

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: 34 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Judge | FIRST Henry | MI A. |
| | NICKNAME HANK | LAST Santana | SUFFIX |
| OFFICE USE ONLY | | | |
| Date Received FILED FOR RECORD AT 4:25 M | | | |
| JAN 15 2015 | | | |
| KARA SANDS CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS | | | |
| Date Hand Delivered or Postmarked BY CA DEPUTY | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | 5 CANDIDATE / OFFICEHOLDER PHONE | 6 CANDIDATE / OFFICEHOLDER PHONE |
| ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4033 Capitol Corpus Christi, Tx 78401 78413 | | AREA CODE; PHONE NUMBER; EXTENSION (361) 854-6381 | MS / MRS / MR; FIRST; MI; NICKNAME; LAST; SUFFIX MRS. Lisa S. Villarreal |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | | 8 CAMPAIGN TREASURER PHONE | |
| STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1917 Tara Corpus Christi, Tx 78413 | | AREA CODE; PHONE NUMBER; EXTENSION (361) 994-7472 | |
| 9 REPORT TYPE | | | |
| <input checked="" 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 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 1 / 16 / 14 THROUGH 1 / 14 / 2015 | | | |
| 11 ELECTION | | | |
| ELECTION DATE Month Day Year 11 / 4 / 2014 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | | 13 OFFICE SOUGHT (if known) | |
| OFFICE HELD (if any) Justice of the Peace Pet. 1 Pl. 2 | | OFFICE HELD (if any) Justice of the Peace Pet. 1 Pl. 2 | |

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2015-025

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Henry A. Santana 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)
 ** This box is for notice of political expenditures 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 |
| | | <u>Committee to Re-Elect DR. Henry Santana (CEDs)</u> |
| | | COMMITTEE ADDRESS |
| | | <u>P.O. Box 1593 Corpus Christi, Tx 78401</u> |
| | COMMITTEE CAMPAIGN TREASURER NAME | <u>Lisa Villarreal</u> |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | <u>1917 Tara, Corpus Christi, Tx 78412</u> |

| | | |
|-------------------------|---|--|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>0</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>1,325³¹/_{Tx}</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>1600⁰⁰</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

19 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Henry A. Santana, this the 14th day of January, 20 15, to certify which, witness my hand and seal of office.

Beatrice C. Molina Beatrice C. Molina Admin. Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME **Henry A. Santana**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/10/14

5 Payee name
Westside Bus. Assoc. (Fundraiser)

7 Amount (\$)
\$100⁰⁰

6 Payee address; City; State; Zip Code
**3209 South Staples St.
Corpus Christi, TX 78411**

8 Purpose of payment (See instructions regarding type of information required.)

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date
12/12/14

Payee name
The Baking Bee

Amount (\$)
350.³¹

Payee address; City; State; Zip Code

**7013 Buttermilk Dr.
Corpus Christi, TX 78413**

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Swearings In

(If travel outside of Texas, complete Schedule T)

Date
2/14/14

Payee name
Nueces County Democratic Party

Amount (\$)
\$200⁰⁰

Payee address; City; State; Zip Code

**823 N. Taneahua
Corpus Christi, TX 78401**

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date
10/14/14

Payee name
Kelsey WMC Youth

Amount (\$)
\$100⁰⁰

Payee address; City; State; Zip Code

**1610 Comanche St.
Corpus Christi, TX 78401**

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME **Henry A. Santana**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/10/14

5 Payee name
Bottomless Pit BBQ
6 Payee address; City; State; Zip Code
**2815 Leopard St.
Corpus Christi, TX 78408**

7 Amount (\$)
575⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)
Campaign Meet & Greet
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held
Henry A. Santana JPI-2 JPI-2

| | | |
|------|--------------------------------------|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|------|--------------------------------------|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|------|--------------------------------------|-------------|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held |
|--|---|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED