

# 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: <span style="font-size: 2em; vertical-align: middle;">7</span>																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">John</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Marez</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			John			NICKNAME	LAST	SUFFIX			Marez			<b>OFFICE USE ONLY</b>	
MS / MRS / MR	FIRST	MI																	
	John																		
NICKNAME	LAST	SUFFIX																	
	Marez																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Date Received																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: 8px;">APT / SUITE #;</td> <td style="width:25%; font-size: 8px;">CITY;</td> <td style="width:25%; font-size: 8px;">STATE;</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">521 Vaky St CC Tx 78404</td> </tr> </table> <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	521 Vaky St CC Tx 78404					FILED FOR RECORD AT 11:34 AM JUL 16 2018 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <i>[Signature]</i> DEPUTY							
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE															
521 Vaky St CC Tx 78404																			
5 CANDIDATE / OFFICEHOLDER PHONE		Date Hand-delivered or Date Postmarked																	
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6 CAMPAIGN TREASURER NAME		Amount \$																	
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	Pete																		
NICKNAME	LAST	SUFFIX																	
	Riviera	Jr																	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Imaged																	
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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																			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">18</td> <td></td> <td style="text-align: center;">6</td> <td style="text-align: center;">30</td> <td style="text-align: center;">18</td> </tr> </table>				Month	Day	Year	THROUGH	Month	Day	Year	1	1	18		6	30	18		
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/ /																			
12 OFFICE		13 OFFICE SOUGHT (if known)																	
OFFICE HELD (if any)																			
County Commissioner Precinct 3																			

2018-094

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