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: Richard
MI: M
NICKNAME: Rick
LAST: Gomez
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 4814 CAIN
APT / SUITE #:
CITY: Corpus Christi
STATE: TX
ZIP CODE: 78411

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361)
PHONE NUMBER: 728 836
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR:
FIRST: Josie
MI: L
NICKNAME:
LAST: Valdez
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 4134 Shaw
APT / SUITE #:
CITY: Corpus Christi
STATE: TX
ZIP CODE: 78416

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361)
PHONE NUMBER: 249 6300
EXTENSION:

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☒ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: Jan / 1 / 2016 THROUGH Month / Day / Year: Oct / 11 / 2016

11 ELECTION

ELECTION DATE: Month / Day / Year: Nov / 8 / 2016

ELECTION TYPE:
- ☐ Primary
- ☒ General
- ☐ Runoff
- ☐ Special
- ☐ Other Description

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): City Council District 3

OFFICE USE ONLY

Date Received

Date Filed 10/11/2016

RHuerta

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	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
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	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)	$ 915.25
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2813.15
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
MARY ANN PENA
Notary Public
STATE OF TEXAS
My Comm. Exp. 01-28-2018

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rick Gomez, this the 11th day of October, 2016, to certify which, witness my hand and seal of office.

Mary Ann Peña	Mary Ann Peña	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		$ 2813.15

5 Date	6 Payee name Rex Kinnison
7 Amount ($)	8 Payee address; City; State; Zip Code Corpus Christi P.O 60294 TX , 78466
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date	Payee name
Amount ($)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
	Neil Meyer	$100.00
	6 Contributor address; City; State; Zip Code	
	2822 Briarhurst, Houston, TX 77057	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Sales	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Priscilla Chapa	$100.00
	Contributor address; City; State; Zip Code	
	7218 Candy Ridge Corpus Christi, TX 78413	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Lawyer	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Stacy Schulz	20.47
	Contributor address; City; State; Zip Code	
	710 Caddo, Corpus Christi, TX, 78412	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Teacher	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Juan Valdez	300.00
	Contributor address; City; State; Zip Code	
	5959 S. Staples Corpus Christi TX 78414 SS-104	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales	

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 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

Dr. Swint Friday

6 Contributor address; City; State; Zip Code

4833 Saratoga #403 Corpus Christi, TX 78414

7 Amount of contribution ($)

~~$ 500.00~~

300.00

8 Principal occupation / Job title (See Instructions)

Doctor

9 Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution ($)

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.