

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">13</div>	OFFICE USE ONLY
3 COMMITTEE NAME	FOR Streets, Jobs & Housing CC	Date Received Date Filed <u>11-1-16</u> Rebecca Huerta City Secretary
4 TREASURER NAME	Garry Bradford	
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify _____)	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em;">7 / 1 / 16 THROUGH 9 / 29 / 16</div>	Date Processed Date Imaged

7 EXPLANATION OF CORRECTION

The dollar amount of expenditure to the CC Caller Times was corrected from \$24,861.00 to \$24,580.00.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

PRISCILLA MARIE HARMON
MY COMMISSION EXPIRES
October 27, 2019

AFFIX NOTARY STAMP / SEAL ABOVE

 Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Garry Bradford, this the 1st day of November, 20 16, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

Priscilla Marie Harmon

 Printed name of officer administering

Notary Public

 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

CORRECTED FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12
3 COMMITTEE NAME FOR Streets, Jobs & Housing CC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 615 N. Upper Broadway #1100 Corpus Christi, TX 78401		Date Received
			Date Hand delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI Mr. Garry	Receipt #	Amount \$
	NICKNAME LAST SUFFIX Bradford	Date Processed	
		Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4646 Corona Dr. #100, Corpus Christi, TX 78411		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE (same)		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(361) 852-6392	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 7 / 1 / 16		THROUGH Month Day Year 9 / 29 / 16
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11 / 8 / 16	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME FOR Streets, Jobs & Housing CC **13 Filer ID (Ethics Commission Filers)**

14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

SUPPORT (Candidate or Measure)

OFFICEHOLDER

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / # Prop. 1 ELECTION DATE Month / Day / Year 11 / 8 / 16

DESCRIPTION
1/8th Cent for Economic Development

15 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)	\$ 59,600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 41,989.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 24,861.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

16 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.

Garry Bradford
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Garry Bradford, this the 1st day of November, 20 16 to certify which, witness my hand and seal of office.

Priscilla Marie Harmon
Signature of officer administering oath

Printed name of officer administering oath Priscilla Marie Harmon Title of officer administering oath Notary Public

SUBTOTALS - SPAC

**FORM SPAC
COVER SHEET PG 3**

17 COMMITTEE NAME FOR Streets, Jobs & Housing CC		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 59,600.00
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 41,989.00
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 7****2** FILER NAME
FOR Streets, Jobs & Housing CC**3** Filer ID (Ethics Commission Filers)**4** Date
7/30/2016**5** Full name of contributor out-of-state PAC (ID#: _____)
Ed Cantu**7** Amount of contribution (\$)
100.00**6** Contributor address; City; State; Zip Code
7122 S. Staples, Corpus Christi, TX 78414**8** Principal occupation / Job title (See Instructions)
Insurance**9** Employer (See Instructions)
Ed Cantu Insurance**Date**
7/30/2016**Full name of contributor** out-of-state PAC (ID#: _____)
Thomas Carlisle**Amount of contribution (\$)**
2,000.00**Contributor address; City; State; Zip Code**
500 N. Water Street #900, Corpus Christi, TX 78401**Principal occupation / Job title (See Instructions)**
Insurance sales**Employer (See Instructions)**
Carlisle Insurance**Date**
7/30/2016**Full name of contributor** out-of-state PAC (ID#: _____)
John Michael**Amount of contribution (\$)**
500.00**Contributor address; City; State; Zip Code**
4501 Gollihar Rd, Corpus Christi, TX 78411**Principal occupation / Job title (See Instructions)**
engineer**Employer (See Instructions)**
Naismith Engineering**Date**
7/30/2016**Full name of contributor** out-of-state PAC (ID#: _____)
Alan Wilson**Amount of contribution (\$)**
250.00**Contributor address; City; State; Zip Code**
P. O. Box 10306, Corpus Christi, TX 78403**Principal occupation / Job title (See Instructions)**
banker**Employer (See Instructions)**
Charter Bank**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2 of 7**

2 FILER NAME
FOR Streets, Jobs & Housing CC

3 Filer ID (Ethics Commission Filers)

4 Date
7/30/2016

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

7 Amount of contribution (\$)
5,000.00

6 Contributor address; City; State; Zip Code
P. O. Box 9609, Corpus Christi, TX 78403

8 Principal occupation / Job title (See Instructions)
construction

9 Employer (See Instructions)
Repron Construction

Date
7/30/2016

Full name of contributor out-of-state PAC (ID#: _____)
Fulton Construction/Coastcon Construction

Amount of contribution (\$)
5,000.00

Contributor address; City; State; Zip Code
5656 S. Staples, Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)
construction

Employer (See Instructions)
n/a

Date
7/30/2016

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

Amount of contribution (\$)
1,000.00

Contributor address; City; State; Zip Code
4418 Ocean Drive, Corpus Christi, TX 78412

Principal occupation / Job title (See Instructions)
apartments

Employer (See Instructions)
Hammonds Interests

Date
8/15/2016

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
P. O. Box 61178, Corpus Christi, TX 78403

Principal occupation / Job title (See Instructions)
hotels

Employer (See Instructions)
n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 7**

