

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST: Jimmy MI: N/A NICKNAME: LAST: Rivera SUFFIX:		OFFICE USE ONLY Date Received FILED FOR RECORD AT 2:10p M FEB 23 2016 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <u>SAS</u> DEPUTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1108 Juniper Bishop Tx 78343		
5 CANDIDATE / OFFICEHOLDER PHONE <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (361) 726-9099		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST: MARINA MI: NICKNAME: LAST: TREVINO SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 409 Frances Bishop Tx 78343		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 443-3591		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 15 / 2016 THROUGH 02 / 23 / 2016		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: 03 / 01 / 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) NUECES COUNTY Constable Pct 3	13 OFFICE SOUGHT (if known) Nueces County Constable Pct 3	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

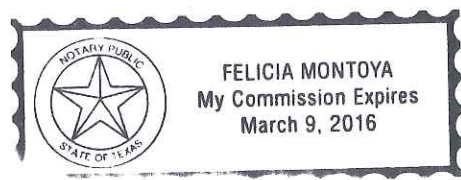
14 C/OH NAME Jimmy Rivera 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)
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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2615.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 368.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jimmy Rivera, this the 23 day of February, 20 16, to certify which, witness my hand and seal of office.

Felicia Montoya Signature of officer administering oath
Felicia Montoya Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Jimmy Rivera</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 750. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2615. ²¹
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jimmy Rivera

3 Filer ID (Ethics Commission Filers)

4 Date

1/20/2016

5 Full name of contributor

Colonel Sidney Culp US Army Retired

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

PO Box 845 Bishop Tx 78343

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Lt Colonel US Army

9 Employer (See Instructions)

Retired

Date

1/25/2016

Full name of contributor

Gowan ELIZONDO LLP

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

555 N Carancahua STE 1400 C.P. TX 78401

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Gowan Elizondo LLP

Date

2/20/2016

Full name of contributor

Fred W. Scheible

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

P.O. Box 398 Bishop TX 78343

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Welder

Employer (See Instructions)

Celanese

Date

2/22/2016

Full name of contributor

Eric & Pauline Moerbe

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

408 W. 1st Bishop Tx 78343

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Installer

Employer (See Instructions)

Moerbe Insulation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1:	2 FILER NAME: <i>Jimmy Rivera</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>02/20/2016</i>	5 Payee name: <i>Estella's Diner</i>	
6 Amount (\$): <i>\$300</i>	7 Payee address; City; State; Zip Code: <i>104 E Main Bishop Tx 78343</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Campaign Headquarters Rental</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date: <i>02/19/2016</i>	Payee name: <i>Jennifer Ruiz</i>	
Amount (\$): <i>\$210.00</i>	Payee address; City; State; Zip Code: <i>407 W. 3rd Bishop Tx 78343</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Advertisement T-shirts</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date: <i>01/16/2016</i>	Payee name: <i>Richard Garcia</i>	
Amount (\$): <i>\$300.00</i>	Payee address; City; State; Zip Code: <i>410 Bascomb Corpus Christi Tx 78416</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Campaign Signs Advertisement</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: Jimmy Rivera	3 Filer ID (Ethics Commission Filers)
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4 Date: 01/21/2016	5 Payee name: Mail & Staff
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6 Amount (\$): \$64.95	7 Payee address; City; State; Zip Code: 6116 Ayers st ste 5C Corpus Christi TX 784155
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertisement Push Cards.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 02/20/2016	Payee name: Ruben Street
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Amount (\$): \$140.00	Payee address; City; State; Zip Code: 303 West CR 2175 Kingsville TX 78363
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Entertainment DJ-Music	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 2/15/2016	Payee name: SAMS Club
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Amount (\$): \$899.94	Payee address; City; State; Zip Code: 4833 S. Padre Island Corpus Christi TX 78411
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): food.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: <i>Jimmy Rivera</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>02/15/2016</i>	5 Payee name: <i>HEB</i>	
6 Amount (\$): <i>\$118.30</i>	7 Payee address; City; State; Zip Code: <i>409 E Kleberg Kingsville Tx 78363</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Food</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: <i>01/15/2016</i>	Payee name: <i>Misc Supplies Lowes, McCays.</i>	
Amount (\$): <i>\$421.27</i>	Payee address; City; State; Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>t-posts, studs, screws.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: <i>1-15-1/23</i>	Payee name: <i>Misc Fuel Cost</i>	
Amount (\$): <i>\$160.75</i>	Payee address; City; State; Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Fuel Cost for vehicles with signs.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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