CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00053832 Date Received COMMITTEE Doctors of Corpus Christi Political Action Committee **ELECTRONICALLY FILED** NAME 09/26/2024 TREASURER Rodriguez, Mike (Dr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) October 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 08/26/2024 09/25/2024 **EXPLANATION OF CORRECTION** To correct the purpose of expendituer 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Dr. Mike Rodriguez Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00053832 3 COMMITTEE NAME **OFFICE USE ONLY** Doctors of Corpus Christi Political Action Committee Date Received **ELECTRONICALLY FILED** 09/26/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** c/o Lee & Kim CPAs, PLLC 5337 Yorktown Blvd. Ste. 301 Change of Address Corpus Christi, TX 78413 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Dr. Mike NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Rodriguez CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER c/o Lee & Kim CPAs, PLLC STREET **ADDRESS** 5337 Yorktown Blvd., Ste. 301 (Residence or Business) Corpus Christi, TX 78413 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** c/o Lee & Kim CPAs, PLLC MAILING **ADDRESS** 5337 Yorktown Blvd., Ste. 301 Change of Address Corpus Christi, TX 78413 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (361) 225-4431 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Doctors of Corpus Ch	risti Political Action Com	mittee	0005383	32
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Judge Inna Klein District Judge	е	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	40,227.16
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.	rjury, that the mation requir	e accompanying report is red to be reported by me
		Dr. Mike	Rodriguez	
		Signature of Car		surer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
		which, witness my hand and seal of office.		
01				
Signature of officer a	lamınıstering oath	Printed name of officer administering oath	Title of of	fficer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

12 COMMITTEE NAME Doctors of Corpus Christi Political Action Committee 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures A. Supported Michael McCauley District Judge (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed	DDEINDOIN						
Doctors of Corpus Christi Political Action Committee 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Carlos Valdez District Judge Carlos Valdez District Judge	Page 4 of 7	Page					
1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed A. Supported A. Supported A. Supported A. Supported Michael McCauley District Judge B. Opposed B. Opposed	nmission Filers)	13 Filer ID (Ethics Commission	1				12 COMMITTEE NAME
ACTIVITY ((Attach lists on plain paper to complete this report if necessary.) 2. Measures ((Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted ((Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Michael McCauley District Judge B. Opposed		00053832			tee	Political Action Comn	Doctors of Corpus Christi F
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported B. Opposed A. Supported A. Supported B. Opposed A. Supported Michael McCauley District Judge B. Opposed			ez District Judge	Carlos \	. Supported		
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Michael McCauley District Judge B. Opposed B. Opposed					. Opposed		paper to complete this
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) A. Supported Michael McCauley District Judge B. Opposed						(Describe by date and location of election and	
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) A. Supported Michael McCauley District Judge B. Opposed					B. Opposed		
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) A. Supported Michael McCauley District Judge B. Opposed						Assisted	
ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed					0	+	OOMMITTEE
paper to complete this report if necessary.)		,	Cauley District Judge	Michael	. Supported		
2. Measures A. Supported					s. Opposed		paper to complete this
(Describe by date and location of election and nature of issue.)					. Supported	(Describe by date and location of election and	
B. Opposed					S. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						Assisted (Identify by name or, if	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		5 of 7
17 COMMITTEE NAME Doctors of Corpus Christi Political Action Committee	18 Filer ID 00053832	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAE ORGANIZATION	30R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORT LABOR ORGANIZATION	RATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OR	RGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO)R	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	R ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$ 10,000.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	TIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	TIONS	\$ 162.38
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	S RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/1 Rpt: 6/7	Doctors of Corpus Christi Political Action Committee 00053832
4 Date	5 Payee name
09/14/2024	Klien, Inna
6 Amount (\$)	7 Payee address; City; State; Zip Code
` *	2405 Luzius Dr
\$5,000.00	2405 Luzius Di
Expenditure from	
corporate funds	Corpus Christi, TX 78418
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contribution made to candidate Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Contribution made to candidate
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	David and the second se
Date	Payee name
09/14/2024	McCauley, Michael
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O Box 6926
Expenditure from corporate funds	Corpus Christi, TX 78466
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contribution made to candidate Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contribution made to candidate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
09/14/2024	Valdez, Carlos
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O Box 1658
-,,,	
Expenditure from	Correct Christi TV 70402
corporate funds	Corpus Christi, TX 78403
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contribution made to candidate
	Contribution made to condidate
	Contribution made to candidate
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorale to belieff C/O	1

NON-POLITICAL EXPENDITURES

MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I					
The Instruction Guide explains how to complete this form.					
Total pages Schedule I: Sch: 1/1 Rpt: 7/7	2 FILER NAME Doctors of Corpus Christi Political Action Committee	B Filer ID (Ethics Commission Filers) 00053832			
4 Date 09/03/2024	5 Payee name Nueces County Medical Society				
6 Amount (\$) 162.38 Expenditure from corporate funds	7 Payee Address; City; State; Zip 1000 Morgan Ave. Corpus Christi, TX 78404				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense (b) Description (See DOCPAC Annother Expense)	ee instructions regarding type of information required.) puncement			