

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST CHAD	MI
	NICKNAME	LAST MAGILL	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	641 Texas Avenue Corpus Christi TX 78404		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 792 0332	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST LARRY	MI
	NICKNAME	LAST ELIZONDO	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	5102 Holly Rd Ste B Corpus Christi TX 78411		
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 792 0332	EXTENSION
9 REPORT TYPE	<input 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 checked="" 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
	01 / 01 / 2015 THROUGH 06 / 30 / 2015		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	City Council At-Large		

OFFICE USE ONLY	
Date Received	
Date Filed 7/15/15	
Rebecca Huerta Rebecca Huerta City Secretary	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME CHAD MAGILL 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

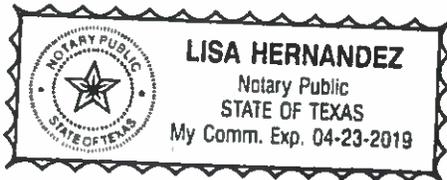
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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>Itemized</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>41,550.49</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>Itemized</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10,689.60</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>42,117.24</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 15TH day of July, 2015, to certify which, witness my hand and seal of office.

Lisa Hernandez
Signature of officer administering oath

Lisa Hernandez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ITEMIZED

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

itemized

2 FILER NAME

CHAD MAGILL

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ITEMIZED

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

Itemized

2 FILER NAME

CHAD MAGILL

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor out-of-state PAC (ID#: _____)

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 <i>NONE</i>	
2 FILER NAME <i>CHAD MAGILL</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check 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:
NONE

2 FILER NAME

CHAD MAGILL

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?
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 (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?
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 (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
See itemized

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>CHAD MAGILL</i>	3 Filer ID (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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2.	2 FILER NAME CHAD MAGILL	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> 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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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

**PURCHASE OF INVESTMENTS
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F3

The Instruction Guide explains how to complete this form. **1** Total pages Schedule F3: **NONE**

2 FILER NAME **CHAD MAGILL** **3** Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of Investment
	8 Amount of investment (\$)

Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment (\$)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G
NONE

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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>CHAD MAGILL</i>	3 Filer ID (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
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H
See Itemized

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H.	2 FILER NAME CHAD MAGILL	3 Filer ID (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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I
NONE

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>CHAD MAGILL</i>		3 Filer ID (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	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

None

2 FILER NAME

CHAD MAGILL

3 Filer ID (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 Check if political contribution returned to filer

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 Check if political contribution returned to filer

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 Check if political contribution returned to filer

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 Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: **NONE**

2 FILER NAME **CHAD MAGILL** 3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule G Schedule H Schedule COH-UC Schedule B-SS

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)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule G Schedule H Schedule COH-UC Schedule B-SS

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)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule G Schedule H Schedule COH-UC Schedule B-SS