2 FILER NAME
FOR Streets, Jobs & Housing CC

3 Filer ID (Ethics Commission Filers)

4 Date
8/20/2016

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

7 Amount of contribution (\$)
2,000.00

6 Contributor address; City; State; Zip Code
6817 Leopard, Corpus Christi, TX 78408

8 Principal occupation / Job title (See Instructions)
engineering

9 Employer (See Instructions)
n/a

Date
8/20/2016

Full name of contributor out-of-state PAC (ID#: _____)
Raymond and Robin Perrone

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
6418 Coral Gables, Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)
accountant

Employer (See Instructions)
Perrone, Trigger & Associates PC

Date
8/20/2016

Full name of contributor out-of-state PAC (ID#: _____)
Coym, Rehmet & Gutierrez Engineering

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
5656 S. Staples Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)
engineering

Employer (See Instructions)
n/a

Date
8/20/2016

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

Amount of contribution (\$)
5,000.00

Contributor address; City; State; Zip Code
9510 Leopard, Corpus Christi, TX 78410

Principal occupation / Job title (See Instructions)
engineer

Employer (See Instructions)
ARG Holdings

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 7
2 FILER NAME FOR Streets, Jobs & Housing CC		3 Filer ID (Ethics Commission Filers)
4 Date 9/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bart Braselton 6 Contributor address; City; State; Zip Code 5337 Yorktown, Corpus Christi, TX 78414	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) home builder		9 Employer (See Instructions) Braselton Homes
Date 9/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Engel Contributor address; City; State; Zip Code 230 Amistad, Corpus Christi, TX 78404	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) investments		Employer (See Instructions) Self-employed
Date 9/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bay, Inc. Contributor address; City; State; Zip Code 1414 Valero Way Corpus Christi, TX 78408	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions) construction		Employer (See Instructions) n/a
Date 9/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anthony Lamantia Contributor address; City; State; Zip Code 8761 SH 44, Corpus Christi, TX 78409	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) beverage distributor		Employer (See Instructions) L & F Distributors
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5 of 7**

2 FILER NAME
FOR Streets, Jobs & Housing CC

3 Filer ID (Ethics Commission Filers)

4 Date
9/10/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Beachside Construction, LLC

7 Amount of contribution (\$)
5,000.00

6 Contributor address; City; State; Zip Code
5926 S. Staples, Corpus Christi, TX 78413

8 Principal occupation / Job title (See Instructions)
construction

9 Employer (See Instructions)
n/a

Date
9/10/2016

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
800 N. Shoreline, Corpus Christi, TX 78401

Principal occupation / Job title (See Instructions)
investments

Employer (See Instructions)
Susser Holdings

Date
9/20/2016

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
2725 Swantner, Corpus Christi, TX 78404

Principal occupation / Job title (See Instructions)
engineering

Employer (See Instructions)
n/a

Date
9/20/2016

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

Amount of contribution (\$)
5,000.00

Contributor address; City; State; Zip Code
801 N. Navigation, Corpus Christi, TX 78408

Principal occupation / Job title (See Instructions)
engineering

Employer (See Instructions)
n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 7
2 FILER NAME FOR Streets, Jobs & Housing CC		3 Filer ID (Ethics Commission Filers)
4 Date 9/20/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Boller 6 Contributor address; City; State; Zip Code 3201 Cherry Ridge, San Antonio, TX 78213	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) real estate		9 Employer (See Instructions) Boller & Associates
Date 9/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Aquarium Contributor address; City; State; Zip Code 5701 Oso Parkway, Corpus Christi, TX 78414	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) museums & attractions		Employer (See Instructions) n/a
Date 9/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleberg Bank Contributor address; City; State; Zip Code 5350 S. Staples Corpus Christi, TX 78411	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions) banking		Employer (See Instructions) n/a
Date 9/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Bank, N.A. Contributor address; City; State; Zip Code P. O. Box 6469, Corpus Christi, TX 78466	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions) banking		Employer (See Instructions) n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7 of 7**

2 FILER NAME
FOR Streets, Jobs & Housing CC

3 Filer ID (Ethics Commission Filers)

4 Date
9/20/2016

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
4055 International Plaza, Fort Worth, TX 74895

8 Principal occupation / Job title (See Instructions)
engineering

9 Employer (See Instructions)
n/a

Date
9/20/2016

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

Amount of contribution (\$)
2,500.00

Contributor address; City; State; Zip Code
921 E. Navigation, Corpus Christi, TX 78408

Principal occupation / Job title (See Instructions)
refinery

Employer (See Instructions)
n/a

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME FOR Streets, Jobs & Housing CC	3 Filer ID (Ethics Commission Filers)
4 Date 9/15/2016	5 Payee name Corpus Christi Caller Times	
6 Amount (\$) 6,250.00	7 Payee address; City; State; Zip Code P. O. Box 9136, Corpus Christi, TX 78469	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 9/23/2016	Payee name KIII-TV	
Amount (\$) 6,185.00	Payee address; City; State; Zip Code 5002 So. Padre Island Drive, Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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 9/23/2016	Payee name iHeart Radio	
Amount (\$) 4,974.00	Payee address; City; State; Zip Code 501 Tupper Lane, Corpus Christi, TX 78417	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME FOR Jobs, Streets & Housing CC	3 Filer ID (Ethics Commission Filers)
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4 Date 9/23/2016	5 Payee name Corpus Christi Caller-Times
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6 Amount (\$) 24,580.00	7 Payee address; City; State; Zip Code P. O. Box 9136, Corpus Christi, TX 78469
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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
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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	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED