

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 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS.	FIRST LAURA	MI A.
	NICKNAME JIMÉNEZ	LAST Maiden name GARZA	SUFFIX
OFFICE USE ONLY			
Date Received FILED FOR RECORD AT 9:08 A M			
JUL 15 2014			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 509 Lawrence, Suite 301 Corpus Christi, Tx. 78401	
Date Hand-delivered or Postmarked DIANA T. BARREHA Clerk, County Court, Nueces County, Texas			
By Receipt # Deirdre Amount Deputy			
5 CANDIDATE / OFFICEHOLDER PHONE		Date Processed Syambken	
AREA CODE (361)		PHONE NUMBER 888-7744	
6 CAMPAIGN TREASURER NAME		Date Imaged	
MS / MRS / MR MR.		FIRST RON	
NICKNAME BARROSO		LAST BARROSO	
7 CAMPAIGN TREASURER ADDRESS (residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5350 S. Staples, Suite 401 Corpus Christi, Tx. 78411	
8 CAMPAIGN TREASURER PHONE		AREA CODE (361)	
		PHONE NUMBER 994-7200	
9 REPORT TYPE		EXTENSION	
<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	
<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> Runoff	
<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded \$500 limit	
<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		<input type="checkbox"/> Final report (Attach C/OH - FR)	
10 PERIOD COVERED		Month Day Year	
Month Day Year 1/16/2014		THROUGH Month Day Year 7/15/2014	
11 ELECTION		ELECTION TYPE	
Month Day Year 11/4/2014		<input type="checkbox"/> Primary	
		<input type="checkbox"/> Runoff	
		<input checked="" type="checkbox"/> General	
		<input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) NUECES COUNTY Attorney			

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2014-103

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME MRS. LAURA A. JIMÉNEZ *Maiden name GARZA* 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 315.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

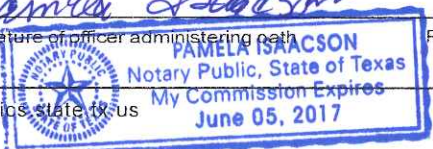
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Laura A. Jimenez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LAURA A. JIMENEZ, this the 15th day of July, 20 14, to certify which, witness my hand and seal of office.

Pamela Isaacson PAMELA ISAACSON Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>MRS. LAURA A. JIMENEZ GARZA</i>	3 ACCOUNT # (Ethics Commission Filers) <i>NAI 200 NOMI</i>
4 Date <i>9-29-2013</i>	5 Payee name <i>LULAC COUNCIL NO. 4444</i>	
6 Amount (\$) <i>\$150⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>5922 King TRAIL CORPUS CHRISTI, TX. 78414</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRIBUTION</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>CELEBRATION OF FAMILY FUNDRAISER EVENT</i>
Date <i>3-3-2014</i>	Payee name <i>DIANA BARRERA Campaign</i>	
Amount (\$) <i>100⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. BOX 1872 CORPUS CHRISTI, TX. 78403</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T)
Date <i>6-4-2014</i>	Payee name <i>LULAC #1</i>	
Amount (\$) <i>65⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. BOX 10807 CORPUS CHRISTI, TX. 78460</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Feria DE LAS FLORES Scholarship Fund.</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED