

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>C</u> FIRST <u>Lillian</u> MI	OFFICE USE ONLY
	NICKNAME LAST <u>Riojas</u> SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>PO BOX 331490</u> APT / SUITE # <u>CC TX 78403</u> CITY, STATE, ZIP CODE	Date Received
	<input type="checkbox"/> change of address	Date Filed <u>10/6/14</u>

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(301)</u> PHONE NUMBER <u>765-1499</u> EXTENSION	Date Received / Delivered or Postmarked
		Received <u>Rebecca Huerta</u>

6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>C</u> FIRST <u>Elisa</u> MI <u>Macias</u>	Date Processed
	NICKNAME LAST <u>Fogle</u> SUFFIX	Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>734 E. Post Avenue</u> APT / SUITE # <u>CC TX 78401</u> CITY, STATE, ZIP CODE

8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(301)</u> PHONE NUMBER <u>331 7280</u> EXTENSION

9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 <u>07</u> Day <u>01</u> Year <u>2014</u> THROUGH Month <u>10</u> Day <u>1</u> Year <u>2014</u>

11 ELECTION	ELECTION DATE Month <u>11</u> Day <u>04</u> Year <u>2014</u>	ELECTION TYPE
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any) <u>City Council At-Large</u>	13 OFFICE SOUGHT (if known)
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

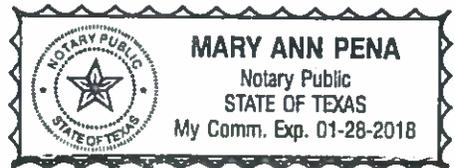
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 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	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,140 ¹⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,037 ⁵⁴
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,805 ⁰⁸
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



Lillian Riojas

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lillian Riojas, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Mary Ann Pena

Signature of officer administering oath

Mary Ann Pena

Printed name of officer administering oath

Notary Public

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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
See attached			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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.

Campaign Finance Report - October 2014 Political Contributions

Name	Address		Amount	Date
Rosaura Bailey	433 Poenisch Dr.	Corpus Christi, TX	78412 \$250.00	6/20/2014
Jane Salinas/Nancy Salinas-Escobedo	2243 Rocky Hollow Ln.	Katy, TX	77450 \$500.00	7/12/2014
Jeff or Carolyn Wigginton	21 Hewitt Dr.	Corpus Christi, TX	78404 \$200.00	6/24/2014
Barry Andrews	2730 Irving Blvd.	Dallas, TX	75207 \$1,000.00	6/5/2014
Avinash Ahuja	500 N. Shoreline Ste. 322	Corpus Christi, TX	78471 \$500.00	6/24/2014
MD and Connie Scott	5548 CR 81	Corpus Christi, TX	78380 \$1,500.00	7/22/2014
Leah & George Olvarri	33 Camden Place	Corpus Christi, TX	78412 \$500.00	8/29/2014
Alan Evans	PO Box 9011	Corpus Christi, TX	78469 \$1,000.00	8/27/2014
Ed & Carole Martin	5814 Parkway	Corpus Christi, TX	78414 \$500.00	7/25/2014
Rakesh & Jyoti Patel	PO Box 10028	Corpus Christi, TX	78480Q \$200.00	9/3/2014
David Engle	230 Amistad	Corpus Christi, TX	78404 \$500.00	7/23/2014
Orion Drilling	674 Flato Rd	Corpus Christi, TX	78405 \$2,000.00	8/15/2014
Patrick & Lori Veteto	3525 Black Oak Dr.	Corpus Christi, TX	78418 \$250.00	9/5/2014
CDM Smith Inc. PAC Acct.	3050 Post Oak Blvd. Ste. 300	Houston, TX	77056 \$500.00	9/3/2014
HC Weil	500 N. Shoreline Ste. 1118	Corpus Christi, TX	78401 \$250.00	7/1/2014
Coastal Area Builders PAC	5325 Yorktown Rd.	Corpus Christi, TX	78414 \$500.00	9/18/2014
Bracewell & Giuliani Committee	711 Louisiana St. Ste. 2300	Houston, TX	77002 \$500.00	9/4/2014
Barry Andrews	2730 Irving Blvd.	Dallas, TX	75207 \$2,000.00	9/18/2014
Gignac & Assc. (Raymond)	416 Starr St.	Corpus Christi, TX	78401 \$1,250.00	9/23/2014
Willard H. Hammonds Sr.	4418 Ocean Dr.	Corpus Christi, TX	78411 \$1,000.00	9/25/2014
Stevens G. Herbst	5018 Cascade Dr.	Corpus Christi, TX	78413 \$250.00	9/24/2014
Gary & Mary Whittington	7713 Moritz Lake Dr.	Corpus Christi, TX	78413 \$100.00	9/24/2014
Saratoga Highway Prop. (Wayne Lundquist)	4513 Grand Lake Dr.	Corpus Christi, TX	78414 \$250.00	9/24/2014
Encalve @ Oso Pkway (Wayne Lundquist)	14 W Bar Le Doc Dr.	Corpus Christi, TX	78414 \$250.00	9/24/2014
Jerrill C. Kramer	5710 King Trail	Corpus Christi, TX	78414 \$250.00	9/22/2014
Michael Morgan	13710 Hawksnest Bay Dr.	Corpus Christi, TX	78418 \$40.00	9/26/2014
Ben & Elinor Donnell	205 Jackson Pl.	Corpus Christi, TX	78411 \$100.00	9/25/2014
William Kleese	109 Turnberry Way	San Antonio, TX	78230 \$1,000.00	9/25/2014
Tom Carlisle	233 Cape May	Corpus Christi, TX	78412 \$1,000.00	9/24/2014

IN- KIND

Ted Oakley

* Labor Services

2930 Denver

Corpus Christi Tx

78404

\$4,000.00

9/24/2014

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:	2 FILER NAME	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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See attached

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

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	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>July 4 2014</i>	5 Payee name <i>Ticket master</i>
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6 Amount (\$) <i>150.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	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) <i>other</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>2 tickets for Tim McBraw - drawing</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <i>9-19-2014</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>54.00</i> <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) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>letters, envelopes</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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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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Date	Payee name
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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