

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 NICKNAME JIMÉNEZ LAST Maiden - GARZA MI A. SUFFIX	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; color: blue; font-weight: bold;">OFFICE USE ONLY</p> <p>Date Received 11:10 4</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JAN 15 2015</p> <p style="text-align: center; color: blue; font-weight: bold;">KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <u>Kocher In State</u> DEPUTY</p> <p>Date Hand-delivered or Postmarked</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount	Date Processed	Date Imaged
Receipt #	Amount						
Date Processed	Date Imaged						
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						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 888-7744	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. FIRST RON NICKNAME BARROSO LAST MI SUFFIX						
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	EXTENSION				
9 REPORT TYPE	<input checked="" 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 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	Month Day Year THROUGH Month Day Year 7 / 16 / 2014 1 / 15 / 2015						
11 ELECTION	ELECTION DATE Month Day Year 3 / 8 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) NUECES County Attorney	13 OFFICE SOUGHT (if known)					

GOTO PAGE 2

2015-017

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

MRS. LAURA A JIMENEZ

*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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ 500

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.

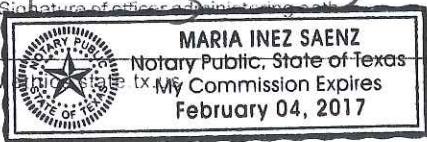
Laura A. Jimenez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LAURA A. JIMENEZ, this the 15th day of JANUARY 2015, to certify which, witness my hand and seal of office.

Maria Inez Saenz Maria Inez Saenz
Signature of officer administering oath Printed name of officer administering oath

Notary Public
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: <u>1</u>	2 FILER NAME <u>MRS. LAURA A. JIMENEZ</u> ^{MAIDEN GARCIA}	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>8-1-2014</u>	5 Payee name <u>NUECES COUNTY Democratic Party</u>	
6 Amount (\$) <u>\$ 150.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>823 N. TANCAHUA ST. (unity head quarters)</u> <u>Corpus Christi, Tx. 78401</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Donation - Fundraiser EVENT</u>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <u>8-18-2014</u>	Payee name <u>Leticia Van Putte Campaign</u>	
Amount (\$) <u>\$ 100.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>P.O. BOX 8490</u> <u>San Antonio, Tx. 78208</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Donation - Fundraiser</u>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <u>10-15-2014</u>	Payee name <u>AMERICAN GI Forum - Women's Chapter</u>	
Amount (\$) <u>\$ 100.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>P.O. BOX 50026</u> <u>Corpus Christi, Tx. 78465-0026</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Donation - Fundraiser</u>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <u>10-28-2014</u>	Payee name <u>NUECES COUNTY Democratic Party</u>	
Amount (\$) <u>\$ 150.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>823 N. TANCAHUA ST. (unity head quarters)</u> <u>Corpus Christi, Tx. 78401</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Donation</u>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED