

# 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
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Joseph</i>	MI <i>a</i>
	NICKNAME <i>Joe</i>	LAST <i>Adame</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX: <i>P.O. Box 8324</i>	APT / SUITE #:	CITY: STATE: ZIP CODE <i>Corpus Christi, TX 78468</i>
	AREA CODE <i>(361)</i>	PHONE NUMBER <i>880-5888</i>	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <i>Mr.</i>	FIRST <i>Manuel</i>	MI <i>a</i>
	NICKNAME <i>Tony</i>	LAST <i>Reyes</i>	SUFFIX
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Manuel</i>	MI <i>a</i>
	NICKNAME <i>Tony</i>	LAST <i>Reyes</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <i>5905 Harvest Hill Road</i>	APT / SUITE #:	CITY: STATE: ZIP CODE <i>Corpus Christi, TX 78414</i>
	AREA CODE <i>(361)</i>	PHONE NUMBER <i>985-2706</i>	EXTENSION
8 CAMPAIGN TREASURER PHONE	MS / MRS / MR <i>Mr.</i>	FIRST <i>Manuel</i>	MI <i>a</i>
	NICKNAME <i>Tony</i>	LAST <i>Reyes</i>	SUFFIX
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year <i>7 / 1 / 14</i>	THROUGH	Month Day Year <i>12 / 31 / 14</i>
	ELECTION DATE Month Day Year <i> / /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 ELECTION	OFFICE HELD (if any) <i>Mayor</i>	13 OFFICE SOUGHT (if known)	

OFFICE USE ONLY	
Date Received	
Date Filed	<i>1/15/15</i>
Date Hand-Delivered or Postmarked	
Receipt Amount	
Date Processed	
Date Imaged	

*Rebecca Huerta*  
City Secretary

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

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

\$ .00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ .00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ .00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,400.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

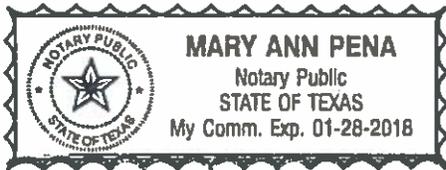
\$ 1,274.41

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.

*Joe Adame*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Adame, this the 15th day of January 20 15, to certify which, witness my hand and seal of office.

*Mary Ann Peña*

Signature of officer administering oath

Mary Ann Peña

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1</b>	2 FILER NAME <i>Joseph Adame</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>9-5-14</b>	5 Payee name <i>Mission 911</i>
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6 Amount (\$) <b>\$400.00</b>	7 Payee address; City; State; Zip Code <i>911 Park Avenue Corpus Christi, Texas 78401</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contributions / Donations</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9-8-14</b>	Payee name <i>Reach Ministries</i>
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Amount (\$) <b>\$2,000.00</b>	Payee address; City; State; Zip Code <i>401 N. Shoreline Blvd Corpus Christi, TX 78401</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contributions / Donations</i>	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
------	------------

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

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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED