GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction		2 Total pages filed: 26			
3	COMMITTEE NAME					OFFICE USE ONLY
	Coastal Bend Coalition					Date Received
_	00100					10/07/2024
4	COMMITTEE ADDRESS		ITY;	STATE; ZIP CO	JDF	
		3636 S. Alameda, Ste. B				Date Hand-delivered or Date Postmarked
	Change of Address	#220				
		Corpus Christi, TX 78411				Receipt # Amount
						Date Processed
						Date Imaged
						ente innugeu
5	CAMPAIGN	MS / MRS / MR FIRST				MI
	TREASURER NAME	Olga				
		NICKNAME LAST				SUFFIX
		Kvach				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	;	APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER STREET	14493 S. Padre Island Drive, Suite A				
	ADDRESS	PMB 281				
	(Residence or Business)	Corpus Christi, TX 78418				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER MAILING	14493 S. Padre Island Drive, Suite A				
	ADDRESS	PMB 281				
	Change of Address	Corpus Christi, TX 78418				
8		AREA CODE PHONE NUMBER	ΕY	TENSION		
ľ	TREASURER	(847) 323-8732	ΕX			
	PHONE					
9	REPORT	January 15	20+h	day before election		Dissolution (Attach PAC-DR)
	TYPE			-		
			8th d	ay before election		10th day after campaign treasurer termination
		July 15	Runc	ff		
10	PERIOD	Month Day Year		Month	Day	Year
Ē	COVERED		THR		26/2024	
				5012		
11	ELECTION	ELECTION DATE		ELECTION T	YPE	
		Month Day Year	Prin	nary Runoff		Other
		11/05/2024	Gen	eral Special		
-		I I				
		GO	тс	PAGE 2		
Foi	rms provided by Tex	xas Ethics Commission www.	ethi	cs.state.tx.us		Version V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 File	r ID	(Ethics Commission Filers)
Coastal Bend Coalition				000	88019	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Mark Scott Corpus	Christi City C	ouncil-A	t Large
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANT	CONTRIBUTIONS (OTHER THES OF LOANS, OR ONICALLY) igher itemization threshold	HAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE		JTIONS 5, OR GUARANTEES OF LO <i>I</i>	ANS)	\$	126,291.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL E	XPENDITURES		\$	657.39
	4. TOTAL POLITICA	L EXPENDIT	URES		\$	199,183.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		NS MAINTAINED AS OF THE	E LAST DAY	\$	236,436.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE F		LL OUTSTANDING LOANS / ERIOD	AS OF THE	\$	0.00
16 AFFIDAVIT	•				•	
		1	swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information		
				Olga Kvach		
			Signatur	re of Campaign		er
			-			
	STAMP / SEAL ABOVE					
				, this the		day
of	, 20, to certify v	vhich, witness	my hand and seal of office.			
Signature of officer ad	ninistering oath	Printed name	of officer administering oath	Title	e of office	er administering oath
Forms provided by Texas E	thics Commission	www.e	ethics.state.tx.us			Version V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 3 of 26

12 COMMITTEE NAME					(Ethics Commission Filers)
Coastal Bend Coalition				00088019	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Larry Elizondo Corpus Chris	ti City Council-	At Large
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Roland Barrera Corpus Chri	sti City Council	I-At Large
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Carolyn Vaughn Corpus Christi	City Council-At	Large
(Attach lists on plain paper to complete this report if necessary.)		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.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 4 of 26

12 COMMITTEE NAME				13 Filer ID (Ethics Con	mmission Filers)
Coastal Bend Coalition				00088019	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Everett Roy Corpus Christi	City Council District 1	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
0010//7755					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Ben Molina Corpus Christi (City Council District 2	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE	1. Candidates	A. Supported	Mrs. May Mendoza Corpus Chr	sti City Council District 4	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		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.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

				13 Filer ID	(Ethics Commission Filers)
					(EULICS COMMISSION FILERS)
				00088019	
Candidates	A. Supported	Mr. David Pena	Corpus Christi (City Council Dist	rict 5
ify by name or, if able, classify by party.)					
	B. Opposed				
leasures	A. Supported				
ribe by date and on of election and e of issue.)					
-	B. Opposed				
Assisted					
ify by name or, if able, classify by party.)					
on e o Off	be by date and of election and of issue.)	be by date and of election and of issue.) B. Opposed ficeholders sisted	be by date and of election and of issue.) B. Opposed ficeholders sisted	be by date and of election and of issue.) B. Opposed ficeholders sisted	be by date and of election and of issue.) B. Opposed ficeholders sisted

รเ	JBT	OTALS - GPAC			FORM GPAC
			C	OVE	R SHEET PG 3 6 of 26
		EE NAME end Coalition	18 Filer ID 00088019	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	26,291.98
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$	100,000.00
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	109,533.54
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	89,650.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 7/26	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
-	Coastal Ben	d Coalition				00088019	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/05/2024	Hicks, Gloria					\$10,000.00
	I	6 Contributor address; City; Sta			1		
	l						
		Corpus Christi, TX 78415					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
Owner Hicks Imports				.,			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/05/2024	Loeb, David					\$2,500.00
		Contributor address; City; Sta			1		
	l						
	l						
	l	Corpus Christi, TX 78411					
	Principal occu	pation / Job title (See Instructions)	;)	Employer (See Instructions	5)		
	Owner		ļ	Landlord Resources			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/18/2024	Lyondell Chemical Compa					\$10,000.00
		Contributor address; City; Sta	-		ł		+ - <u>i</u>
	l						
	I						
	I	HOUSTON, TX 77010					
	Principal occu	pation / Job title (See Instructions)	ا (ز	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
			!				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/06/2024	Nuss, Patricia					\$250.00
	l	Contributor address; City; Sta	tate: Zin Code		ł		
	l						
	I						
	I	Corpus Christi, TX 78411					
	Principal occu	pation / Job title (See Instructions)	ا (ز	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Community I			Self-Employed			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/06/2024	Rental Xpress LLC		/			\$2,500.00
		Contributor address; City; Sta	tata [,] Zin Code		ł		+- ,
	l		ale, zip coue				
	I						
	I	Georgetown, TX 78627					
	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	T hhopa oosa		, I		"		
				<u> </u>			

N	MONET	Ά	RY POLITICAL CONTRIBUTIONS		SCHEDULE A1
т	he Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 8/26
	FILER NAME Coastal Bend Coalition			3	Filer ID (Ethics Commission Filers) 00088019
4 D 0	Date 5 Full name of contributor out-of-state PAC (ID#:) D9/10/2024 Rodney, Dillon 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,041.98	
	rincipal occu Ingineer	pat	Corpus Christi, TX 78410 ion / Job title (See Instructions) 9 Employer (See Instructions) Flint Hills Resources	<u> </u>	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 9/26				
2	FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Coastal Ben	d Coalition	00088019				
4	Date 09/24/2024	 5 Corporation / Labor Organization name Beecroft Construction 6 Corporation / Labor Organization address; City; State; Zip Code 	7 Amount of contribution (\$) \$10,000.00				
		Corpus Christi, TX 78405					
	Date 08/27/2024	Corporation / Labor Organization name Exxon Mobil Corporation Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$25,000.00				
		Spring, TX 77387					
	Date 07/02/2024	Corporation / Labor Organization name Gulf Coast Growth Ventures Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$25,000.00				
		Gregory, TX 78359					
	Date	Corporation / Labor Organization name	Amount of contribution (\$)				
	09/05/2024	Higginbotham Insurance Agency Corporation / Labor Organization address; City; State; Zip Code	\$2,500.00				
		Fort Worth, TX 76102					
	Date	Corporation / Labor Organization name	Amount of contribution (\$)				
	08/27/2024	Occidental Petroleum Corporation Corporation / Labor Organization address; City; State; Zip Code	\$25,000.00				
		Houston, TX 77252-2647					
	Date 08/19/2024	Corporation / Labor Organization name Pest Patrol, Inc.	Amount of contribution (\$) \$2,500.00				
		Corporation / Labor Organization address; City; State; Zip Code					
		Corpus Christi, TX 78413					
	Date	Corporation / Labor Organization name	Amount of contribution (\$)				
	08/28/2024	Victory Building Team Corporation / Labor Organization address; City; State; Zip Code	\$10,000.00				
		Corpus Christi, TX 78401					

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/15 Rpt: 10/26	Coastal Bend Coalition 00088019					
4 Date 09/10/2024	5 Payee name Anedot Inc.					
6 Amount (\$) 7 Payee address; City; State; Zip Code \$41.98 1340 Poydras Street Suite 1770						
corporate funds	New Orleans, LA 70112					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/24/2024	Anedot Inc.					
Amount (\$) \$400.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770					
X Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
08/21/2024	De Leon, Aaron (Mr.)					
Amount (\$)	Payee address; City; State; Zip Code					
\$5,000.00	P.O. Box 311					
X Expenditure from corporate funds	Leander, TX 78646					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Services - July 2024 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/15 Rpt: 11/26	Coastal Bend Coalition 00088019					
4 Date	5 Payee name					
08/21/2024	De Leon, Aaron (Mr.)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$3,788.75	P.O. Box 311					
Expenditure from corporate funds	Leander, TX 78646					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Consulting Expense Check if travel outside of Texas. Complete Schedule T.					
Check if Austin, TX, officeholder living expense Website Design and Build						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
08/29/2024	De Leon, Aaron (Mr.)					
Amount (\$)	Payee address; City; State; Zip Code					
\$5,000.00	P.O. Box 311					
X Expenditure from corporate funds	Leander, TX 78646					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Services - August 2024 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/22/2024	De Leon, Aaron (Mr.)					
Amount (\$)	Payee address; City; State; Zip Code					
\$5,000.00	P.O. Box 311					
X Expenditure from corporate funds	Leander, TX 78646					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Services - September 2024 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing E	Agment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District xpense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 EILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 3/15 Rpt: 12/26	Coastal Bend Coalition	00088019				
4 Date	5 Payee name					
07/26/2024	FedEx Office Print & Ship Center					
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode				
\$12.43	4002 S Padre Island Dr.					
	Suite 100A					
X Expenditure from						
corporate funds	Corpus Christi, TX 78411					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies: Binder Clips & Paper				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight Office held				
Date	Payee name					
07/26/2024	FedEx Office Print & Ship Center					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$85.98	4002 S Padre Island Dr.					
Expenditure from corporate funds Suite 100A Corpus Christi, TX 78411						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing: Color & B&W				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight Office held				
Date	Pavee name					
07/26/2024	FedEx Office Print & Ship Center					
Amount (\$)	Payee address; City; State; Zip Co	Jue				
\$23.09	4002 S Padre Island Dr.					
Evpondituro from	Suite 100A					
X Expenditure from corporate funds	Corpus Christi, TX 78411					
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Image: Check if Austin, TX, officeholder living expense Printing: Color & B&W						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	Ight Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 4/15 Rpt: 13/26	Coastal Bend Coalition 00088019				
4 Date	5 Payee name				
08/07/2024	FedEx Office Print & Ship Center				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$404.86	4002 S Padre Island Dr.				
Expenditure from	Suite 100A				
corporate funds	Corpus Christi, TX 78411				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense printed materials for fundraising packets				
	printed indicates for fundraising packets				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
08/29/2024	FedEx Office Print & Ship Center				
Amount (\$)	Payee address; City; State; Zip Code				
\$135.53	4002 S Padre Island Dr.				
	Suite 100A				
X Expenditure from corporate funds	Corpus Christi, TX 78411				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense printing of Campaign research materials 				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
08/16/2024	FedEx Office Print & Ship Center				
Amount (\$)	Payee address; City; State; Zip Code				
\$78.48	4002 S Padre Island Dr.				
=	Suite 100A				
X Expenditure from corporate funds	Corpus Christi, TX 78411				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense printing campaign documents 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					yment/Reimbursement rhead/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	rs)
	Sch: 5/15 Rpt: 14/26		Coastal Bend Coalition	ı				00088019	
4	Date	5	Payee name						
	09/04/2024		Go Creative Group						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de			
	\$12,165.00		5511 Parkcrest Drive						
	-		Suite 103						
Х	Expenditure from corporate funds		Austin, TX 78731						
8	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Advertising Expense		,uaic,	Check if travel		ide of Texas. Complete Schedule T.	
	EAFENDITORE							, officeholder living expense	
						List Work Aud Campaign	diei	nce Acquisition & Aug/Sept	
_	Originalista ONIL V if direct							Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder na Scott, Mark		Office sou	gnt Council At-Large		Office held	
	·								
	Date		Payee name						
			(see previous)						
	Amount (\$) Expenditure from corporate funds		Payee address; City;	Jiaic,	Zip Co	ле			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories lis	ted at the top of this sche	∋dule)			ide of Texas. Complete Schedule T. , officeholder living expense	
-	Complete <u>ONLY</u> if direct		Candidate/Officeholder na	me C)ffice sou	aht		Office held	
	expenditure to benefit C/OF		Elizondo, Larry			Council At-Large			
	Date	<u> </u>	Payee name						
			(see previous)						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
			· · · · · · · · · · · · · · · · · · ·		1-				
	Expenditure from corporate funds								
	PURPOSE OF	(a)	Category (See Categories lis	sted at the top of this sche	edule)	(b) Description			
	EXPENDITURE							ide of Texas. Complete Schedule T. , officeholder living expense	
							, 17,	, Unicendider inning expense	
	Complete ONLY if direct		Candidate/Officeholder na	me C	Office sou	nht		Office held	
	expenditure to benefit C/OF		Barrera, Roland			Council At-Large		C.C. City Council District 3	

