

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |   |  |                             |
|---|---|--|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form.                                  |   | <b>1 ACCOUNT #</b><br>(Ethics Commission Filers)   | <b>2 Total pages filed:</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR: <u>MR</u> FIRST: <u>CHAD</u> MI: _____<br>NICKNAME: _____      LAST: <u>MAGILL</u> SUFFIX: _____   | <b>OFFICE USE ONLY</b><br>Date Received: _____<br><div style="border: 2px solid red; padding: 5px; display: inline-block;"> <b>Date Filed</b> <u>1/15/14</u><br/> <u>Rebecca Huerta</u><br/> <u>Rebecca Huerta</u><br/> <b>City Secretary</b> </div><br>Date Hand-delivered to Commission: _____<br>Receipt # _____      Amount _____<br>Date Processed: _____<br>Date Imaged: _____ |                             |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> change of address | ADDRESS / PO BOX: <u>641 Texas Ave</u> APT / SUITE #: _____      CITY: <u>Corpus Christi</u> STATE: <u>TX</u> ZIP CODE: <u>78404</u>  |  |                             |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE: <u>(361)</u> PHONE NUMBER: <u>792 0332</u> EXTENSION: _____  |  |                             |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR: <u>MR</u> FIRST: <u>TONY</u> MI: _____<br>NICKNAME: _____      LAST: <u>ELIZONDO</u> SUFFIX: _____   |  |                             |
| <b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>                                     | STREET ADDRESS (NO PO BOX PLEASE): <u>5102 Holly Rd Ste B</u> APT / SUITE #: _____      CITY: <u>Corpus Christi</u> STATE: <u>TX</u> ZIP CODE: <u>78411</u>   |  |                             |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE: <u>(361)</u> PHONE NUMBER: <u>888-8500</u> EXTENSION: _____  |  |                             |
| <b>9 REPORT TYPE</b>  | <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)<br><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) |  |                             |
| <b>10 PERIOD COVERED</b>  | Month Day Year      THROUGH      Month Day Year<br><u>7 / 1 / 2013</u> <u>12 / 31 / 2013</u>  |  |                             |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month Day Year<br>/ /  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special  |                             |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br><u>City Council District 2</u>  | <b>13 OFFICE SOUGHT (if known)</b>   |                             |
| <b>GO TO PAGE 2</b>   |   |  |                             |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

|                                    |   |
|------------------------------------|---|
| 14 C/OH NAME<br><b>CHAD MAGILL</b> | 15 ACCOUNT # (Ethics Commission Filers) |
|------------------------------------|---|

16 NOTICE FROM POLITICAL COMMITTEE(S)

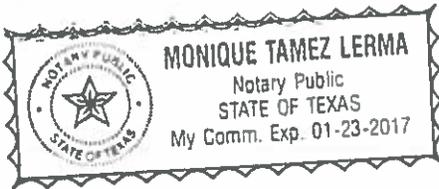
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|   |  |
|---|--|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE<br><br>COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS |
|---|--|

additional pages

|                         |   |                      |
|-------------------------|---|----------------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>0 Itemized</u> |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>7,160.00</u>   |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ <u>0 Itemized</u> |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>1,744.09</u>   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>4,559.99</u>   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>0.00</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

*Chad Magill*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chad Magill this the 15<sup>th</sup> day of January 14, to certify which, witness my hand and seal of office.

*Monique Tamez Lerma*      Monique Tamez Lerma      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

*See itemized*

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: *N/A*

2 FILER NAME

*CHAD MAGILL*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL 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

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor       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)

Date

Full name of pledgor       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)

Date

Full name of pledgor       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)

Date

Full name of pledgor       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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:  
N/A

2 FILER NAME **CHAD MAGILL** 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$

|  |   |                    |
|--|---|--------------------|
| 5 Date of loan                                     | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution?<br><br>Y    N | 8 Lender address;   City;   State;   Zip Code                           | 10 Interest rate   |
|  |   | 11 Maturity date   |

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral  none 15 Check if personal funds were deposited into political account

|   |   |                           |
|---|---|---------------------------|
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor<br><br>18 Guarantor address;   City;   State;   Zip Code | 19 Amount Guaranteed (\$) |
|---|---|---------------------------|

20 Principal Occupation (See Instructions) 21 Employer (See Instructions)

|  |   |                  |
|--|---|------------------|
| Date of loan                                     | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution?<br><br>Y    N | Lender address;   City;   State;   Zip Code                           | Interest rate    |
|  |   | Maturity date    |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral  none Check if personal funds were deposited into political account

|  |   |                        |
|--|---|------------------------|
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | Name of guarantor<br><br>Guarantor address;   City;   State;   Zip Code | Amount Guaranteed (\$) |
|--|---|------------------------|

Principal Occupation (See Instructions) Employer (See Instructions)

**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

*See Itemized*

### 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<br><i>CHAD MAGILL</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|------------------------------------|--|

|        |              |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

|               |  |
|---------------|--|
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
|---------------|--|

|                          |  |   |
|--------------------------|--|---|
| 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) |
|--------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

*NA*

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
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.

|                                  |   |   |
|----------------------------------|---|---|
| <b>1</b> Total pages Schedule G: | <b>2</b> FILER NAME<br><i>CHAD MAGILL</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---|---|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)   | <b>7</b> Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |   |

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|--|---|

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

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**  
*SEE ATTACHED*

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
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.

|  |  |   |
|--|--|---|
| 1 Total pages Schedule H:                                    | 2 FILER NAME<br><i>CHAD MAGILL</i>                               | 3 ACCOUNT # (Ethics Commission Filers)                            |
| 4 Date   | 5 Business name  |   |
| 6 Amount (\$)  | 7 Business address; City; State; Zip Code                        |   |
| 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) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought      Office held                                    |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                    | Office sought      Office held                                    |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                    | Office sought      Office held                                    |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                    | Office sought      Office held                                    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

N/A

The Instruction Guide explains how to complete this form.

|                           |                                    |  |
|---------------------------|------------------------------------|--|
| 1 Total pages Schedule I: | 2 FILER NAME<br><b>CHAD MAGILL</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|------------------------------------|--|

|        |              |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

|               |  |
|---------------|--|
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
|---------------|--|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
|--------------------------|---|--|

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

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

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
|------------------------|---|--|

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

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

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
|------------------------|---|--|

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

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

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
|------------------------|---|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

N/A

2 FILER NAME

CHAD MAGILL

3 ACCOUNT # (Ethics Commission Filers)

|  |   |               |
|--|---|---------------|
| 4 Date                                 | 5 Name of person from whom amount is received                           | 8 Amount (\$) |
|  | 6 Address of person from whom amount is received; City; State; Zip Code |               |
| 7 Purpose for which amount is received |   |               |

|                                      |   |             |
|--------------------------------------|---|-------------|
| Date                                 | Name of person from whom amount is received                           | Amount (\$) |
|                                      | Address of person from whom amount is received; City; State; Zip Code |             |
| Purpose for which amount is received |   |             |

|                                      |   |             |
|--------------------------------------|---|-------------|
| Date                                 | Name of person from whom amount is received                           | Amount (\$) |
|                                      | Address of person from whom amount is received; City; State; Zip Code |             |
| Purpose for which amount is received |   |             |

|                                      |   |             |
|--------------------------------------|---|-------------|
| Date                                 | Name of person from whom amount is received                           | Amount (\$) |
|                                      | Address of person from whom amount is received; City; State; Zip Code |             |
| Purpose for which amount is received |   |             |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