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)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Contributor	Amount	Address	City	State	Zip
Dan Leyendecker	2/27/2015	2250.00 801 Navigation	Corpus Christi	TX	78408
Gregg Reyes	3/16/2015	5000.00 26 Hedwig Circle	Houston	TX	77024
Ernest Garza	5/7/2015	600.00 10201 Leopard Ste A	Corpus Christi	TX	78410
Square Inc - Initial Transaction Deposit	5/8/2015	0.49 1455 Market St	San Francisco	CA	94103
Chris Hamilton	5/21/2015	1100.00 1814 Holly Rd	Corpus Christi	TX	78417
Javier Huerta	5/22/2015	250.00 615 N Upper Broadway Ste 1250	Corpus Christi	TX	78401
Eduardo R Gomez	5/26/2015	750.00 3926 Covington Crossing	Corpus Christi	TX	78414
PMG Retail	5/26/2015	600.00 16035 University Oak	San Antonio	TX	78249
Robert Parker	5/28/2015	1500.00 PO Box 9316	Corpus Christi	TX	78469
Linebarger Goggan Blair & Sampson	6/1/2015	1000.00 PO Box 17428	Austin	TX	78760
Daniel Owen	6/3/2015	600.00 3918 Annemasse	Corpus Christi	TX	78414
Christopher C Hight	6/3/2015	250.00 189 Savannah St S.E.	Atlanta	GA	30316
Margaret R Hight	6/4/2015	500.00 615 N Upper Broadway St	Corpus Christi	TX	78401
Turner Ramirez Architecture	6/5/2015	1000.00 5525 S Staples Ste A7	Corpus Christi	TX	78411
Linebarger Goggan Blair & Sampson	6/5/2015	500.00 PO Box 17428	Austin	TX	78760
Cervantes Electric	6/5/2015	600.00 5109 Springbrook Dr	Corpus Christi	TX	78413
Napoleon Elvord	6/5/2015	200.00 102 1st Street	Odem	TX	78370
Mark & Rachel Garza	6/5/2015	500.00 4833 Saratoga Ste 612	Corpus Christi	TX	78413
Dian O Vandemark	6/5/2015	500.00 12 Franklin St	Annapolis	MD	21401
John D. Orr	6/5/2015	500.00 Post Office Drawer 90	Chapman Ranch	TX	78347
Roxana Hight	6/5/2015	500.00 615 N Upper Broadway St	Corpus Christi	TX	78401
James Jackson	6/5/2015	150.00 2610 Starlight Ct	San Antonio	TX	78261
Danna Orr	6/6/2015	500.00 7003 Meadow Lake Ave	Dallas	TX	75214
Elise McClain	6/7/2015	500.00 4040 Southwestern St	Houston	TX	77005
Pro Tech Mechanical	6/8/2015	1500.00 6346 Harwick Dr.	Corpus Christi	TX	78417
James Preis	6/8/2015	500.00 5734 Crosstown SH 286	Corpus Christi	TX	78417
CCPOA	6/9/2015	250.00 3122 Leopard St	Corpus Christi	TX	78408
Realtex	6/9/2015	600.00 1101 S Capital of Texas Hwy Ste F200	Austin	TX	78746
Gary Vaughn	6/9/2015	1500.00 PO Box 261025	Corpus Christi	TX	78426
Steven W Keevan	6/9/2015	850.00 5509 Sarazen Drive	Corpus Christi	TX	78413
American Collision Repair Center	6/9/2015	600.00 3043 SPID	Corpus Christi	TX	78415
CC Hurricane Alley	6/10/2015	250.00 615 S Upper Broadway	Corpus Christi	TX	78401
David Owen	6/10/2015	500.00 PO Box 3087	Corpus Christi	TX	78463
Pro Fire Protection	6/10/2015	600.00 PO Box 4589	Corpus Christi	TX	78469
Trip & Brandey Batey	6/11/2015	250.00 429 Bermuda Pl	Corpus Christi	TX	78411
Steven Floyd	6/12/2015	100.00 4517 Iron River Dr	Corpus Christi	TX	78410
Orion Drilling	6/12/2015	5000.00 674 Flato Rd	Corpus Christi	TX	78405
Govind Development	6/12/2015	2500.00 9510 Leopard	Corpus Christi	TX	78410
CDM Smith	6/12/2015	750.00 3050 Post Oak Blvd Ste 300	Houston	TX	77056
Rudy Garza	6/15/2015	200.00 6221 Michaux Dr	Corpus Christi	TX	78414
Ridge Hammonds	6/15/2015	150.00 4833 Saratoga #447	Corpus Christi	TX	78413
Salazar Investments	6/15/2015	250.00 2434 Sacky Dr	Corpus Christi	TX	78415

Louise Chapman	6/15/2015	500.00	PO Box 6771	Corpus Christi	TX	78466
Atomic Omellette	6/15/2015	600.00	6313 Woolldridge #10	Corpus Christi	TX	78414
Humpal Physical Therapy	6/15/2015	600.00	5026 Deepwood Circle	Corpus Christi	TX	78415
Leo Garcia	6/15/2015	300.00	510 Catalina Pl	Corpus Christi	TX	78411
Brenda Marshall	6/18/2015	600.00	14702 Red River Dr	Corpus Christi	TX	78410
		\$ 38,800.49				
Robert Tamez (Golf Tournament Director)	6/15/2015	\$ 2,750.00	801 Navigation	Corpus Christi	TX	78408
		\$ 2,750.00				
		\$ 41,550.49				
TOTAL FUNDRAISING as of 6/30/2015						

