CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		T4 A0001 NIT #	
The C/OH instruction	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. Clist	\mathcal{C}	Date Received
	NICKNAME LAST	SUFFIX	•
	1405		MAN 54 2011
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
OFFICEHOLDER	PO BOX 533 Sucz	Tx 11968	- Al
MAILING ADDRESS	PO 507 333	, , , , , , , , , , , , , , , , , , ,	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(361) 649-2068		
6 CAMPAIGN	MS/MRS/MR FIRST	Mly	Date Imaged
TREASURER NAME	Mrs. Nancy	_	
	NICKNAME LAST	SUFFIX	
	NUI Juls		and the second s
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE 77965
ADDRESS	9579 J-2 Kunch Rd.	THE TH	/// \\$
(residence or business)			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(361) 576-0638		
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	10 / 24 / 2010 THROUGH	12/31	/2010
11 ELECTION	Month Day Year ELECTION TYPE		
	Primary Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
	Country Commission as Pret. 4		
14 NOTICE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU	JRES MADE BY OTHERS WITHOUT TH	E CANDIDATE'S PRIOR CONSENT OR APPROVAL.
OF DIRECT CAMPAIGN	CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION		
EXPENDITURE BY OTHER	Name		
INDIVIDUALS			
	Address / PO Box; Apt. / Suite #; City; State; Zip Co	de	
additional pages			
andinoliai hages			
	4		,
	GO TO PAG	GE 2	
<u> </u>			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 AC	COUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY R	S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION	1. TOTAL 1	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS	PLEDGE 2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1/00.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL EXPENDITURES OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 8295.70 \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
19 AFFIDAVIT	Josephine Sal Notary Public, State My Commission I August 10, 20	of Texas Expires	mation required to be reported by
	scribed before of ANUAR	V JOSEPHINE SALAS	this the and and seal of office. Motory Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

OTHER	THAN PLEDGES OR LOAD	43		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/05/19	6 Contributor address; City; State; Zip Code POB 3330 Vi Cher: 4, FX 1190		50,00	
		10 = 1 (0)		of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/26	Contributor address; City; State; Zip Code		/00.00	
		T-13-1		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	:
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	David Bushes		CONTIDUCION (\$)	description (ii applicable)
10/14/10	Contributor address; City; State; Zip Code		100.00	
	POB 40 Famin 8x 1796	.O	(If traval outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of	In-kind contribution
10/21	Mr. Mrs. Kenneth Allen Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	2219 Lee out Drive Postland		350.00	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Finicipal occu	Salon / Job line (386 matructions)	Employer (occ)	noti dottorio;	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
12/6/10	Morgan Dum Olonier Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
, , ,	POB 290 Victoria, 74	17901	500	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		or rocas, complete conceute 1)
		1		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	
lf c	contributor is out-of-state PAC, please see inst			requirements.

Texas Ethics Commission

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule B:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 TOT.	AL OF UNITEMIZED PLEDGES:		⇔ ⇔	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		,	
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	,			
Date	Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	l of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			' ' 	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	•,••••••		
17 FF 10' 1-21 (- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru			requirements.

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURI Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contr Solicitation/Fundraisir Travel In District Travel Out Of District Office Overhead/Ren	ract Labor Lo ng Expense Ti Co t	ontributions/Donation Candidate/Officeho	nent & Related Expense ns Made By older/Political Committee
. 000		le explains how to co	•		ory not listed above)
1 Total pages Schedule F:	2 FILER NAME	into C. Tucs	 {	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/25/10	5 Payee name ME/0-15	W. C. JUG			
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			
18.39	Victoria i	T×			
8 PURPOSE	(a) Category (See categories listed at the to		b) Description (if	travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	50191183		Stak	23	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	e	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; S	State; Zip Code			
153.00	Uilloria, 1	\prec			
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Adver4:3115		Rudio	AS	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	е	Office sought		Office held
Date /0/25/10	Payee name US NC 10/5 Payee address; City; S	san			
Amount (\$)	Payee address; City; S	tate; Zip Code			
1,544.95	Galuezter, TX	_			
PURPOSE	Category (See categories listed at the to	op of this schedule)		travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Consulfing		Carsult	1105	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	е	Office sought		Office held
Date /0/28/10	Payee name Sudderlink	Med:n			
Amount (\$)		itate; Zip Code	<u> </u>		
717,40	Viltoria 17x				
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	Adva1.3:12		TU A		
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	е	Office sought		Office held
	ATTACH ADDITIONAL	COPIES OF THIS SC	HEDULE AS NI	EEDED	

LOANS				SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pa	ges Schedule E:
2 FILER NAME	angan ang ang ang ang ang ang ang ang an		3 ACCOU	NT # (Ethics Commission Filers)
4 тота	L OF UNITEMIZED LOANS:	⇒ ⇔ ⇔ ⇔ ⇔ □	⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	1		
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; S	State; Zip Code		
19 Principal Occupat	on (See Instructions)	20 Employer (See Instructions)	_	
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;			Interest rate
YN				Maturity date
Principal occupati	on / Job title (See Instructions),	Employer (See Instructions)		
Description of Colla	ateral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupat	on (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEE uction guide for additional rep		quirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services

Food/Beverage Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

EXPENDITURE CATEGORIES FOR BOX 8(a)

		·	
1 Total pages Schedule G:	2 FILER NAME SIAT (IVES		3 ACCOUNT # (Ethics Commission Filers)
4 Date /0/27/10	5 Payee name Uilloria Televisian	6 raup	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
/075.25 Reimbursement from political contributions intended	U. Chor: o-, TX		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Adul17:31.25	Tv. Co.	·
Date /0/27/10	Payee name KIX5		
Amount (\$)	Payee address; City; State; Zip Code		
/56. a a Reimbursement from political contributions intended	U. Ctoria, TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Adverbisins	Rodie H	<i>W</i>
/0/27/10	Payee name KVIC		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	Victoria, TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Afuestising	Rodic A	<i>J</i>
Date / ,	Payee name		
11/1/10	Mrs Nichelser		
Amount (\$)	Payee address; City; State; Zip Code		
376.80 Reimbursement from political contributions intended	Galueston, TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Cossulting GXP.	Consult	fins
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE	CATEGORIES F	FOR BOX 8(a)	1
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ntract Labor sing Expense ict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide	explains how to c	omplete this fo	rm.
1 Total pages Schedule G:	2 FILER NAME	.63		3 ACCOUNT # (Ethics Commission Filers)
4 Date ////////////////////////////////////	5 Payee name his Nichelse	? ~		
6 Amount (\$) 48,40	7 Payee address; City; Sta	te; Zip Code		
Reimbursement from political contributions intended	Galvestor, Fr	<		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)		(If travel outside of Texas, complete Schedule T)
	(CABU/fins		CO13	21/1/15
Date 10/a/	Payee name			
10/28	Martin Printin	5		
Amount (\$) 516.11	Payee address; City; Sta	ite; Zip Code		
Reimbursement from political contributions intended	Unberin, TX			
	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE				
OF EXPENDITURE	Advertising/PI	inting	Pr.	unting/cords
OF	,	inting	Pr.	
OF EXPENDITURE	ASUESTISTUS/PS Payee name FOSSOTIS	ate; Zip Code	Pr.:	
Date 2 14 19 Amount (\$)	ASUESTISTUS/PS Payee name FOSSOTIS	ate; Zip Code	Pr.	
Date 2 4 9 Amount (\$) 444.24 Reimbursement from political contributions intended PURPOSE OF	Payee name fossatis Payee address; City; Sta U. Chossa, For Category (See categories listed at the top	ate; Zip Code	Description	Min (If travel outside of Texas, complete Schedule T)
Date 2 14 19 Amount (\$) 443.24 Reimbursement from political contributions intended	Payee name fossortis Payee address; City; Sta U: Hos: w, Fx	ate; Zip Code	Description	unting/couds
Date 2 4 9 Amount (\$) 444.24 Reimbursement from political contributions intended PURPOSE OF	Payee name fossatis Payee address; City; Sta U. Chossa, For Category (See categories listed at the top	ate; Zip Code	Description	Min (If travel outside of Texas, complete Schedule T)
Date 2 14 9 Amount (\$) 4 44.24 Political contributions intended PURPOSE OF EXPENDITURE	Payee name fossatis Payee address; City; Sta U. Gossa, For Category (See categories listed at the top for Bullage Payee name	ate; Zip Code	Description	Min (If travel outside of Texas, complete Schedule T)
Date 2 14 9 Amount (\$) H43.24 Political contributions intended PURPOSE OF EXPENDITURE	Payee name fossatis Payee address; City; Sta U. Gossa, For Category (See categories listed at the top for Bullage Payee name	ate; Zip Code	Description	Min (If travel outside of Texas, complete Schedule T)
Date C 4 9 Amount (\$) L 443. Z 4 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date Amount (\$)	Payee name fossatis Payee address; City; Sta U. Gossa, For Category (See categories listed at the top for Bullage Payee name	of this schedule)	Description	Min (If travel outside of Texas, complete Schedule T)

Revised 04/21/2010

5861.96

Fees

PURPOSE

Amount (\$)

PURPOSE

EXPENDITURE

4 Date

(b) Description (If travel outside of Texas, complete Schedule T)

Description (If travel outside of Texas, complete Schedule T)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

(a) Category (See categories listed at the top of this schedule)

Category (See categories listed at the top of this schedule)

Category (See categories listed at the top of this schedule)

Business address:

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 5 Business name 6 Amount (\$) 7 Business address; City; State; Zip Code

EXPENDITURE	:		
9 Complete ONLY if deexpenditure to bene		Office sought	Office held
Date	Business name		

City; State; Zip Code

Complete ONLY if direction expenditure to benefit		Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	ode	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		

Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held