CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

		13. A00011117.#	O Tables Slat		
The C/OH Instruction	Guide explains how to complete this form.	ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE /	MS/MRS/MR FIRST	MI	AFFICE USE ONLY		
OFFICEHOLDER NAME	MR. OSCAR	0,	Date Received JAN 1 5 2014		
	NICKNAME LAST ORTIZ	SUFFIX			
	URIIZ		DIANA T. BARRERA		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY:	STATE; ZIP CODE	Clerk, County Court, Rusces County, Texas By Deputy Date Hand-deprered or Postmarked		
ADDRESS change of address	706 E. AVE. E ROBSTOWN,	706 E. AVE. E ROBSTOWN, TEXAS 78380			
	ADEA COOPE CUIONE NUMBER	EXTENSION	Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 387-0176	EATENSION	Date Processed		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER NAME	MR. ADELFINO LAST	SUFFIX			
	(FINO) PALACIOS	JR.	•		
- CAMPAICN			ZIDCODE		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
(residence or business)	7214 PHAROAH - CORPUS CHRIS	STI, TEXAS /8412			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	·		
PHONE	(361) 884-8322				
9 REPORT TYPE	XX January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 07 / 01 / 2013 THROUGH	Month Day	Year 2013		
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoll Control	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
1	UECES COUNTY COMMISSIONER PCT.	#3			
	COTORA				

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

	·					
14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)			
OSCAR O. ORTIZ						
16 NOTICE FROM POLITICAL COMMITTEE(S)	OLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS						
		POLITICAL CONTRIBUTIONS THAN PLEOSES LOANS OF CHARANTEES OF LOANS) (INTEREST EARNED)	\$.05			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$ 467.97			
	4. TOTAL	\$1,240.72				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 305.90			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 678.31			
18 AFFIDAVIT	SANDRA E Y	is true and correct and includes a	of perjury, that the accompanying report Il information required to be reported by			
A PART	Notary Publ					
	STATE OF TE	CAS -01-2015				
My Comm. Exp. 10-01-2015 Signature of Candidate or Office holder						
AFFIX NOTARY STAM	IP/SEAL:ABOVE		>			
Sworn to and sub-	scribed hefore	me by the said OSCAR O. ORTIZ	, this the			
Sworn to and subscribed before me, by the said						
Sandry &	o. Them	O SANDRA E. YSASSI	NOTARY PUBLIC			
Signature of officer admi	inistering dath	Printed name of officer administering oath	Title of officer administering oath			
t	U					

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C	• •	oan Repayment/Reimbursement		
Accounting/Banking	Legal Services Solicitation/Fundra	aising Expense T	Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Travel In District		ontributions/Donations Made By Candidate/Officeholder/Political Committee		
Event Expense	Polling Expense Travel Out Of Dis		•		
Fees	Printing Expense Office Overhead/	•	THER (enter a category not listed above)		
	The Instruction Guide explains how to	complete this form			
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
1 of 1	OSCAR O. ORTIZ				
7/8/2013 &	5 Payee name NUECES COUNTY RECORD STAR				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
	1				
\$114.00	P. O. Box 1610 - Alice, TX 7	8333			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Ads)			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name				
9/27/2013	TRAN		<u> </u>		
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	P. O. Box 222 - Corpus Christ	i. TX 78403			
430000	000,000				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Donation		:		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Allount (4)	rayse address, City, State, Zipcode				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)		
OF EVDENOTTIBE					
EXPENDITURE		L			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Data	Payon name				
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
	,				
		,			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)		
OF					
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
······································	ATTACU ADDITIONAL CODEC OF THE	CUEDIII E ACAI	EDED		
	ATTACH ADDITIONAL COPIES OF THIS	OCHEDULE AS NE	בכטכט		

POLITICAL EXPENDITURES

SCHEDULE F

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	EXPENDITURE	CATEGORIE	S FOR BOX 8(a)	<u> </u>	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	RE CATEGORIES FOR BOX 8 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense de explains how to complete this		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Payee name	 	<u>-</u>		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this somedule)	(b) Description	(If travel outside of Tex	as, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sough	nt	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code		· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Yex	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	it	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	ıt	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Stat	te; -Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description :	(If travel outside of Tex	as,-complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS I	NEEDED	