Vendor	Date	Amount	Category/Purpose
Reimbursement of paying 3DNA Builder to Chad Magill	1/7/2015	\$ 127.00	Reimbursement for \$103 and \$24 charge on web
American Bank	1/15/2015	\$ 8.00	Accounting/Banking Expense
Purehost	2/12/2015	\$ 35.98	Website multiple year hosting charge
American Bank	2/15/2015	\$ 8.00	Accounting/Banking Expense
Jeff Butler	2/27/2015	\$ 250.00	2014 Campaign Debt Payment
Jeff Butler	3/2/2015	\$ 2,000.00	2014 Campaign Debt Payment Balance
American Bank	3/15/2015	\$ 8.00	Accounting/Banking Expense
American Bank	4/15/2015	\$ 8.00	Accounting/Banking Expense
3DNA-NBuilder	4/20/2015	\$ 24.00	Advertising Expense
Domain Hosting SRV	4/28/2015	\$ 89.42	Website multiple year domain name charge
ATMGPRINT	5/4/2015	\$ 159.25	Printing Expense - Golf Tournament
Jeff Butler	5/5/2015	\$ 250.00	Event Support/Consulting
Democracy Engine Fee	5/7/2015	\$ 22.70	Online Donation Transaction Fee
Square Inc - Initial Transaction Fee	5/8/2015	\$ 0.49	Accounting/Banking Expense
American Bank	5/15/2015	\$ 8.00	Accounting/Banking Expense
3DNA-NBuilder	5/18/2015	\$ 24.00	Advertising Expense
ATMGPRINT	5/19/2015	\$ 30.18	Printing Expense - Golf Tournament
C-Cause	5/27/2015	\$ 200.00	Advertising Expense - TV Show Sponsor
ATMGPRINT	5/27/2015	\$ 206.63	Printing Expense - Golf Tournament
Democracy Engine Fee	5/28/2015	\$ 201.02	Online Donation Transaction Fee
Democracy Engine Fee	6/5/2015	\$ 56.45	Online Donation Transaction Fee
Democracy Engine Fee	6/12/2015	\$ 28.52	Online Donation Transaction Fee
American Bank	6/15/2015	\$ 8.00	Accounting/Banking Expense
Robert Tamez - Reimbursement	6/15/2015	\$ 250.00	Event Expense - Deposit for Golf Tournament Date
Academy Sports	6/15/2015	\$ 400.00	Event Expense - Golf Tournament Ticket Prizes
Hobby Lobby	6/15/2015	\$ 25.94	Event Expense - Golf Tournament Awards
Walmart in Calallen	6/15/2015	\$ 150.50	Event Expense - Golf Tournament Water/Sodas
River Hills Country Club	6/17/2015	\$ 3,657.96	Event Expense - Golf Tournament
NHOI	6/17/2015	\$ 1,003.00	Event Expense - Golf Tournament
Jose Garcia	6/18/2015	\$ 210.00	Event Expense - Golf Tournament Crew of Helpers
3DNA-NBuilder	6/18/2015	\$ 24.00	Advertising Expense
Democracy Engine Fee	6/19/2015	\$ 41.22	Online Donation Transaction Fee
Josh Harper	6/22/2015	\$ 811.88	Event Expense - Golf Tournament Photography
Brenda Marshall - Reimbursement	6/25/2015	\$ 350.00	Overpayment on Sponsorship from \$600 to \$250
Democracy Engine Fee	6/26/2015	\$ 11.45	Online Donation Transaction Fee
TOTAL EXPENSES as of 6/30/2015		\$ 10,689.59	