

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: 16 FILED FOR RECORD
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr. Samuel Loyd NICKNAME LAST SUFFIX	Neal	Jr.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P. O. Box 8347 Corpus Christi, Texas 78468-8347		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	549-2744	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr. Gabe NICKNAME LAST SUFFIX	Hernandez	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	3218 Leopard St. Corpus Christi, Texas 78408		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	881-9091	
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
	07	/ 01	/ 2013
THROUGH		Month	Day
		12	/ 31
		/ 2013	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		11	/ 04
		/ 2014	
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	County Judge		

GO TO PAGE 2

2014-011

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Samuel Loyd Neal, Jr. **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.

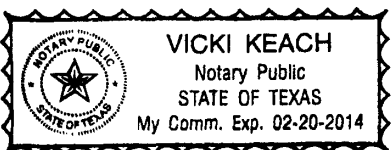
COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	Loyd Neal Campaign
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	P. O. Box 8347 Corpus Christi, Texas 78468-8347
	COMMITTEE CAMPAIGN TREASURER NAME
	Mr. Gabe Hernandez
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	3218 Leopard St. Corpus Christi, Texas 78408

additional pages

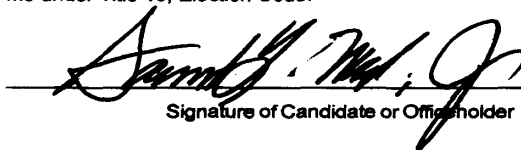
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,130.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 63,776.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.




VICKI KEACH
Notary Public
STATE OF TEXAS
My Comm. Exp. 02-20-2014



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

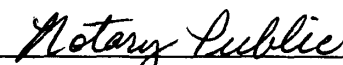
Sworn to and subscribed before me, by the said Samuel L. Neal, Jr., this the 14 day of January, 20 14, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Vicki Keach

Printed name of officer administering oath



Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Samuel Loyd Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/19/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. E. V. Bonner 6 Contributor address; City; State; Zip Code P. O. Box 9036 Corpus Christi, Texas 78469	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) attorney		10 Employer (See Instructions) Susser Holdings	
Date 7/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Dottie Adair Contributor address; City; State; Zip Code P. O. Box 547 Sinton, Texas 78387	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) Adair Pipeline	
Date 7/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. Terry Arnold Contributor address; City; State; Zip Code 245 Circle Dr. Corpus Christi, Texas 78404	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 7/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Kenneth Cox Contributor address; City; State; Zip Code 5325 Stonemill Circle Corpus Christi, Texas 78413	Amount of contribution (\$) \$ 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 7/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Roy Markwardt Contributor address; City; State; Zip Code Bulverde, Texas	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Samuel Loyd Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/23/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Buddy Herin 6 Contributor address; City; State; Zip Code 13742 Hillwood Trail Corpus Christi, Texas 78410	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 8/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Charles Campbell Contributor address; City; State; Zip Code 5526 Ocean Dr. Corpus Christi, Texas 78412	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self	
Date 8/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Marc Cisneros Contributor address; City; State; Zip Code 6302 St. Andrews Corpus Christi, Texas 78413	Amount of contribution (\$) \$ 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 8/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. William R. Durrill Contributor address; City; State; Zip Code 615 S. Upper Broadway Corpus Christi, Texas 78401	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) property owners/businessman		Employer (See Instructions) self	
Date 8/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. OK Smith Contributor address; City; State; Zip Code 3409 Derby Dr. Corpus Christi, Texas 78414	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Samuel Loyd Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/15/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane Group 6 Contributor address; City; State; Zip Code 101 N. Shoreline Blvd. Corpus Christi, Texas 78401	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) consulting		10 Employer (See Instructions) self	
Date 8/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Ben Donnell Contributor address; City; State; Zip Code P. O. Box 2624 Corpus Christi, Texas 78401	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	
Date 8/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Lee Stockseth Contributor address; City; State; Zip Code 8022 Marseille Dr. Corpus Christi, Texas 78414	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. J. T. Tollett Contributor address; City; State; Zip Code 5042 Geenbriar Corpus Christi, Texas 78413	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) insurance		Employer (See Instructions) Swantner & Gordon	
Date 9/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Pat Eisenhauer Contributor address; City; State; Zip Code 14493 S. Padre Island Dr. Corpus Christi, Texas 78418	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
<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>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Samuel Loyd Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/18/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Jim Boller	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5922 Parkland Corpus Christi, Texas 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) realtor		10 Employer (See Instructions) self	
Date 9/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Ed Martin	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5814 Oso Parkway Corpus Christi, Texas 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Bay, Ltd.	
Date 9/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Robert Furgason	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1334 Sandpiper Dr. Corpus Christi, Texas 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 12/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Larry Adams	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 325 Del Mar Blvd. Corpus Christi, Texas 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	
Date 12/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. Ed Hinojosa	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5826 Beauvais Dr. Corpus Christi, Texas 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self	
<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>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Samuel Loyd Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/6/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC 6 Contributor address; City; State; Zip Code P. O. Box 2246 Austin, Texas 78768-2246	7 Amount of contribution (\$) \$3,750.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) realtors association		10 Employer (See Instructions) PAC	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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

SCHEDULE F

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 F: 8	2 FILER NAME Loyd Neal	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/30/13	5 Payee name NAACP
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6 Amount (\$) \$ 1,000.00	7 Payee address; City; State; Zip Code P. O. Box 2921 Corpus Christi, Texas 78403
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) sponsor 50th anniversary	(b) Description (If travel outside of Texas, complete Schedule T) Event at Cole Park on 8/28/13
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/20/13	Payee name TFRW
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Amount (\$) \$ 170.00	Payee address; City; State; Zip Code 515 Capital of Texas Hwy, Suite 133 Austin, Texas 78746
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) registration fee	Description (If travel outside of Texas, complete Schedule T) TFRW State Convention 10-17/19-13
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/20/13	Payee name Flour Bluff Athletic Booster Club
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Amount (\$) \$ 400.00	Payee address; City; State; Zip Code P. O. Box 18002 Corpus Christi, Texas 78418
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising	Description (If travel outside of Texas, complete Schedule T) b/w "ad" for program
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/20/13	Payee name MDA
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Amount (\$) \$ 1,000.00	Payee address; City; State; Zip Code 2900 Wesleyan, Suite 375 Houston, Texas 77027
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) sponsorship of Under Texas Stars	Description (If travel outside of Texas, complete Schedule T) Gala on 10-25-13
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Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE F

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 F: 8	2 FILER NAME Samuel Loyd Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/20/13	5 Payee name Black Chamber of Commerce
--------------------------	--

6 Amount (\$) \$ 1,000.00	7 Payee address; City; State; Zip Code Corpus Christi, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) sponsorship of table	(b) Description (If travel outside of Texas, complete Schedule T) 11-16-13 Awards Banquet
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/20/13	Payee name American GI Forum of Texas, Inc.; The Beatrice T. Perez Robstown Chapter
-----------------	--

Amount (\$) \$ 300.00	Payee address; City; State; Zip Code 2901 Alta Gigonella Corpus Christi, Texas 78415
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) b/w full page for program for 9-26 event
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/21/13	Payee name TM Education Foundation
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Amount (\$) \$ 400.00	Payee address; City; State; Zip Code PMB 1013, 11101-9 Leopard St. Corpus Christi, Texas 78410
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) sponsorship of table	Description (If travel outside of Texas, complete Schedule T) 9-18-13 Legislative Report Card luncheon
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/21/13	Payee name The Ark
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Amount (\$) \$ 500.00	Payee address; City; State; Zip Code 12960 Leopard St. Corpus Christi, Texas 78410
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) sponsorship of table	Description (If travel outside of Texas, complete Schedule T) 9-6-13 Ark Gala dinner
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Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE F

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 F: 8	2 FILER NAME Samuel Loyd Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/21/13	5 Payee name League of Women Voters
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6 Amount (\$) \$ 600.00	7 Payee address; City; State; Zip Code P. O. Box 8276 Corpus Christi, Texas 78468
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) table sponsorship of	(b) Description (If travel outside of Texas, complete Schedule T) 8-23-13 celebration of Women's Rights
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/21/13	Payee name Westside Business Association
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Amount (\$) \$ 250.00	Payee address; City; State; Zip Code Corpus Christi, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) sponsorship of a table	Description (If travel outside of Texas, complete Schedule T) 10-17-13 annual banquet
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/28/13	Payee name Coastal Bend Blood Center
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Amount (\$) \$ 500.00	Payee address; City; State; Zip Code 209 N. Padre Island Dr. Corpus Christi, Texas 78406
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) sponsorship of 5k run for blood	Description (If travel outside of Texas, complete Schedule T) on 11-16-13
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/28/13	Payee name Texas Jazz Festival Society
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Amount (\$) \$ 100.00	Payee address; City; State; Zip Code P. O. Box 424 Corpus Christi, Texas 78403
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) "ad" for scholarship pageant on 8-24-13
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Complete ONLY 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

POLITICAL EXPENDITURES**SCHEDULE F****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 F: 8	2 FILER NAME Samuel Loyd Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/11/13	5 Payee name Nueces County Republican Party	
6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code 4639 Corona, Suite 5 Corpus Christi, Texas 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/4/13	Payee name Holy Cross Catholic Church	
Amount (\$) \$ 52.00	Payee address; City; State; Zip Code Corpus Christi, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/10/13	Payee name US Postal Service	
Amount (\$) \$ 88.00	Payee address; City; State; Zip Code 1345 Crescent Corpus Christi, Texas 78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/21/13	Payee name Port Aransas South Jetty	
Amount (\$) \$ 210.00	Payee address; City; State; Zip Code Port Aransas, Texas 78373	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****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 F: 8	2 FILER NAME Samuel Loyd Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/22/13	5 Payee name Barbara Vollmer		
6 Amount (\$) \$312.00	7 Payee address; City; State; Zip Code 1018 Delta Corpus Christi, Texas 78412		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) travel out of district	(b) Description (If travel outside of Texas, complete Schedule T) 1/2 of three nights @ convention	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/10/13	Payee name American GI Forum, The Beatrice T. Perez, Robstown Women's Chapter		
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code 2902 Alta Gigonella Corpus Christi, Texas 78415		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising	Description (If travel outside of Texas, complete Schedule T) changing "ad" to color	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/10/13	Payee name CC Retired Teachers Association		
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 270986 Corpus Christi, Texas 78427-0986		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising	Description (If travel outside of Texas, complete Schedule T) full page ad in annual directory	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/1/13	Payee name NCRW - PAC		
Amount (\$) \$ 50.00	Payee address; City; State; Zip Code P. O. Box 270054 Corpus Christi, Texas 78467		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) membership dues for two	Description (If travel outside of Texas, complete Schedule T) Judge & Claudia's membership dues	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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 F: 8		2 FILER NAME Samuel Loyd Neal, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/12/13		5 Payee name CC Hispanic Chamber of Commerce			
6 Amount (\$) \$ 750.00		7 Payee address; City; State; Zip Code P. O. Box 5523 Corpus Christi, Texas 78465			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) table sponsorship		(b) Description (If travel outside of Texas, complete Schedule T) 11-14-13 annual gala & awards banquet	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/12/13		Candidate / Officeholder name Church of Hope			
Amount (\$) \$ 150.00		Payee address; City; State; Zip Code 13024 Leopard St. Corpus Christi, Texas 78410			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) sponsorship of golf hole		Description (If travel outside of Texas, complete Schedule T) Thanksgiving Golf Benefit	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/2/13		Candidate / Officeholder name Nueces County Republican Party			
Amount (\$) \$ 500.00		Payee address; City; State; Zip Code 4639 Corona, Suite 5 Corpus Christi, Texas 78411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) table sponsor		Description (If travel outside of Texas, complete Schedule T) 12-3-13 banquet	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/10/13		Candidate / Officeholder name HELP			
Amount (\$) \$ 500.00		Payee address; City; State; Zip Code 4833 Saratoga, #447 Corpus Christi, Texas 78413			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) table sponsor		Description (If travel outside of Texas, complete Schedule T) 10-23-13 Annual "HELP hits the high notes"	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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POLITICAL EXPENDITURES

SCHEDULE F

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 F: 8	2 FILER NAME Samuel Loyd Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/4/13	5 Payee name REACH
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6 Amount (\$) \$ 1,776.00	7 Payee address; City; State; Zip Code 401 N. Shoreline Blvd. Corpus Christi, Texas 78401
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) table sponsor	(b) Description (If travel outside of Texas, complete Schedule T) 12/6 "Alive! with purpose" luncheon
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/4/13	Payee name American GI Forum of Texas, Inc., The Beatrice T. Perez Robstown Women's Chapter
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Amount (\$) \$ 200.00	Payee address; City; State; Zip Code 2901 Alta Gigonella Corpus Christi, Texas 78415
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) b/w full page ad for 100th birthday program
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/10/13	Payee name Danny Lee Garcia
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Amount (\$) \$ 370.00	Payee address; City; State; Zip Code Corpus Christi, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) sponsorship of NCRW Christmas Party on 12-10-13	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/10/13	Payee name Alice Echo News
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Amount (\$) \$ 125.00	Payee address; City; State; Zip Code 405 E. Main Alice, Texas 78332
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) 1/2 page b/w "ad" for Christmas Greetings
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| 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 F: 8	2 FILER NAME Samuel Loyd Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/12/13	5 Payee name Dr. Hector P. Garcia Memorial Foundation
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6 Amount (\$) \$ 750.00	7 Payee address; City; State; Zip Code P. O. Box 10807 Corpus Christi, Texas 78460
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) table sponsor	(b) Description (If travel outside of Texas, complete Schedule T) 1-17-14 100th birthday celebration luncheon
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/12/13	Payee name MAGIC 104.9
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Amount (\$) \$ 300.00	Payee address; City; State; Zip Code 4433 Valdez Dr. Corpus Christi, Texas 78416
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) radio ad for Christmas greetings
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/31/13	Payee name Alice Echo News
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Amount (\$) \$ 235.00	Payee address; City; State; Zip Code 405 E. Main Alice, Texas 78332
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) 1/2 page b/w "ad" for livestock show section
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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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 (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 1	2 FILER NAME Samuel Loyd Neal, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/11/13	5 Payee name Samuel L. Neal, Jr.	
6 Amount (\$) \$1,250.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5202 St. Andrews Corpus Christi, Texas 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) fees	(b) Description (If travel outside of Texas, complete Schedule T) filing fee for candiate
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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