

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: 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Joseph	MI a	OFFICE USE ONLY <div style="border: 2px solid red; padding: 5px; display: inline-block;"> Date Filed 1/10/14 Rebecca Huerta City Secretary </div>
	NICKNAME Joe	LAST Adame	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P.O. Box 8324	APT / SUITE #;	CITY; STATE; ZIP CODE Corpus Christi, TX 78468	
<input type="checkbox"/> change of address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 880-5888	EXTENSION	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Manuel	MI a	
	NICKNAME Tony	LAST Reyes	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5905 Harvest Hill Road Corpus Christi, TX 78414			
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 985-2706	EXTENSION	
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 7 / 1 / 13			THROUGH Month Day Year 12 / 31 / 13
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Mayor		13 OFFICE SOUGHT (if known)	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

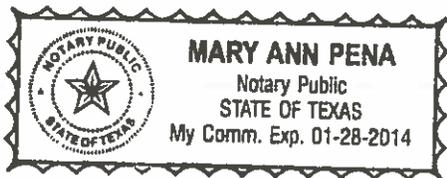
14 C/OH NAME _____ 15 ACCOUNT # (Ethics Commission Filers) _____

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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,477.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,574.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

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.



Joe Adame
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Adame, this the 10th day of January 20 14, to certify which, witness my hand and seal of office.

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

POLITICAL EXPENDITURES**SCHEDULE F****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: 3	2 FILER NAME Joseph Bolame	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-5-13	5 Payee name US Postal Service
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6 Amount (\$) 54.00	7 Payee address; City; State; Zip Code 802 N Tancakua Corpus Christi, TX 78401
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations	(b) Description (If travel outside of Texas, complete Schedule T) Just see PO Box
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-17-13	Payee name Starbucks
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Amount (\$) 8.39	Payee address; City; State; Zip Code Dallas, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (If travel outside of Texas, complete Schedule T) Feed ministry
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-17-13	Payee name Glorias Rest
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Amount (\$) 36.29	Payee address; City; State; Zip Code 4140 Lemmon Ave Dallas, Texas 75219
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (If travel outside of Texas, complete Schedule T) Feed Ministry
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-17-13	Payee name Shell Oil
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Amount (\$) 23.24	Payee address; City; State; Zip Code P.O. Box 2463 Houston, TX 77252
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel	Description (If travel outside of Texas, complete Schedule T) Feed ministry
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Complete <u>ONLY</u> 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

SCHEDULE F

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: 3	2 FILER NAME <i>Joseph Adams</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7-17-13</i>	5 Payee name <i>American Airlines</i>
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6 Amount (\$) <i>75.00</i>	7 Payee address; City; State; Zip Code <i>Dallas, TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Travel</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Feed Ministry</i>
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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 <i>7-17-13</i>	Payee name <i>Howards BB Q</i>
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Amount (\$) <i>20.64</i>	Payee address; City; State; Zip Code <i>1002 Antelope Corpus Christi, TX 78401</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>SEA District</i>
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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 <i>7-17-13</i>	Payee name <i>Citrus Bistro</i>
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Amount (\$) <i>24.90</i>	Payee address; City; State; Zip Code <i>100 Shoreline Dr. Corpus Christi, TX 78401</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>First Tee Program</i>
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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 <i>7-17-13</i>	Payee name <i>Hesters Cafe</i>
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Amount (\$) <i>35.47</i>	Payee address; City; State; Zip Code <i>1902 N Shoreline Corpus Christi, TX 78401</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Downtown Improvement Meeting</i>
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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

SCHEDULE F

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)

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1 Total pages Schedule F: <i>3</i>	2 FILER NAME <i>Joseph Adams</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8-16</i>	5 Payee name <i>First Tee Coastal Bend</i>
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6 Amount (\$) <i>5,000.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 212 Corpus Christi, TX 78401</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contribution/Donation</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-24-13</i>	Payee name <i>Citizens of a Better Bayfront</i>
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Amount (\$) <i>2,000.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 6469 Corpus Christi, TX 78466</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution/Donation</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-2-13</i>	Payee name <i>City of Corpus Christi Senior Services</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>1201 Leopard St Corpus Christi, TX 78401</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution/Donation</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-16-13</i>	Payee name <i>Youth Odyssey</i>
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Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 331394 Corpus Christi, TX 78463</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution/Donation</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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