CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction G	Guide explains how to complete this	form. 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	MR. OSCAR	0.			
	NICKNAME LAST	SUFFIX	Date Remitted FOR RECORD AT 10.45/M		
	ORTIZ				
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	JUL 1 1 2014		
MAILING	706 E. AVE. E ROB	SSTOWN, TEXAS 78380	Date Hand Galikeled or Page Post parked		
ADDRESS Change of Address	* 1/2	5	Clerk, County Court, Nueces County, Texas By Depu		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Signoles		
OFFICEHOLDER PHONE	(361) 387-0176		Receipt # Amount Date Processed		
6 CAMPAIGN	MS/MRS/MR FIRST	MI			
TREASURER NAME	MR. ADELFIN	NO SUFFIX	Date Imaged		
	(FINO) PALACIO	JR.			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #: CITY; STATE;	ZIP CODE		
TREASURER ADDRESS (Residence or business)	7214 PHAROAH - CORPUS CHRISTI, TEXAS 78412				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	· gr		
TREASURER PHONE	(361) 884-8322	- h			
9 REPORTTYPE	January 15 30th day befo	ore election Runoff	15th day after campaign treasurer appointment (officeholder only)		
90.5	July 15 8th day before	re election Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month Da	ay Year		
COVERED	01 / 01 /2014	THROUGH 06 / 30	/2014		
11 ELECTION	ELECTION DATE ELEC	CTION TYPE			
13.m.	Month Day Year	Primary Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if ki	nown)		
	NUECES COUNTY COMMISSION	NER PCT. #3	A ABOMA O		
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #; City;	State; Zip Code			
	nagross / 1 0 box, Apt. / Suite #, Oity.	oldio, Zip oode			
additional pages					
		4	XXXX		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

		1	St2	
TO OF OTT TO MILE			16 ACCOUNT # (Ethics Commission Filers)	
OSCAR O. OR				
17 NOTICE FROM POLITICAL	 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(S)	JE J	COMMITTEE NAME		
	COMMITTEE TYPE			
		マモの		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	Colors Sandill Management	4 (14)5	
AREHPAS - MAR	0	SPECIFIC SPECIFIC		
additional pages	6"	COMMITTEE CAMPAIGN TREASURER NAME		
		an lat kell	1.17	
n n		COMMITTEE CAMPAIGN TREASURER ADDRESS	P	
		, mare and it	ed.)	
18 CONTRIBUTION		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	(P.20c	
TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ -0-	
	2. TOTAL POLITICAL CONTRIBUTIONS			
		\$ -0-		
	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		*	
EXPENDITURE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		ED	
TOTALS	(Includ	\$ 312.00		
	(Includes \$24.00 for Service Bill Fees)			
4. TOTAL POLITICAL EXPENDITURES		POLITICAL EXPENDITURES	\$ 313.00	
	\$ 312.00		Ψ 312.00	
CONTRIBUTION		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D		
CONTRIBUTION BALANCE	5. TOTAL OF REP	\$ 115.46		
		V 1135.10		
OUTSTANDING	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T	HE I	
LOAN TOTALS		AY OF THE REPORTING PERIOD	\$ 823.87	
19 AFFIDAVIT	Lamina			
D / II I I I I I I I I I I I I I I I I I		I swear, or affirm, under penalty of	perjury, that the accompanying report	
1	^^^	is true and correct and includes all	information required to be reported by	
AN PUGIN	SANDRA E YS	me under Title 15, Election Code.		
1.	Notary Public STATE OF TEXA	s	00	
	My Comm. Exp. 10-0	1-2015	ele:	
200	~~~~	Signature of Cano	didate or Officeholder	
		0.g	->	
AFFIX NOTARY STAME	/ SEAL ABOVE			
Sworn to and subscribed before me, by the said OSCAR 0. ORTIZ, this the 11TH. day				
of JULY , 20_14 , to certify which, witness my hand and seal of office.				
Sandra &	-Masse	SANDRA E. YSASSI	NOTARY PUBLIC	
Signature of officer ad	Iministering oath	Printed name of officer administering oath	itle of officer administering oath	
	1/			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Ro The Instruction Guide explains how to o	ntract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
18 18 1 10 10 10 10 10 10 10 10 10 10 10 10 10 1	THE DESCRIPTION AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	3 ACCOUNT # (Ethics Continussion Filets)			
1 of 1 4 Date	OSCAR O. ORTIZ				
	5 Payee name				
2/18/2014	OSCAR O. ORTIZ				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$200.00 Reimbursement from political contributions intended	706 E. AVE. E ROBSTOWN, TX 78380				
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	Loan to Campaign Fund				
Date	Payee name				
	<u> </u>	"			
Amount (\$)	Payee address; City; State; Zip Code				
	rayes address, Only, State, Zip Code				
Reimbursement from political contributions intended					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
9					
Reimbursement from political contributions intended					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	, .	, ,			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					