

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016377	2 Total pages filed: 5
3 COMMITTEE NAME Corpus Christi American Federation Of Teachers COPE		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4455 S. Padre Island Dr., Ste. 48 Corpus Christi, TX 78411-5115		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Dr. Nancy S.	
	NICKNAME LAST SUFFIX	Vera	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	4455 S. Padre Island Dr., Ste. 48 Corpus Christi, TX 78411-5115		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(361) 855-0482	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2024		06/30/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	11/05/2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
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12 COMMITTEE NAME Corpus Christi American Federation Of Teachers COPE	13 Filer ID (Ethics Commission Filers) 00016377
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	246.27
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,759.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 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.

Dr. Nancy S. Vera

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
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17 COMMITTEE NAME Corpus Christi American Federation Of Teachers COPE		18 Filer ID (Ethics Commission Filers) 00016377
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 246.27
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/2 Rpt: 4/5
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 01/09/2024	5 Corporation / Labor Organization name Texas AFT COPE <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	7 Amount of contribution (\$) \$45.39
Date 01/11/2024	Corporation / Labor Organization name Texas AFT COPE <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution (\$) \$2.89
Date 02/09/2024	Corporation / Labor Organization name Texas AFT COPE <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution (\$) \$45.39
Date 02/12/2024	Corporation / Labor Organization name Texas AFT COPE <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution (\$) \$2.89
Date 03/08/2024	Corporation / Labor Organization name Texas AFT COPE <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution (\$) \$47.34
Date 03/11/2024	Corporation / Labor Organization name Texas AFT COPE <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution (\$) \$2.89
Date 04/09/2024	Corporation / Labor Organization name Texas AFT COPE <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution (\$) \$40.46

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/2 Rpt: 5/5
2 FILER NAME Corpus Christi American Federation Of Teachers COPE		3 Filer ID (Ethics Commission Filers) 00016377
4 Date 04/11/2024	5 Corporation / Labor Organization name Texas AFT COPE	7 Amount of contribution (\$) \$2.89
	6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	
Date 05/09/2024	Corporation / Labor Organization name Texas AFT COPE	Amount of contribution (\$) \$25.67
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	
Date 05/13/2024	Corporation / Labor Organization name Texas AFT COPE	Amount of contribution (\$) \$2.89
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	
Date 06/07/2024	Corporation / Labor Organization name Texas AFT COPE	Amount of contribution (\$) \$24.68
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	
Date 06/11/2024	Corporation / Labor Organization name Texas AFT COPE	Amount of contribution (\$) \$2.89
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	