## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

CAMPAIGIT	1 Filer ID (Ethics Commission Filers	2 Total pages filed:
		7
he C/OH Instruction Gui	de explains how to complete this form.	OFFICE USE ONLY
CANDIDATE/	MS / MRS (MR) FIRST	
OFFICEHOLDER	Jimmy WIA	Date Received
NAME .	NICKNAME LAST	AT 2:102 M
	Rivera  APT / SUITE #; CITY; STATE; ZIP CODE	FEB 23 2016
CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	KARA SANDS
OFFICEHOLDER MAILING		CLERK, COUNTY COURT, NUECES COUNTY, TEXAS
ADDRESS	1108 Juniper Bishop Tx 78343	81 80
Change of Address	PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	AREA COOL	
PHONE	TIPOT MI	Receipt # Amount \$
6 CAMPAIGN TREASURER	MS (MRS) MR FIRST MARINA	Date Processed
NAME	NICKNAME LAST	Date Imaged
	TREVINO	
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
7 CAMPAIGN	STREET ADDRESS (NO PO BOX -	
TREASURER ADDRESS		
(Residence or Business)	409 Frances Bishop Tx 78	343
· ·	EVIENCION	
8 CAMPAIGN	AREA CODE PHONE NUMBER	
TREASURER PHONE	(361) 443-3591	
PHONE		
		15th day after campaign
9 REPORT TYPE	January 15 30th day before election Runoff	treasurer appointment (Officeholder Only)
, <del>1</del>		LOOU ED
	July 15 8th day before election	
		Month Day Year
10 PERIOD	Month Day Year	2 /23 /2016
COVERED	01 /15 /2016 THROUGH 07	23 2012
	FLEC	TION TYPE
11 ELECTION	ELECTION DATE	ther
	Month Day Year	escription
IF.	03 /01 /2016 General Special	
	13 OFFICE SOUGH	HT (if known)
12 OFFICE	OFFICE HELD (If any)  NUECES COUNTY  Constable Pot 3  Cons.	to ble Pet 3
	1 11 012	11/2 P13
	Constable 107 3 Cons	1401C 101)
	GO TO PAGE 2	2016 000

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

2016-099

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH **COVER SHEET PG 2**

0/1111		15 File	er ID (Ethics Commission Filers)
4 C/OH NAME	Jimmy	2 . 1156	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THE DOV IS FOR NO	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED ON THE BEEN MADE WITHOUT DATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT OVER THE STATE OF THIS INFO OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO	MADE BY POLITICAL COMMITTEES TO THE CANDIDATE'S OR OFFICEHOLDER'S RMATION ONLY IF THEY RECEIVE NOTICE
	GENERAL SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS	
	41	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN BES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
	2. TOTAL	L POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.60
EXPENDITURE TOTALS	3. TOTAL UNLE	. POLITICAL EXPENDITURES OF \$100 OR LESS, SS ITEMIZED	\$
	4. TOTA	\$ 2615,21 \$ \$ 368,94	
CONTRIBUTION BALANCE	5. TOTA	\$ \$368.94	
OUTSTANDING LOAN TOTALS	6. TOTA	<b>\$</b>	
STATE OF THE	FELICIA MONTOYA My Commission Expi March 9, 2016	res	rjury, that the accompanying report is mation required to be reported by me
AFFIX NOTARY ST	oscribed before m	ne, by the said	, this the <u>2.3</u>
Lefine	Montoya Montoya er administering of	, to certify which, witness my hand and seal of office.  Telcia Mondo ya  Ath Printed name of officer administering oath	Title of officer administering oat
	as Ethics Commissio	athing state ty us	Revised 9/8/2

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	20 Filer ID (Ethics Com	mission Filers)
19 FILERNAME SIMMY RIVER		
DIMMY MIVE		SUBTOTAL AMOUNT
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		\$ 750 60
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	150,	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	21	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$ 2615, 21	
	\$	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	\$	
	\$	
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. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTE	RIBUTIONS	\$
12. SCHEDULE K: INTEREST, CHEDITS, GRAND, RETURNED TO FILER		