N/A

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule T:              |
| 2 FILER NAME  |  | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |  |
| 5 Contribution / Expenditure reported on:   |  |  |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |  |  |
| 6 Dates of travel   | 7 Name of person(s) traveling  |  |
|   | 8 Departure city or name of departure location                               |  |
|   | 9 Destination city or name of destination location                           |  |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |  |
| Contribution / Expenditure reported on:   |  |  |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |  |  |
| Dates of travel   | Name of person(s) traveling  |  |
|   | Departure city or name of departure location                                 |  |
|   | Destination city or name of destination location                             |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |  |
| Contribution / Expenditure reported on:   |  |  |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |  |  |
| Dates of travel   | Name of person(s) traveling  |  |
|   | Departure city or name of departure location                                 |  |
|   | Destination city or name of destination location                             |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |  |  |

| Contributor                  | Amount      | Address                 | City           | State | Zip   |
|------------------------------|-------------|-------------------------|----------------|-------|-------|
| Jane Dodson                  | 250.00      | 3657 Denver Ave         | Corpus Christi | TX    | 78411 |
| Kimberly & Gene Cran         | 300.00      | 5717 Ocean Drive        | Corpus Christi | TX    | 78412 |
| Melinda & Rudy Garza         | 200.00      | 6221 Michaux            | Corpus Christi | TX    | 78414 |
| Virginia G Price             | 100.00      | 532 Sorrell St          | Corpus Christi | TX    | 78404 |
| Mona Baen                    | 100.00      | 434 Louisiana           | Corpus Christi | TX    | 78404 |
| Gail Blanpied                | 20.00       | 3621 Austin             | Corpus Christi | TX    | 78411 |
| Dora & Robert Viera          | 500.00      | 14834 Beal Drive        | Corpus Christi | TX    | 78410 |
| Vicki & Paul Chapa           | 500.00      | PO Box 17428            | Austin         | TX    | 78760 |
| Mayuri & Deven Bhakta        | 300.00      | PO Box 100              | Aranzas Pass   | TX    | 78373 |
| Raju Bhagat                  | 300.00      | 5549 Leopard Street     | Corpus Christi | TX    | 78408 |
| Cynthia & Wayne Lundquist    | 250.00      | 700 Everhart Suite F-11 | Corpus Christi | TX    | 78411 |
| Melinda & Rudy Garza         | 200.00      | 6221 Michaux            | Corpus Christi | TX    | 78414 |
| Andrew B Taubman             | 150.00      | 5601 SPID               | Corpus Christi | TX    | 78412 |
| Joe F Guerra Sr & Jr         | 100.00      | 3005 S Fork Dr.         | Corpus Christi | TX    | 78414 |
| Jodi & Mark Escamilla        | 100.00      | 7509 Cannes Dr          | Corpus Christi | TX    | 78414 |
| Helen & Samuel Dalton        | 100.00      | 8002 Villefranche Dr    | Corpus Christi | TX    | 78414 |
| Suzanne & Nicholas Taylor    | 100.00      | 5413 Pressler Drive     | Corpus Christi | TX    | 78413 |
| Linda & Roberto Tamez        | 100.00      | 4626 Weiskopf           | Corpus Christi | TX    | 78413 |
| Maria Gonzales               | 100.00      | 7026 Adbury Dr          | Corpus Christi | TX    | 78413 |
| Matt Stevens                 | 50.00       | PO Box 60227            | Corpus Christi | TX    | 78466 |
| Marta Kay & Rod Wolthoff     | 50.00       | 15198 Palo Seco Dr      | Corpus Christi | TX    | 78418 |
| Mary Margaret & Harry Hebert | 50.00       | 613 Miramar Place       | Corpus Christi | TX    | 78411 |
| George Clower Jr.            | 50.00       | PO Box 331300           | Corpus Christi | TX    | 78463 |
| Patsy Thomas                 | 25.00       | 4006 Berlet Ln          | Corpus Christi | TX    | 78418 |
| Sylvia C. Wilson             | 25.00       | 4514 Bluefield Dr       | Corpus Christi | TX    | 78413 |
| Linda Bernier                | 25.00       | 406 Clifford            | Corpus Christi | TX    | 78404 |
| Jean Marie Welch             | 20.00       | 6002 Strasbourg Dr      | Corpus Christi | TX    | 78414 |
| Bianca Chorna                | 20.00       | 7601 Bon Soir Drive     | Corpus Christi | TX    | 78414 |
| Dr. R. Bryan Gullett         | 500.00      | 6421 Saratoga           | Corpus Christi | TX    | 78414 |
| Gowind Nadkarni              | 500.00      | PO Box 9094             | Corpus Christi | TX    | 78469 |
| Joseph Mark Roach            | 50.00       | PO Box 1117             | Aranzas Pass   | TX    | 78335 |
| Holly & Greg Duval           | 25.00       | 412 Pinehurst Ave       | Portland       | TX    | 78374 |
| Char & Cliff Atmip           | 200.00      | 358 University          | Corpus Christi | TX    | 78412 |
| Ted Stephens                 | 100.00      | 513 Dolphin             | Corpus Christi | TX    | 78411 |
| Craig Pierce                 | 100.00      | 39 Camden Place         | Corpus Christi | TX    | 78412 |
|                              | \$ 5,560.00 |                         |                |       |       |
| Eloy Salazar                 | 200.00      | 9450 SPID STE 1         | Corpus Christi | TX    | 78418 |
| Robert Tamez                 | 200.00      | 4626 Weiskopf           | Corpus Christi | TX    | 78413 |
| Sylvia & Butch Escobedo      | 200.00      | 3 Great Lakes Drive     | Corpus Christi | TX    | 78413 |
| Theo Dimopoulos              | 1,000.00    | 5702 Spohn Dr           | Corpus Christi | TX    | 78413 |
|                              | \$ 1,600.00 |                         |                |       |       |

TOTAL FUNDRAISING as of 12/31/2012

\$ 7,160.00

| Vendor                                  | Date       | Amount             | Category/Purpose           |
|---|------------|--------------------|----------------------------|
| American Bank                           | 7/15/2013  | \$ 8.00            | Accounting/Banking Expense |
| American Bank                           | 7/15/2013  | \$ 1.75            | Accounting/Banking Expense |
| Harbor Parking - Valet                  | 7/16/2013  | \$ 120.00          | Event/Fundraising Expense  |
| American Bank                           | 8/15/2013  | \$ 8.00            | Accounting/Banking Expense |
| 3DNA-NBuilder                           | 8/19/2013  | \$ 24.00           | Advertising Expense        |
| American Bank                           | 9/15/2013  | \$ 8.00            | Accounting/Banking Expense |
| 3DNA-NBuilder                           | 9/18/2013  | \$ 24.00           | Advertising Expense        |
| American Bank                           | 10/15/2013 | \$ 8.00            | Accounting/Banking Expense |
| 3DNA-NBuilder                           | 10/21/2013 | \$ 24.00           | Advertising Expense        |
| ACH Online Donations Fee                | 10/24/2013 | \$ 9.57            | Fundraising Expense        |
| Herodias Consulting                     | 11/15/2013 | \$ 560.39          | Advertising Expense        |
| American Bank                           | 11/15/2013 | \$ 8.00            | Accounting/Banking Expense |
| 3DNA-NBuilder                           | 11/18/2013 | \$ 24.00           | Advertising Expense        |
| Herodias Consulting                     | 12/13/2013 | \$ 560.38          | Advertising Expense        |
| American Bank                           | 12/15/2013 | \$ 8.00            | Accounting/Banking Expense |
| Majic                                   | 12/18/2013 | \$ 300.00          | Advertising Expense        |
| 3DNA-NBuilder                           | 12/18/2013 | \$ 24.00           | Advertising Expense        |
| 3DNA-NBuilder                           | 7/18/2014  | \$ 24.00           | Advertising Expense        |
| <b>TOTAL EXPENSES as of 12/31/2012:</b> |            | <b>\$ 1,744.09</b> |                            |