Station City; State; Zip Code Corpus Christi, Tx 78413 (a) Category (See Categories listed at the top of this schedule) Office Overhead Expense The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Check if Austin, TX, officeholder living expense	Candidate/Officeholder/Politica Credit Card Payment	,	vpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)	
Page 8 of 14 Date 5 Payee name 67 Candidate / Office held Payee Office Overhead Expense Complete CNRY if direct office Complete CNRY is direct to benefit COH Category (See Categories listed at the top of this schedule) Payer Date Office Overhead Expense Candidate / Office held office or the top of this schedule) Payer name Office Overhead Expense Candidate / Office held office or the top of this schedule) Payer name Office Overhead Expense Category (See Categories listed at the top of this schedule) Date Payer name Office overhead Expense Category (See Categories listed at the top of this schedule) Payer name Office overhead Expense Category (See Categories listed at the top of this schedule) Payer name Office overhead Expense Category (See Categories listed at the top of this schedule) Payer name Office overhit Austin, TX, officender are listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office sought Office sought Office held Category (See Categories listed at the top of this schedule) Office sought Office sought Office held Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office sought Office sought Office sought Office held Category (See Categories listed at the top of this schedule) Payer name Office sought Office sought Office held	Oreal Card Layment	The Instruction Guide explains how to	complete this form.	
Date Payee name Od/21/2016 Southside Post Office Station Amount (8) 7 Payee address; City: State: Dip Code S47.00 6742 Weber Rd Corpus Christi, Tx 78413	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Southside Post Office Station Amount (\$) 7 Payee address; City: State; Zip Code \$47.00 6742 Weber Rd Corpus Christi, Tx 78413				
Amount (\$) 7 Payee address; City; State; Zip Code \$47.00 6742 Weber Rd Corpus Christi, Tx 78413 PURPOSE OF EXPENDITURE (a) Catogory (See Categories listed at the top of this schedule) (b) Description Check if Austin, Tx, officeholder Island at the top of this schedule) (b) Description Check if Austin, Tx, officeholder Island at the top of this schedule) (c) Description Check if Austin, Tx, officeholder Island at the top of this schedule) (d) Description (d) Description	Date			
### Payee name Candidate / Office held Category (See Categories lated at the top of this schedule) Check if austin, TX, officeholder living expense	04/21/2016	Southside Post Office Station		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead Expense Complete ONLY if direct expanditure to benefit C/OH Category (See Categories listed at the top of this schedule) Date Office Sought Office sought Office held Payee name O4/27/2016 Lighthouse Graphics Amount (\$) Peyee address; City: State; Zip Code \$146.14 3046 SPID Corput Christi, Tx 78415 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholde: Jam: Office sought Office sought Office sought Office held Office held Payee name 04/27/2016 Gulf Coast Mailing & Printing Services Amount (\$) Payee address; City: State; Zip Code S116.91 PO Box 9312 Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) Description Office sought Office held Office held Office held Office sought Office held	Amount (\$)	7 Payee address; City; State; Zip Code	**	
PURPOSE OF EXPENDITURE Office Overhead Expense Office Sought Office held Candidate / Officeholder name Office sought Office held Office sought Office held Date 04/27/2016 Lighthouse Graphics Amount (\$) Payee address; City: State; Zip Code \$146.14 3046 SPID Corpus Christi, Tx 78415 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder: arm Office sought Office held Office sought Officeholder living expense	\$47.00	6742 Weber Rd Corpus Christi, Tx	78413	
Office Overhead Experise Check if Austin, TX, officeholder living expense		(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Complete ONLY if direct expenditure to benefit C/OH Date O4/27/2016 Date O4/27/2016 Lighthouse Graphics Amount (\$) Payee address; City: State; Zip Code \$146.14 3046 SPID Category (See Categories listed at the top of this schedule) PURPOSE OF EXP-ENDITURE Candidate / Officeholde: .am Office sought Office sought Office sought Office held Office held Office held Payee name Otheck if Auatin, TX, officeholder living expense O4/27/2016 Gulf Coast Mailing & Printing Services Amount (\$) Payee address; City: State; Zip Code S116.91 PO Box 9312 Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) Purpose O4/27/2016 Gulf Coast Mailing & Printing Services Amount (\$) Payee address; City: State; Zip Code S116.91 PO Box 9312 Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office held Office held Candidate / Officeholder name Office sought Office sought Office held	PURPOSE	~	Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expanditure to benefit C/OH Date Payee name 04/27/2016 Lighthouse Graphics Amount (\$) Payee address; City: State; Zip Code \$146.14 3046 SPID Category (See Categories listed at the top of this schedule) Payee name O4/27/2016 Candidate / Officeholde: .am Office sought Office sought Office held Description Check if Austin, TX, officeholder living expense O4/27/2016 Candidate / Officeholde: .am Office sought Office sought Office held Description Check if Austin, TX, officeholder living expense O4/27/2016 Gulf Coast Mailing & Printing Services Amount (\$) Payee address; City: State; Zip Code \$116.91 PO Box 9312 Corpus Christi, TX 78469 Category (See Categories listed at the top of this schedule) Purpose Office Sought Office held Description Check if Austin, TX, officeholder living expense Office held		000 0 1 15	Check if Austin, TX, officeholder living expense	
Date Payee name Lighthouse Graplaics Amount (\$) Payee address; City: State: Zip Code \$146.14 3046 SPID Corp.us Christi, Tx 78415	EXPENDITORE	Office Overhead Expense		
Amount (\$) Peyee address; City: State; Zip Code \$146.14 3046 SPID Corpus Christi, Tx 78415 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholde: am Office sought Office sought Office sought Office held Payee name 04/27/2016 Gulf Coast Mailing & Printing Services Amount (\$) Payee address; City: State; Zip Code \$116.91 PO Box 9312 Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office held Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Complete ONLY if direct expenditure to benefit C/O		Office sought Office held	
Amount (\$) Payee address; City: State; Zip Code \$146.14 3046 SPID Corpus Christi, Tx 78415 Category (See Categories listed at the top of this schedule)	Date	Payee name	A	
\$146.14 3046 SPID Corp. of Christi, Tx 78415 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Payee name 04/27/2016 Gulf Coast Mailing & Printing Services Amount (\$) Payee address: City: State: Zip Code \$116.91 PO Box 9312 Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	04/27/2016	Lighthouse Graphics		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholde: .am. Date Payee name 04/27/2016 Gulf Coast Mailing & Printing Services Amount (\$) Payee address; City; State; Zip Code \$116.91 PO Box 9312 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office held Office held Office held Office held Office held Office held	Amount (\$)	Payee address; City: State; Zip Code		
PURPOSE OF EXPENDITURE Advertising Expense Candidate / Officeholde: .am Office sought Office held Date 04/27/2016 Calf Coast Mailing & Printing Services Amount (\$) Payee address; City; State; Zip Code \$116.91 PO Box 9312 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) Corpus Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	\$146.14	3046 SPID Corpus Christi, Tx	78415	
Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholde: am Office sought Office held Date Payee name 04/27/2016 Gulf Coast Mailing & Printing Services Amount (\$) Payee address; City; State; Zip Code \$116.91 PO Box 9312 Corpus Christi, Tx 78469 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholde: .am Office sought Office held Date Payee name 04/27/2016 Gulf Coast Mailing & Printing Services Amount (\$) Payee address; City; State; Zip Code \$116.91 PO Box 9312 Corpus Christi, Tx 78469 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholde: am Office sought Office held Office sought Office held				
Date Payee name 04/27/2016 Gulf Coast Mailing & Printing Services Amount (\$) Payee address; City; State; Zip Code \$116.91 P O Box 9312 Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Office sought Office held				
Amount (\$) Payee address; City; State; Zip Code \$116.91 P O Box 9312 Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held			Office sought Office held	
Amount (\$) Payee address; City; State; Zip Code \$116.91 P O Box 9312 Corpus Christi, Tx 78469 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Printing Expense Candidate / Officeholder name Office sought Office held	Date	Payee name		
\$116.91 P O Box 9312 Corpus Christi, Tx 78469 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	04/27/2016	Gulf Coast Mailing & Printing Service	es	
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE Printing Expense Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Office sought Office held	\$116.91	P O Box 9312 Corpus Christi, Tx 7	8469	
OF EXPENDITURE Printing Expense Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	The state of the s	Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct		Printing Expense	Check if Austin, TX, officeholder living expense	
expenditure to benefit C/OH	¥			
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL F AS NEEDED			Office sought Office held	
ALIANIARE INVIATE OF THOUSILE OF MONETAL		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (anther a salegon) and listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/V	Vages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to d	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	5 Payee name	
04/28/2016	Hobby Lobby	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$71.50	5425 SPID Ste 1 Corpus Christi, Tx	78411
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE	Event Expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
04/29/2016	Quantum Kopies	
Amount (\$)	Payee address; City; State; Zip Code	e s ,
\$94.18	4701 Ayers #401 Corpus Christi, Tx	78415
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
05/12/2016	American GI Forum Of South Texas	
Amount (\$)	Payee address; City; State; Zip Code	La Properties
\$130.00	P O Box 10307 Corpus Christi, Tx	78460
,	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE	Event Expense	
Complete ONLY IS III	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OF		Office sought Office field
у.	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c		ter a category not listed above)
1 Total pages Schedule F1: Page 10 of 14	2 FILER NAME Larry Olivarez	3 Filer	ID (Ethics Commission Filers)
4 Date	5 Payee name)	4
05/20/2016	Corpus Christi Produce Co Inc		
6 Amount (\$)	7 Payee address; City; State; Zip Code	23	
\$46.06	238 North Port Avenue Corpus Chris	ti, Tx 78405	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if travel outside of Texas	:. Complete Schedule T.
OF EXPENDITURE	Food/Beaverage Expense	Check if Austin, TX, officeh	older living expense
EXPENDITORE	2000-00-00-00-00-00-00-00-00-00-00-00-00	3 ⁴	
	N - 1		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/20/2016	НЕВ		
Amount (\$)	Payee address; City; State; Zip Code		
\$31.19	5313 Saratoga Corpus Christi, Tx 7	8413	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Food Expense	Check if Austin, TX, officeholder living expense	
	11	25	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	81	Л
05/21/2016	B & T Rents		
Amount (\$)	Payee address; City; State; Zip Code		
\$180.78	1321 S. Staples Corpus Christi, Tx 78	3404	
	Category (See Categories listed at the top of this schedule)	Description	5
PURPOSE		Check if travel outside of Texas	. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeh	older living expense
-A LINDII UIL	•		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	, intuing Ex	Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Page 11 of 14	Larry Olivarez	5 FIRE 1D (LUNCS COMMISSION FIREIS)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·
05/24/2016	Stripes	e
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$25.00	5529 Saratoga Blvd Corpus Christi, T	Γx 78413
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Transportation	Check if Austin, TX, officeholder living expense
EXPENDITURE	Transportation	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	8 7
06/14/2016	DM Productions	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	P O Box 71803 Corpus Christi, Tx 7	78467
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	*	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	n 11
06/20/2016	Southside Post Office	ger v ¹⁸
Amount (\$)	Payee address; City; State; Zip Code	
\$9.00	6742 Weber Rd Corpus Christi, Tx	78413
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead Expense	Check if Austin, TX, officeholder living expense
W)!	*	4
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held
7	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or the sectors and sectors)

Credit Card Payment	The Instruction Guide explains how to co		category not listed above)
Total pages Schedule F1:	The state of the s	3 Filer ID	(Ethics Commission Filers)
Page 12 of 14	Larry Olivarez		
Date	5 Payee name		
06/24/2016	Office Depot		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$19.70	5425 S. Padre Island Dr. Corpus Christi, Tx 78411		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Co	mplete Schedule T.
OF EXPENDITURE	Office Overhead Expense	Check if Austin, TX, officeholds	er living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		V
06/25/2016	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$25.41	5425 S. Padre Island Dr. Corpus Christi, Tx 78411		
a a	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Check if travel outside of Texas. Complete Schedule T.		nplete Schedule T.
OF	Office Overhead Expense		r living expense
EXPENDITURE		a f	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/28/2016	Party City		
Amount (\$)	Payee address; City; State; Zip Code	(6.1	
\$65.90	5425 SPID Corpus Christi, Tx 78411		
8	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Cor	mplete Schedule T.
OF EXPENDITURE	E / E	Check if Austin, TX, officeholds	r living expense
LAT LIND(I UNE	Event Expense		
× %			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	151	/ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Page 13 of 14	Larry Olivarez	* * * * * * * * * * * * * * * * * * *	
4 Date	5 Payee name		
07/04/2016	HEB .	* *	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$36.79	3033 South Port St Corpus Christi, Tx	78405	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF	F 1/D F	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Food/Beverage Expense		
		a v	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name	(a	
07/06/2016	International Bank of Commerce		
Amount (\$)	Payee address; City; State; Zip Code		
\$4.95	6130 S. Staples St Corpus Christi, To	x 78413	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF	Davids	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Banking		
11	* **		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
07/06/2016	Metro PC		
07/00/2010	Wietro I C	80	
Amount (\$)	Payee address; City; State; Zip Code		
\$227.00	5656 Weber Rd Corpus Christi, Tx 78411		
4.0	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	23.00	Check if travel outside of Texas. Complete Schedule T.	
OF	Office Overhead Expense	Check if Austin, TX, officeholder living expense	
EXPENDITURE		and the second s	
₩ 6 € 8		* ×	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEEDED	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (orther extension and listed above)

Candidate/Officeholder/Politica Credit Card Payment	, and the second of the second	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: Page 14 of 14	2 FILER NAME Larry Oliveraz	3 Filer ID (Ethics Commission Filers)
Date 07/06/2016	5 Payee name Lighthouse Graphics	
Amount (\$)	7 Payee address; City; State; Zip Code	
\$173.20	3046 SPID Corpus Christi, Tx 7	'815
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
a 0		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	*
g g g	ä a	
2	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	a " es	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
1)	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED