# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	MR. OSCAR LAST		Date Received
14	ORTIZ	Ð	FILED FOR RECORD AT 4 35 AM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;  706 E? AVE. E ROBSTOWN,	STATE; ZIP CODE  TX 78380	JAN 1 3 2015  Date Hand-defi  KARA SANDS
change of address			CLERK, COUNTY COURT, NUECES COUNTY, TEXAS EXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (361 ) 387-0176	EXTENSION	Deirdre NY Syamken
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST . MR. ADELFINO	MI	Date Imaged
	(FINO) PALACIOS,	JR.	
7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN TREASURER PHONE	TREET ADDRESS (NO POBOX PLEASE); APT/SUITE#,  7214 PHAROAH - CORPUS CHRIST  AREA CODE PHONE NUMBER  (361 ) 884-8322	STI, TX 78412  EXTENSION	ZIP CODE
	1.1	The second secon	
9 REPORT TYPE	July 15 30th day before election  8th day before election	Runoff  Exceeded \$500  limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 /2014 THROUGH	Month Day	Year 2014 AACMAR
11 ELECTION	Month ELECTION DATE ELECTION TYPE  Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  NUECES COUNTY COMMISSIONER PC	13 OFFICE SOUGHT (ifknown)  13 T. #3	
8 2	GOTOP	S.	

### CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		<b>15</b> AC	COUNT # (Ethics Commission Filers)
OSCAR O. ORTI	LZ		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY P HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE SES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	S OR OFFICEHOLDER'S KNOWLEDGE OR
LEG ECH PECORU V	COMMITTEE TYPE	COMMITTEE NAME	
NOV 2 4 2016	SPECIFIC	COMMITTEE ADDRESS	
	tel no les	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			ill ·
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0_
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) - Interest Earned	\$2,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 356.97
	4. TOTAL	POLITICAL EXPENDITURES	\$1,806.97
CONTRIBUTION BALANCE	20 and 20 20 and	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 808.50
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 823.87
18 AFFIDAVIT			
STATE OF THE PARTY	SANDRA E YS  Notary Public  STATE OF TEXA  My Comm. Exp. 10-0	s O	nation required to be reported by
AFFIX NOTARY STAM	// SEAL ABOVE		
Sworn to and sub	scribed before	me, by the saidOSCAR 0. ORTIZ	, this the
<u>9th.</u> day	of <u>January</u>	, 20 <u>15</u> , to certify which, witness my h	and and seal of office.
Signature of officer adm	inistering oath	SANDRA E. YSASSI  Printed name of officer administering oath	NOTARY PUBLIC  Title of officer administering cath

(512) 463-5800

#### POLITICAL EXPENDITURES

### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Food/Beverage Expense Travel In District Con		Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/R	57 86 98 92	OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this for	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
1 of 2	OSCAR O. ORTIZ		
4 Date	5 Payee name		M
7/14/2014	THE FLOWER GALLERY & MORE  7 Payee address; City; State; Zip Code		
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 104 N. 5th. St Robstown, TX	78380	
#250.00	104 N. Jen. Be. Robbeown, 12	70300	
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	Donation	Casket Sp:	rav
EXI ENDITORE	20.0020.0		stin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		
Date	Payee name		
10/7/2014	N.C. DEMOGRATIC PARTY		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	3765 S. Alameda St., Ste. 324 -	- Corpus Ch	risti, TX 78411
3			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	D	Campaign	Party Donation ustin, TX, officeholder living expense
	Donation		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/17/2014	RENE FLORES	28	
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	715 Artisan - Corpus Christi,	rx 78401	
	•		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
OF	Donation		morial Petition
EXPENDITURE			ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 10/29/2014	Payee name		
& 12/7/2014	DIANA BARRERA CAMPAIGN	1.50	
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	P. O. Box 1872 - Corpus Christ:	i, TX 78403	
	3		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	Donation		Donation
EXPENDITURE			ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	t Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS I	NEEDED

#### POLITICAL EXPENDITURES

#### SCHEDULE F

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

Advertising Expense Accounting/Banking Consulting Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