	EXPENDITUR	RE CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Office Over Polling Exp Expense Printing Exp	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:			·	3 Filer ID (Ethics Commission Filers)
Sch: 6/15 Rpt: 15/26	Coastal Bend Coalition			00088019
4 Date	5 Payee name (see previous)			
6 Amount (\$)	7 Payee address; City;	State; Zip Coo	le	
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at t	the top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name ¹ Vaughn, Carolyn	Office soug C.C. City	ht Council At-Large	Office held
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Coo	le	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at t	the top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office held
expenditure to benefit C/OI	Roy, Everett	C.C. City	Council District 1	C.C. City Council District 1
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Coo	le	
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at t	the top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name ¹ Molina, Ben	Office soug C.C. City	ht Council District 2	Office held

		EXPENDITURE	CATEGOR	IES FOF	BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y -	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		-	Travel in District Travel Out of Dist	quipment & Related Expense		
1 Total pages Schedule F1:	2 FILER NAME					3 6	-iler ID	(Ethics Commission Filers)
Sch: 7/15 Rpt: 16/26	Coastal Ber						00088019	
4 Date	5 Payee name (see previou	is)						
6 Amount (\$)	7 Payee address; City; State; Zip Code							
Expenditure from corporate funds								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H Mendoza, Ma			ffice sou .C. City	ght Council District 4		Office he	ld
Date	Payee name							
	(see previou	IS)						
Amount (\$)	Payee addres	s; City;	State;	Zip Co	de			
PURPOSE OF EXPENDITURE	(a) Category _{(Se}	e Categories listed at the t	op of this sched	dule)			e of Texas. Comp fficeholder living	
Complete ONLY if direct	Candidate/Offic	ceholder name	Of	ffice sou	ght		Office he	ld
expenditure to benefit C/O	^H Pena, David		C.	.C. City	Council District 5			
Date	Payee name							
09/22/2024	Go Creative	-						
Amount (\$) \$10,000.00	Payee addres		State;	Zip Co	de			
X Expenditure from corporate funds	Suite 103 Austin, TX 7	8731						
PURPOSE OF EXPENDITURE	(a) Category _{(Se} Advertising	e Categories listed at the t Expense	op of this sched	dule)	Check if Austin,	, TX, o	e of Texas. Comp officeholder living alition - End	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic ^H Scott, Mark	ceholder name		ffice sou .C. City	^{ght} Council At-Large		Office he	ld

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)				
Sch: 8/15 Rpt: 17/26	Coastal Bend Coalition		00088019				
4 Date	5 Payee name (see previous)						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
Expenditure from corporate funds							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought C.C. City Council At-Large	Office held				
Date	Payee name (see previous)						
Amount (\$)	Payee address; City; State;	Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check if travel outs	tide of Texas. Complete Schedule T. , officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder name C)ffice sought	Office held				
expenditure to benefit C/OI	Ц	C.C. City Council At-Large	C.C. City Council District 3				
Date	Payee name (see previous)						
Amount (\$)	Payee address; City; State;	Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check if travel outs	tide of Texas. Complete Schedule T. , officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		office sought C.C. City Council At-Large	Office held				

Event Expense

Food/Beverage Expense

City;

(a) Category (See Categories listed at the top of this schedule)

Candidate/Officeholder name

Mendoza, May

Gift/Awards/Memorials Expense Legal Services

Fees

Coastal Bend Coalition

Payee name (see previous)

Payee address;

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 00088019 State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9	Complete ONLY if direct	Candidate/Officehold	ler name	Office sou	ight	Office held
	expenditure to benefit C/OF	Roy, Everett		C.C. City	Council District 1	C.C. City Council District 1
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address;	City;	State; Zip Co	ode	
┢	Expenditure from					
Ľ	corporate funds					
	PURPOSE OF	(a) Category (See Categ	gories listed at the top o	of this schedule)	(b) Description	
	EXPENDITURE					e of Texas. Complete Schedule T. officeholder living expense
						Sincenolder living expense
⊢	Complete ONLY if direct	Candidate/Officehold	ler name	Office sou	ıght	Office held
	expenditure to benefit C/OF	^I Molina, Ben		C.C. City	Council District 2	
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address;	City;	State; Zip Co	ode	

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Expenditure from corporate funds PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Sch: 9/15 Rpt: 18/26

1

8

4 Date

6 Amount (\$)

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Total pages Schedule F1: 2 FILER NAME

5

7

Office sought

(b) Description

C.C. City Council District 4

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Il Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Act Labor OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 10/15 Rpt: 19/26	Coastal Bend Coalition	00088019					
4 Date	5 Payee name (see previous)						
6 Amount (\$)							
Expenditure from corporate funds							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Pena, David C.C. City Council	Office held District 5					
Date	Payee name						
07/15/2024	Internal Revenue Service						
Amount (\$)	Payee address; City; State; Zip Code						
\$76.50	Department of the Treasury						
Expenditure from corporate funds	Internal Revenue Service Ogden, UT 84201-0005						
PURPOSE OF EXPENDITURE	OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
Date	Payee name						
08/15/2024	Internal Revenue Service						
Amount (\$) \$76.50	Payee address; City; State; Zip Code Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005						
•	-	vintion					
PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense roll Liabilities:Federal Taxes (941/943/944)					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
Sch: 11/15 Rpt: 20/26	Coastal Bend Coalition	00088019				
4 Date 09/16/2024	5 Payee name Internal Revenue Service					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$76.50	Department of the Treasury					
	Internal Revenue Service					
Expenditure from corporate funds	Ogden, UT 84201-0005					
8 PURPOSE OF EXPENDITURE	OF Salaries/Wages/Contract Labor					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
07/02/2024	Intuit					
Amount (\$) \$875.00	Payee address;City;State; Zip Code25.002632 Marine Way					
X Expenditure from corporate funds	Mountain View, CA 94043					
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Transaction Fees Transaction Fees						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
08/28/2024	Intuit					
Amount (\$) \$350.00	Payee address; City; State; Zip Code 2632 Marine Way					
X Expenditure from corporate funds	Mountain View, CA 94043					
PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fransaction Fees				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Transportation Equipment & Related Expense Travel in District Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	2)					
Sch: 12/15 Rpt: 21/26	Coastal Bend Coalition 00088019	<i>'</i>					
4 Date							
07/01/2024	5 Payee name Look Ahead Strategies						
6 Amount (\$)	' Payee address; City; State; Zip Code						
\$10,000.00	1500 Wilson Blvd						
\$10,000.00							
Expenditure from	Floor 5						
Corporate funds	Arlington, VA 22209						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense						
	Candidate Research						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
09/22/2024	Look Ahead Strategies						
09/22/2024	Look Alleau Stialegies						
Amount (\$)	Payee address; City; State; Zip Code						
\$5,000.00	1500 Wilson Blvd						
+ - ,							
X Expenditure from corporate funds	Floor 5 Arlington, VA 22209						
PURPOSE OF EXPENDITURE	OF Consulting Expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held	_					
Data		—					
Date	Payee name						
07/15/2024	OlgaKvachCPA LLC						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,500.00	14493 S PADRE ISLAND DR						
\$2,500.00	14495 5 FADRE ISLAND DR						
X Expenditure from corporate funds	Corpus Christi, TX 78418						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting June 2024 						
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	s)
	Sch: 13/15 Rpt: 22/26		Coastal Bend Coalition 00088019									
4	Date	5	5 Payee name									
	08/13/2024		OlgaKvachCPA LLC									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$2,500.00											
Х	Expenditure from corporate funds		Corpus Christi, TX 78418									
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting July 2024 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Off	ceholder nam	ie	Office sou	ight			Office h	eld	
	Date		Payee name									
	09/13/2024		OlgaKvach	CPA LLC								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	ode					
	\$2,500.00		14493 S PA	DRE ISLAN	ID DR							
Х	Expenditure from corporate funds		Corpus Chr	isti, TX 7842	18							
	PURPOSE OF EXPENDITURE		Category _{(S} Accounting		ed at the top of this sc	hedule)	(b)		, TX,	officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Off	ceholder nam	ie	Office sou	ight			Office h	eld	
	Date		Payee name									
	09/05/2024			earch Partr	ers LLC							
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	ode					
	\$29,400.00		103 E Stree	et SE								
Х	Expenditure from corporate funds		Washingtor	, DC 20003			-					
	PURPOSE OF EXPENDITURE		Category _{(S} Consulting		ed at the top of this sc	hedule)	(b)		, TX,	officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offi	ceholder nam	le	Office sou	l Ight			Office h	eld	

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 14/15 Rpt: 23/26	Coastal Bend Coalition 00088019							
4 Date	Payee name							
07/15/2024	Trolley, Dolly Gonzales							
6 Amount (\$)								
\$4,000.00								
X Expenditure from corporate funds	Corpus Christi, TX 78411							
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense June Retainer 							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
08/13/2024	Trolley, Dolly Gonzales							
Amount (\$)	Payee address; City; State; Zip Code							
\$4,000.00	3442 San Antonio St							
Expenditure from corporate funds	Corpus Christi, TX 78411							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense July Retainer							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
09/13/2024	Trolley, Dolly Gonzales							
Amount (\$)	Payee address; City; State; Zip Code							
\$4,000.00	3442 San Antonio St							
X Expenditure from corporate funds	Corpus Christi, TX 78411							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense August Retainer							
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:							
Sch: 15/15 Rpt: 24/26	2 File ID (Luics Commission Files) Coastal Bend Coalition 00088019						
4 Date 07/15/2024	5 Payee name Wight, Kya						
6 Amount (\$) \$461.75	7 Payee address; City; State; Zip Code 4210 boros dr						
Expenditure from corporate funds	Corpus Christi, TX 78413						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
08/15/2024	Wight, Kya						
Amount (\$)	Payee address; City; State; Zip Code						
\$461.75	4210 boros dr						
Expenditure from corporate funds	Corpus Christi, TX 78413						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
09/16/2024	Wight, Kya						
Amount (\$)	Payee address; City; State; Zip Code						
\$461.75	4210 boros dr						
Expenditure from corporate funds	Corpus Christi, TX 78413						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

	UNPAID INCU	RRED OE	BLIGATIONS				SCHEDULE F2
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		EXPENDITURE C/ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide of	Loan R Office (Polling nse Printing Salarie	Repayment/Reimbursemen Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	ד ד ד	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)
L	Total pages Schedule F2: Sch: 1/2 Rpt: 25/26		IE end Coalition				Filer ID (Ethics Commission Filers) 00088019
4	TOTAL OF UNITEMIZ	ZED UNPAID	INCURRED OBLI	GATIONS		\$	
L	Date 09/24/2024	-	yon Consulting, LLC				
7	Amount (\$) \$41,250.00	8 Payee addr 3700 Duke		State; Zip (Code		
9	TYPE OF EXPENDITURE	XIEXAITUITA	Political	Non-P	olitical		
10) PURPOSE OF EXPENDITURE		See Categories listed at the top n/Fundraising Expens			stin, TX, of	e of Texas. Complete Schedule T. fficeholder living expense sing
11	L Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office s	ought		Office held
	Date 09/12/2024	Payee name Look Ahea	e ad Strategies				
×	Amount (\$) \$20,000.00	Payee addr 1500 Wilso Floor 5 Arlington, '	on Blvd	State; Zip (Code		
F	TYPE OF EXPENDITURE	X	Political	Non-P	olitical		
	PURPOSE OF EXPENDITURE	(a) Category (Consulting	See Categories listed at the top	of this schedule)		stin, TX, of	e of Texas. Complete Schedule T. fficeholder living expense rCh
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office s	ought		Office held

UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F2: Sch: 2/2 Rpt: 26/26	2 FILER NAME Coastal Bend Coalition	3 Filer ID (Ethics Commission Filers) 00088019
⁴ TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$
5 Date 09/23/2024	6 Payee name Ragnar Research Partners LLC	
7 Amount (\$) \$28,400.00	8 Payee address; City; State; Zip Code 103 E Street SE	
corporate funds	Washington, DC 20003	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10 PURPOSE OF EXPENDITURE		butside of Texas. Complete Schedule T. TX, officeholder living expense ArCh
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held