

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		Date Filed <u>10/27/14</u>	
5 CANDIDATE / OFFICEHOLDER PHONE		Date Hand Delivered or Postmarked	
6 CAMPAIGN TREASURER NAME		Rebecca Huerta City Secretary	
7 CAMPAIGN TREASURER ADDRESS (residence or business)		Date Processed	
8 CAMPAIGN TREASURER PHONE		Date Imaged	
9 REPORT TYPE			
10 PERIOD COVERED			
11 ELECTION			
12 OFFICE		13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME BRIAN ROSAS 15 ACCOUNT # (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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6987.42</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>Itemized</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6472.61</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>487.42</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6500.00</u>

18 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.

B.R.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Rosas, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Mary Ann Peña Mary Ann Peña Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A <i>SEE ATTACHED</i>	
2 FILER NAME <i>BRIAN ROSAS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

N/A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B
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2 FILER NAME BRIAN ROSAS	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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LOANS	SCHEDULE E
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule E
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2 FILER NAME <p style="text-align: center; font-size: 18pt;">BRIAN ROSAS</p>	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED LOANS: ↕ ↕ ↕ ↕ ↕ ↕	\$
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5 Date of loan <p style="font-size: 18pt;">10/1/2014</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 18pt; text-align: center;">DIANA L ROSAS (IN LAWS)</p>	9 Loan Amount (\$) <p style="font-size: 18pt; text-align: center;">\$ 5500⁰⁰</p>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <p style="font-size: 18pt; text-align: center;">1033 SURRELL ST. CORPUS CHRISTI TX 78404</p>	10 Interest rate <p style="font-size: 18pt; text-align: center;">ϕ</p>
		11 Maturity date <p style="font-size: 18pt; text-align: center;">ϕ</p>

12 Principal occupation / Job title (See Instructions) <p style="font-size: 18pt; text-align: center;">SUPERVISOR</p>	13 Employer (See Instructions) <p style="font-size: 18pt; text-align: center;">CPS</p>
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14 Description of Collateral <input checked="" type="checkbox"/> none	15 Check if personal funds were deposited into political account <input type="checkbox"/>
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16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
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Date of loan <p style="font-size: 18pt;">10/17/2014</p>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 18pt; text-align: center;">CRAIG PEALCE</p>	Loan Amount (\$) <p style="font-size: 18pt; text-align: center;">\$ 1000⁰⁰</p>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code	Interest rate <p style="font-size: 18pt; text-align: center;">ϕ</p>
		Maturity date <p style="font-size: 18pt; text-align: center;">ϕ</p>

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral <input checked="" type="checkbox"/> none	Check if personal funds were deposited into political account <input type="checkbox"/>
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

N/A

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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | 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 F:	2 FILER NAME BRIAN ROSAS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (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	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | 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 BRIAN ROSAL	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address: City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (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	Office held
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Date	Business name
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Amount (\$)	Business address: City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	Office held
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Date	Business name
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Amount (\$)	Business address: City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	Office held
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Date	Business name
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Amount (\$)	Business address: City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | 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 G:	2 FILER NAME <i>BRIAN ROSAS</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>SEE ATTACHED</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

October 2014

Contributor	Address	Amount
Remaining balance of October 2014		559.85
Danna Orr	7003 Meadow Lake Ave Dallas TX	500.00
John Orr	P.O Box Drawer 90 Chapman Ranch, TX 78437	500.00
Margret R. Hight	2800 Waymaker Way Unit 64 Austin, Texas 78746	1,000.00
Louise Chapman	PO BOX 6771 Coprus Christti TX 78466	500.00
Elise McClain	404 Southwestern Houston TX 77005	500.00
Dian O. Vandemark	12 Franklin Street Annapolis, Maryland 21401	300.00
Jeff Smith	14313 Dorsal Street Corpus Christi, Texas 78418	100.00
Dan S. Leyendecker	801 Navigation Blvd. Suite 300 Corpus Christi, Texas 78408	300.00
Ernest R. Garza	10201 Leopard Street Corpus Christi, Texas 78410	300.00
Rick & Amber Martinez	5613 King Acres Corpus Christi, Texas 78414	150.00
R. Bryan Gulley	6421 Saratoga Bldg 101 Corpus Christii, Texas 78414	300.00
Butch Escobedo		150.00
Huff		1,000.00
C.C. POA		500.00
Ortiz Construction		500.00
Diana Rosas (Personal loan)		5,500.00
Craig Pearce (Personal loan)		1,000.00

Total	13,659.85
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8th Day Expense

<u>Expenses</u>	<u>Amount</u>
Classic Printing	1,200.00
Art Work	200.00
Website	250.00
Gulf Coast Mailing Services	1,551.50
Radio Advertisement	1,000.00
Consulting	500.00
Events Expense	330.38
Signs	680.35
Photography	200.00
Labor/Workers	150.00
T-Post/Sign Holders	350.00
Office Supplies	135.00
Shirts	125.38

Total Expenses	6,672.61
Total Donated	13,659.85
Total Remaining	6,987.24