

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

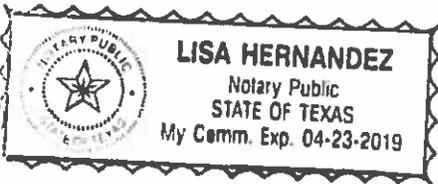
FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME Neighborhoods First!	ACCOUNT # 00000039
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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	\$	299.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	121.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	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 21st 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

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: 3/5		2 FILER NAME Neighborhoods First!		3 ACCOUNT # (TEC filers) 00000039	
4 Date 01/31/2015		5 Payee name 1st Community Bank			
6 Amount (\$) \$12.48 <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 02/28/2015		Payee name 1st Community Bank			
Amount (\$) \$11.98 <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 03/31/2015		Payee name 1st Community Bank			
Amount (\$) \$11.98 <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 04/30/2015		Payee name 1st Community Bank			
Amount (\$) \$12.08 <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:	

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: 2/2 Report: 4/5	2 FILER NAME Neighborhoods First!	3 ACCOUNT # (TEC filers) 00000039
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4 Date 05/31/2015	5 Payee name 1st Community Bank
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6 Amount (\$) \$11.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 416 N Water Street Corpus Christi, TX 78401
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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
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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 06/30/2015	Payee name 1st Community Bank
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Amount (\$) \$11.98 <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 Charge <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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Date 01/02/2015	Payee name Facebook
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Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
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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"/> Facebook <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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Date 01/02/2015	Payee name Facebook
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Amount (\$) \$26.68 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
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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"/> Facebook <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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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 5/5

2 FILER NAME Neighborhoods First!

3 ACCOUNT # (Ethics Commission filers)
00000039

4 Date

04/28/2015

5 Name of person from whom amount is received
Time Warner Cable

8 Amount (\$)

\$42.00

6 Address of person from whom amount is received; City; State; Zip Code
4455 S Padre Island Drive, Ste 31
Corpus Christi, TX 78411

7 Purpose for which amount is received
Refund of Advertising Expense.