

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000039

2 PAGE #
1 of 4

3 COMMITTEE NAME
Neighborhoods First!

OFFICE USE ONLY Date Filed 10/6/14

Date Received
Rebecca Huerta
**Rebecca Huerta
City Secretary**

4 COMMITTEE ADDRESS
 Change of Address
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
39 Camden Place
Corpus Christi, TX 78412

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Craig
NICKNAME LAST SUFFIX
Pierce

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
39 Camden Place
Corpus Christi, TX 78412

7 CAMPAIGN TREASURER'S MAILING ADDRESS
 Change of Address
STREET OR PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE
39 Camden Place
Corpus Christi, TX 78412

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(361) 299-5595

9 REPORT TYPE
 January 15 30th day before election Dissolution (attach PAC-DR)
 July 15 8th day before election 10th day after campaign treasurer termination
 Runoff

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year
07/15/2014 10/06/2014

11 ELECTION
Month Day Year ELECTION DATE ELECTION TYPE
11/04/2014 Primary Runoff General Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM GPAC
COVER SHEET PG 2**

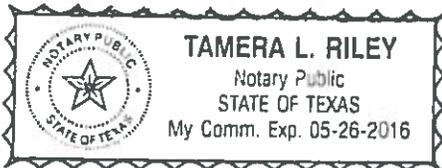
12 COMMITTEE NAME Neighborhoods First! ACCOUNT # 00000039

| | | |
|--|--|--------------|
| 13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (identify by name or, if applicable, classify by party) | A. Supported |
| | | B. Opposed |
| | 2. Measures (describe by date and location of election and nature of issue) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (identify by name or, if applicable, classify by party) | |

| | | |
|-------------------------|--|---------------------------|
| 14 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$100 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold. | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 73.84 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 266.86 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 465.48 0.00 |

15 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.



Craig Pierce
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Craig Pierce, this the 6th day of October, 2014, to certify which, witness my hand and seal of office.

Tamera L. Riley Signature of officer administering oath
TAMERA L RILEY Printed name of officer administering oath
Notary Public Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/2 Report: 3/4 | 2 FILER NAME Neighborhoods First! | 3 ACCOUNT # (TEC filers) 00000039 |
|--|---|---|

| | |
|-----------------------------|---|
| 4 Date 07/31/2014 | 5 Payee name 1st Community Bank |
|-----------------------------|---|

| | |
|--|--|
| 6 Amount (\$) \$11.94 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address City; State; Zip Code 416 N Water Street Corpus Christi, TX 78401 |
|--|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service Charge <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: |
|--|-------------------------------|----------------|--------------|

| | |
|---------------------------|---|
| Date 08/25/2014 | Payee name 1st Community Bank |
|---------------------------|---|

| | |
|--|--|
| Amount (\$) \$19.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address City; State; Zip Code 416 N Water Street Corpus Christi, TX 78401 |
|--|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service Charge <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: |
|--|-------------------------------|----------------|--------------|

| | |
|---------------------------|---|
| Date 08/31/2014 | Payee name 1st Community Bank |
|---------------------------|---|

| | |
|--|--|
| Amount (\$) \$11.95 <input type="checkbox"/> Expenditure from corporate funds | Payee address City; State; Zip Code 416 N Water Street Corpus Christi, TX 78401 |
|--|--|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service Fee <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: |
|--|-------------------------------|----------------|--------------|

| | |
|---------------------------|---|
| Date 09/30/2014 | Payee name 1st Community Bank |
|---------------------------|---|

| | |
|--|--|
| Amount (\$) \$11.95 <input type="checkbox"/> Expenditure from corporate funds | Payee address City; State; Zip Code 416 N Water Street Corpus Christi, TX 78401 |
|--|--|

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|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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)

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| | | |
|--|---|---|
| 1 PAGE # Schedule: 2/2 Report: 4/4 | 2 FILER NAME Neighborhoods First! | 3 ACCOUNT # (TEC filers) 00000039 |
|--|---|---|

| | |
|-----------------------------|--------------------------------------|
| 4 Date 07/25/2014 | 5 Payee name NationBuilder |
|-----------------------------|--------------------------------------|

| | |
|--|---|
| 6 Amount (\$) \$19.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address City; State; Zip Code 448 Hill Street, Ste 200 Los Angeles, CA 90013 |
|--|---|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website <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: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|-----------------------------|
| Date 09/25/2014 | Payee name NationBuilder |
|--------------------|-----------------------------|

| | |
|---|--|
| Amount (\$) \$19.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address City; State; Zip Code 448 Hill Street, Ste 200 Los Angeles, CA 90013 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website <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: |
|---|-------------------------------|----------------|--------------|