(512) 463-5800

Fees	Printing Expense Office Overhead/	Rental Expense OTHER (ent	er a category not listed above)	
	The Instruction Guide explains how to		• • • • • • • • • • • • • • • • • • • •	
Total pages Schedule F:	2 FILER NAME	3 ACC	COUNT # (Ethics Commission Filers	
2 of 2	OSCAR O. ORTIZ			
Date	5 Payee name			
12/12/2014	JOSEPH RAMIREZ			
Amount (\$)	7 Payee address; City; State; Zip Code			
\$200.00	823 N. Tancahua St Corpus (	Christi. TX 78401		
·		(b) Description (If travel outside	a of Tayon, gamalata Schodula T	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (intraverouslic	a of Texas, complete schedule 17	
EXPENDITURE	Donation	Campaign Donation Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
	A			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)	
EXPENDITURE	d the sec	Check if Austin, TX, officeholder living expense		
		Office sought Office held		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH			
expenditure to benefit C/0	DH .			
expenditure to benefit C/C	Payee name			
expenditure to benefit C/C	Payee name			
expenditure to benefit C/C	Payee name	Office sought		
Date  Amount (\$)  PURPOSE OF	Payee name Payee address; City; State; Zip Code	Office sought  Description (If travel outside	Office held e of Texas, complete Schedule T)	
Date  Amount (\$)  PURPOSE OF	Payee name  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)	Office sought  Description (If travel outsid	Office held  e of Texas, complete Schedule T)  ceholder living expense	
Date  Amount (\$)  PURPOSE	Payee name  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name	Office sought  Description (If travel outside	Office held e of Texas, complete Schedule T)	
expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name	Office sought  Description (If travel outsid	Office held  e of Texas, complete Schedule T)  ceholder living expense	
expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date	Payee name  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name	Office sought  Description (If travel outsid	Office held  e of Texas, complete Schedule T)  ceholder living expense	
expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)	Payee name  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Payee name	Office sought  Description (If travel outsid  Check if Austin, TX, office sought	Office held  e of Texas, complete Schedule T)  ceholder living expense	
expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)	Payee name  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Payee name  Payee address; City; State; Zip Code	Office sought  Description (If travel outsid  Check if Austin, TX, office sought	Office held  e of Texas, complete Schedule T)  ceholder living expense  Office held  le of Texas, complete Schedule T)	

(512) 463-5800

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
OSCAR O	ORTIZ			
4 Date		١	7 Amount of	8 In-kind contribution
1,10			contribution (\$)	description (if applicable)
7/18/2014	RICHARD M. BORCHARD		\$500.00	
	6 Contributor address; City; State; Zip Code			18
	1374 Sandpiper Dr.			e e
	Corpus Christi, TX 78412-3818			
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/1/2014	LINNEBARGAR GOGGAN BLAIR & SA	MPSON LLP	\$1,000.00	description (ii approacy)
	Contributor address; City; State; Zip Code			9
	Attorneys At Law			100
	P. O. Box 17428			
	Austin, TX 78760		(If travel outside of	r of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See	Instructions)	
	1.4			t and the second
Date	Full name of contributor	)	Amount of	In-kind contribution
12/5/2014	JESUS J. JIMENEZ		\$1,000.00	description (if applicable)
12/3/2014	Contributor address; City; State; Zip Code		φ1,000.00	10
	6925 Windy Creek Dr.			Ì
	Corpus Christi, TX 78414		**************************************	l i
	corpus chiristi, in /o/ii		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	20 20 20 20 20 20 20 20 20 20 20 20 20 2			
Date	Full name of contributor out-of-state PAC (ID#.	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
			e e	
	Contributor address; City; State; Zip Code			<u>K</u>
			(16 4	of Tours assemblate Cohadula TV
Principal occur	pation / Job title (See Instructions)	Employer (See	Al R Sept M	of Texas, complete Schedule T)
T mopal ood	and the cost mental action,	,6.0,0 (000		
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
	8		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
	Continuator address, City, State, Zip Code			Ť
				ł Ŷ
2			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		or roxes, complete schedule ()
	a-anthe-design postable property  ◆ trabular exposition from the #	70000MC000#800070MS0		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME				3 ACCOUNT # (Ethics Commission Filers)		
Ε	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicab	
粉	e e	6 Contributor address: City; State; Zip Code		0.545	¥	
_		ention / Joh title (See Instructions)	10 Employer (See		of Texas, complete Schedule	
ŀ	rincipal occup	pation / Job title (See Instructions)	10 Employer (See	instructions)		
Г	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicab	
	8	Contributor address; City; State; Zip Code			*	
				1.6		
				(If travel outside o	of Texas, complete Schedule	
Р	rincipal occup	ation / Job title (See Instructions)	Employer (See I			
C	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applical	
		Contributor address; City; State; Zip Code			*	
			# <sub>3</sub>	* *		
				(If travel outside	of Texas, complete Schedule	
P	rincipal occup	ation / Job title (See Instructions)	Employer (See	Instructions)		
C	Date	Full name of contributor   out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applica	
		Contributor address; City; State; Zip Code	# (% 0 B B (* 0) 0 B			
				WF7 1 4-14-	Taran samplata Schodula	
7	rincipal occup	ation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule	
D	)ate	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applical	
	İ	\$		Continuation (4)	description (ii applies	
		Contributor address; City; State; Zip Code	10 10 15 15 15 15 15 15 15 15 15 15 15 15 15	25		
				Ī		
			Far I		of Texas, complete Schedule	
7	rincipal occupa	ation / Job title (See Instructions)	Employer (See	mserucuons)		
-						