MONETARY POLITICAL CONT	TRIBUTIONS	SCHEDULE A1
the bow to complete	re this form.	1 Total pages Schedule A1:
The Instruction Guide explains how to complet	C tillo form	3 Filer ID (Ethics Commission Filers)
FILER NAME , Simmy Rivera	ii	
	Army Refived	7 Amount of contribution (\$)
Date    20 20 6   Full name of contributor   Out-of-st     Colone   Sidney Culp   US     6   Contributor address;   City;     10   Box   845   Bish p	State; Zip Code  Co. 78343	100,00
Principal occupation / Job title (See Instructions)	9 Employer (See Instru	ctions)
L+ Colonel US Army	Refired	(0)
Gowan ELIZONDO LLP  Contributor address; City;		Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instru	uctions)
Attorneys	Gowan Eli	Zondo LLP
Date Full name of contributor out-of	-state PAC (ID#:	Amount of contribution (\$)
2/20/2016 Fred W. Scheibl Contributor address; City		\$ 100.00
P.D. Box 398 Bi	Shop 1x 78343	
Principal occupation / Job title (See Instructions)	Employer (See,Inst	ructions)
Full name of contributor Quit-0	of-state PAC (ID#:	Amount of contribution (\$)
2/22/2011 Eric t Pauline Moerbe  Contributor address; City  408 IV. 15+ B.		\$ 50,00
408 W. 1st Bis	shop Tx 78343	
Principal occupation / Job title (See Instructions)  Installer	Employer (See Ins	
71314/161		
×		
ATTACH ADDITIONAL  If contributor is out-of-state PAC, pleas	COPIES OF THIS SCHEDULE	AS NEEDED ional reporting requirements.
If contributor is out-of-state PAC, pleas	se see manachon galae lot adait	Revised

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

			· > < O(-)	
	EXPENDITURE CAT	EGORIES FOR BC	)X 8(a)	Solicitation/Fundraising Expense
	Event Expense	Loan Repayment/Rei Office Overhead/Rer	mbursement ntal Expense	Transportation Equipment & netated Experience
ertising Expense	Feed	Office Overnead/Nei Polling Expense	Ital Exposit-	Travel In District
unting/Banking	- UR - LEGG EVDERSE	Drinting Evnense		Travel Out Of District Other (enter a category not listed above)
sulting Expense ributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Cor		Office ferrice a contract
ributions/Donations (Made 2) ndidate/Officeholder/Political Comm	nittee Legal Services The Instruction Guide exp	lains how to complete	this form.	
Card Payment	The Instruction Guide exp	nams now to our		3 Filer ID (Ethics Commission Filers)
	MANAG	2.	3	C. I have seen a construction
tal pages Schedule F1: 2 FI	ILER NAME.	JUDICA	PART PART I	
	ILER NAME JIMMY K	1000	And the second of the second o	
5 P	Pavee name			
ate				
120 2016	LSTETIS Chata	; Zip Code		
mount (\$) 7 F	Javae Suuress,			
Modifi (4)	104 8 Main	2.1	702	43
112+0	inu o Main	Bishop 1	x 183	1)
\$300	104 B Main	100	Description	NE)
	Category (See Categories listed at the top of	of this schedule) (D)		outside of Texas. Complete Schedule T.
(a)	Calegory (occounts		Check if travel	DISIDE OF TOXAS. STATE
PURPOSE		. Auc	Check if Aust	in, TX, officeholder living expense
OF	Dam Paign Headque	11100		
EXPENDITURE	Camp			W.T.
	e antal			Office held
	Campaign Headque Rental		Office sought	Office field
CANAL SE direct	Candidate / Officeholder name			101 101 101 101
Complete ONLY if direct expenditure to benefit C/OH				
experientare to believe				
Street Model	Payee name			
Date   Date		4,		
Date 12/19/2016	Jennifer Ri	412	/ Fa 120	
1000		ate; Zip Code		
1	Payee additions			
Amount (\$)	en.l	1 31.		ルフ
1010	1107 W. 3 rd	BICKLE T	x 783	4.5
\$1210.	40/ 00.	1500	Description	
	Category (See Categories listed at the to	op of this schedule)	Description	el outside of Texas. Complete Schedule T.
<b>1</b>	Janeg- ,		Checkii day	The bolder living expense
PURPOSE	a luceble in ent		Check if A	ustin, TX, officeholder living expense
OF	H alver 301 20 1			
EXPENDITURE	- 3			
l l	Adversalsement T-shirts			Office held
	1 - 3 MV	3	Office sough	
Complete ONLY if direct	Candidate / Officeholder name	5		
expenditure to benefit C/OH	ſ			
СХРОПА				
	Payee name			
Date	1 4			
1 1	0.1.16	well.		
1 1 lach	KICHARO GE	1010	***	
1111 ZOLD		State; Zip Code		
01/16/2016	Payee address; City;			
Amount (\$)	Payee address; City;		i i	
Amount (\$)	Payee address,		11:10 -	To 78416
Amount (\$)	Payee address,		Christ ?	To 78416
Amount (\$) #300.00	410 Bascub	Corpus	Descriptio	To 78416
Amount (\$) #300.00	Payee address,	Corpus	Descriptio	n travel outside of Texas. Complete Schedule T.
\$300.00	Category (See Categories listed at the	be top of this schedule)	Descriptio	n travel outside of Texas. Complete Schedule T.
#300.00	Category (See Categories listed at the	be top of this schedule)	Descriptio	n
#300.00	Category (See Categories listed at the	be top of this schedule)	Descriptio	n travel outside of Texas. Complete Schedule T.
#300.00	Category (See Categories listed at the	be top of this schedule)	Descriptio	n travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
#300.00	410 Bascub	be top of this schedule)	Descriptio	n travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE	Category (See Categories listed at the Campaign Sign Advertisem)	the top of this schedule)	Descriptio	n travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE	Category (See Categories listed at the Campaign Sign Aurentisem Candidate / Officeholder na	the top of this schedule)	Descriptio	n travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
#300.00	Category (See Categories listed at It  Campaign 5:3h  Advertisem  Candidate / Officeholder na	he top of this schedule)	Descriptio Check if Check Office so	n travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense Ught Office held
PURPOSE OF EXPENDITURE	Category (See Categories listed at It  Campaign 5:3h  Advertisem  Candidate / Officeholder na	he top of this schedule)	Descriptio Check if Check Office so	ntravel outside of Texas. Complete Schedule T.  if Austin, TX, officeholder living expense  ught Office held
PURPOSE OF EXPENDITURE	Category (See Categories listed at the Campaign Sign Aurentisem Candidate / Officeholder na	he top of this schedule)	Office sou	n travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense Ught Office held

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	l Committee Legal Services	Office Overhase Polling Expense Printing Exp	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	20 Eq. (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		piece une ioini.		
1 Total pages Schedule F1:	J/m	my Rivera		3 Filer ID (Ethics Commission Filers)	
01/21/2016	5 Payee name	of Staff	de salata		
6 Amount (\$)	7 Payee address; City		SC Corr	VSChrist Tx 784155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a	at the top of this schedule)	(b) Description  Check if travel ou	utside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
-2. ENDITORE	Push Carols.				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder n	name	Office sought	Office held	
Date 2016	Payee name Rulen Street	et			
Amount (\$)	10 Sam - Sustain Commission and Marketine an	y; State; Zip Code	ngwill To	18363	
PURPOSE OF EXPENDITURE	Entertainmen	at the top of this schedule)	Description  Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder n	name	Office sought	Office held	
Date 2/5/2016	Payee name  SAMS Cli	b			
Amount (\$) 944	Payee address; City	y; State; Zip Code  S, Padre J	-stant Con	PUSC distin 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed	at the top of this schedule)	Description Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder	name	Office sought	Office held	
	ATTACH ADDITION	AL COPIES OF THIS S	CHEDIII E AS NEI	EDED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reim Office Overhead/Rent Polling Expense rinse Printing Expense Salaries/Wages/Contr explains how to complete t	ral Expense Transporta Travel In I Travel Ou Tract Labor Other (ent	n/Fundraising Expense tition Equipment & Related Expense District COf District er a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME.	ivera.	3 Filer I	D (Ethics Commission Filers)	
0215 2016	5 Payee name				
Amount (\$)	7 Payee address; City; Sta 409 E XI,	eberg Kingsvii	16 To 783	b3	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	p of this schedule) (b) Des	scription  Check if travel outside of Texas.  Check if Austin, TX, officeho		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Offic	ce sought	Office held	
Date 3/2016	Payee name MISC Sup	plies Lowes, n	Meloys.		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	ii a		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to		cription Check if travel outside of Texas. Check if Austin, TX, officeho		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Offic	e sought	Office held	
Date 1-15-1/23	Payee name Mike Fue	Cost			
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
PURPOSE OF EXPENDITURE	Fuel Cost for ve		Cription Check if travel outside of Texas. ( Check if Austin, TX, officehol		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Offic	ce sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED