GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	The GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00085707					d: ;
3	COMMITTEE NAME				OFFICE U	
	South Texas Alliar	nce of Republicans				
					Date Received	
					ELECTRONICA	
		-			10/07/2024	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	ΓY;	STATE; ZIP CODE		
	ADDRESS	4934 High Meadow Dr			Date Hand-delivered or	Date Postmarked
	-	_			Date Hand-delivered of	Date Fostinaikeu
	Change of Address	Corpus Christi, TX 78413			Receipt #	Amount
						Amount
					Date Processed	
					Date Processed	
					Date Imaged	
					Date mageu	
5	CAMPAIGN	MS/MRS/MR FIRST			MI	
³	TREASURER				IVII	
	NAME	Mr. Terry L.				
		NICKNAME LAST			SUFFIX	
		Morris				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY;	STA	TE; ZIP CODE
	TREASURER	2414 Cleo St				
	STREET ADDRESS					
	(Residence or Business)	Corpus Christi TX 78405				
		Corpus Christi, TX 78405				
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #; CITY	'; STA	ATE; ZIP CODE
	MAILING					
	ADDRESS					
	Change of Address					
8	CAMPAIGN TREASURER		EX	ENSION		
	PHONE	(361) 336-8422				
9	REPORT TYPE	January 15 X 3)th c	lay before election	Dissolution (Attach	PAC-DR)
			h da	y before election	10th day after cam	naign troasuror
			nuc		termination	paignificasurei
			unot	f		
10	PERIOD	Month Day Year		Month Day	Year	
1-0	COVERED	-	HR	DUGH 09/26/202		
		01101/2024		03/20/202	.+	
11	ELECTION	ELECTION DATE		ELECTION TYPE		
	ELECTION		Prim		Other	
		11/05/2024				
			Sene	eral Special		
		· · · · · ·				
		GO	го	PAGE 2		
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For	ms provided by Te	xas Ethics Commission www.e	thic	s.state.tx.us	Versio	n V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
South Texas Alliance of	Republicans		00085707	,		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	15,334.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	6,604.80		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,360.57		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.				
			/ L. Morris			
	Signature of Campaign Treasurer					
	STAMP / SEAL ABOVE					
		, th	nis the	day		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7		

FORM GPAC COVER SHEET PG 3 3 of 46

17 COMMITTE	EE NAME	18 Filer ID	(Ethics Commission Filers)
South Tex	as Alliance of Republicans	00085707	
	E SUBTOTALS		SUBTOTAL AMOUNT
NAME OF			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,334.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION 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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 6,604.80
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 7,368.63
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SUBTOTALS - GPAC

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/28 Rpt: 4/46	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	s Alliance of Republicans		00085707	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/13/2024	Harris, Larry		\$10	00.00
	6 Contributor address; City; State; Zip Code			
	Rockport, TX 78382	·		
	upation / Job title (See Instructions)	9 Employer (See Instructions	IS)	
Realtor		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/09/2024	Harris, Larry		\$6	60.00
	Contributor address; City; State; Zip Code			
	Rockport, TX 78382			
	upation / Job title (See Instructions)	Employer (See Instructions	IS)	
Realtor		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	ALDAPE, ROSE		\$2	20.00
	Contributor address; City; State; Zip Code		"	
	CORPUS CHRISTI, TX 78414	•		
	upation / Job title (See Instructions)	Employer (See Instructions	IS)	
CONSULTA	NT	self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/05/2024	ALDAPE, ROSE		\$2	20.00
1	Contributor address; City; State; Zip Code			
1				
ĺ				
	CORPUS CHRISTI, TX 78414	1 /2		
	upation / Job title (See Instructions)	Employer (See Instructions	IS)	
CONSULTA		self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/09/2024	ALDAPE, ROSE			20.00
1	Contributor address; City; State; Zip Code			
ĺ				
1				
	CORPUS CHRISTI, TX 78414	1		
	upation / Job title (See Instructions)	Employer (See Instructions	IS)	
CONSULTA	NT	self		

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/28 Rpt: 5/46	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	s Alliance of Republicans			00085707	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
07/10/2024	Allen, Nancy				\$100.00
	6 Contributor address; City; State; Zip Code		1		
	Aransas Pass, TX 78365				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
retired		Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/01/2024	BAUMLE, VIC				\$40.00
			1		
	CORPUS CHRISTI, TX 78413				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
SALES MAN			-,		
		<u> </u>	—	Amount of Contribution (\$)	
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ቀ100 00
07/15/2024	BAUMLE, VIC				\$100.00
	Contributor address; City; State; Zip Code				
	CORPUS CHRISTI, TX 78413				
Dringing and					
SALES MAN	upation / Job title (See Instructions)	Employer (See Instructions	5)		
					
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/05/2024	BAUMLE, VIC				\$40.00
	Contributor address; City; State; Zip Code	ļ	1		
	CORPUS CHRISTI, TX 78413				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
SALES MAN	IAGER				
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
09/09/2024	BAUMLE, VIC				\$60.00
1	Contributor address; City; State; Zip Code		1		
1					
1	CORPUS CHRISTI, TX 78413				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 s)		
SALES MAN			-,		
		<u> </u>			
1					

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 3/28 Rpt: 6/46	
2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
South Texas	s Alliance of Republicans			00085707	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
08/05/2024	Brown, Terry				\$30.00
	6 Contributor address; City; State; Zip Code		1		
	Corpus Christi, TX 78418				
-	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Retired					
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/13/2024	Brown, Terry				\$15.00
	Contributor address; City; State; Zip Code		1		
Driv single age	Corpus Christi, TX 78418		ŕ		
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions	5)		
			, 		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/09/2024	Brown, Terry				\$30.00
	Contributor address; City; State; Zip Code				
	Corpus Christi, TX 78418				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
Retired			>)		
		<u> </u>	—	Amount of Contribution (¢)	
Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Burnett_Chuck)		Amount of Contribution (\$)	\$30.00
09/09/2024	Burnett, Chuck				φου.υυ
	Contributor address; City; State; Zip Code				
	Corpus Christi, TX 78413				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
contractor		self			
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>)	Τ	Amount of Contribution (\$)	
07/01/2024	CARROLL, ASHLEY	,		/ into an or contained and (+,	\$30.00
	Contributor address; City; State; Zip Code	,	1		• -
	CORPUS CHRISTI, TX 78412				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
ASST. COU	NTY CLERK	NUECES COUNTY			

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/28 Rpt: 7/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
South Texas	Alliance of Republicans		00085707
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/13/2024	CARROLL, ASHLEY		\$50.00
	6 Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78412		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
ASST. COU	NTY CLERK	NUECES COUNTY	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/05/2024	08/05/2024 CARROLL, ASHLEY		\$30.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78412		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
ASST. COU	NTY CLERK	NUECES COUNTY	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/2024	CARROLL, ASHLEY		\$30.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78412		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
ASST. COU		NUECES COUNTY	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2024	CHASTEEN, NANCY		\$30.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78413		
Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired			
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/13/2024	CHASTEEN, NANCY		\$50.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78413		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I
retired			,

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 5/28 Rpt: 8/46	
2 FILER NAME	-		3	Filer ID (Ethics Commission	n Filers)
South Texas	s Alliance of Republicans			00085707	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
08/05/2024	CHASTEEN, NANCY				\$30.00
	6 Contributor address; City; State; Zip Code				
	CORPUS CHRISTI, TX 78413		ŕ		
8 Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/09/2024	CHASTEEN, NANCY				\$30.00
	Contributor address; City; State; Zip Code				
	CORPUS CHRISTI, TX 78413				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
retired			,		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/01/2024	CHITTUM, GREG				\$300.00
	PORT ARANSAS, TX 78373				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
SALES		C.M.Company Auctions			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/13/2024	CHITTUM, GREG				\$100.00
	Contributor address; City; State; Zip Code				
	PORT ARANSAS, TX 78373				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
SALES		C.M.Company Auctions			
Date	Full name of contributor out-of-state PAC (ID#:	· · ·	_	Amount of Contribution (\$)	
08/05/2024	CHITTUM, GREG	/			\$30.00
00,00,202.	Contributor address; City; State; Zip Code				Ψ00.00
	PORT ARANSAS, TX 78373				
-	upation / Job title (See Instructions)	Employer (See Instructions			
SALES		C.M.Company Auctions			

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 6/28 Rpt: 9/46	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
South Texas	Alliance of Republicans			00085707	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/09/2024	CHITTUM, GREG				\$100.00
	6 Contributor address; City; State; Zip Code		1		
	PORT ARANSAS, TX 78373		Ĺ		
	pation / Job title (See Instructions)	9 Employer (See Instructions			
SALES		C.M.Company Auctions	; —		
Date	—)		Amount of Contribution (\$)	
07/19/2024					\$619.00
	Contributor address; City; State; Zip Code				
	CORPUS CHRISTI, TX 78414				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
ATTORNEY		Self	"		
Date				Amount of Contribution (\$)	
09/09/2024	Full name of contributor out-of-state PAC (ID#: COX, ROBIN)		Amount of Contribution (\$)	\$60.00
			-		Ψ00.00
	Continuation address, City, State, Zip Code				
	CORPUS CHRISTI, TX 78414				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Landlord / Ins	structor	Self			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
08/05/2024	COX, ROBIN				\$60.00
	Contributor address; City; State; Zip Code		1		
Drincinal occur	CORPUS CHRISTI, TX 78414 pation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
Landlord / Ins		Self	5)		
			—	Δ	
Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Carrillo, Alberto)		Amount of Contribution (\$)	\$30.00
09/09/2024			•		Φ30.00
	Contributor address; City; State; Zip Code				
	Corpus Christi, TX 78414				
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Marketing Di		American Chrome and C		emical	

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/28 Rpt: 10/46	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	Alliance of Republicans		00085707	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/06/2024	Carrillo, Alberto			\$15.00
ľ	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414			
Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Marketing Dir		American Chrome and C		
Date)	Amount of Contribution (\$)	
08/05/2024	Carrillo, Alberto	/		\$60.00
00/05/2024				Φ00.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	-)	
Marketing Dir		American Chrome and C		
-				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷100.00
07/13/2024	Carrillo, Alberto			\$100.00
	Contributor address; City; State; Zip Code			
	l			
	Corpus Christi, TX 78414			
	pation / Job title (See Instructions)	Employer (See Instructions	,	
Marketing Dir	rector	American Chrome and C	Chemical	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/05/2024	Chesney, Brent			\$60.00
ı İ	Contributor address; City; State; Zip Code		1	
	Corpus Christi, TX 78411			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	3)	
County Comr	missioner	Nueces County		
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
07/01/2024	DALTON, BETTYLOU			\$20.00
	Contributor address; City; State; Zip Code			
	l			
	CORPUS CHRISTI, TX 78412			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
VOLUNTEEF	२	Retired		

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	The Instru	ction Guide explains how to complete this f	orm.	1 I	Total pages Schedule A1: Sch: 8/28 Rpt: 11/46	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		s Alliance of Republicans		1	00085707	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/13/2024	DALTON, BETTYLOU				\$40.00
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		CORPUS CHRISTI, TX 78412				
8		upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	VOLUNTEE	R	Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	08/05/2024	DALTON, BETTYLOU				\$20.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	CORPUS CHRISTI, TX 78412				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	VOLUNTEE	R	Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_		Π	Amount of Contribution (\$)	
	09/09/2024	DALTON, BETTYLOU				\$60.00
		Contributor address; City; State; Zip Code		ł		.
	l					
	l					
	l	CORPUS CHRISTI, TX 78412				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	VOLUNTEE	R	Retired			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Τ	Amount of Contribution (\$)	
	07/01/2024	Denson, Peggy	/		Allount of Continuence (1)	\$30.00
	0110_1	Contributor address; City; State; Zip Code		ł		**
	I	כטוונווטענטו מעטופיז, כוגי, סומוכ, בוף כסמכ				
	I					
	I	Corpus Christi, TX 78411				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	 s)		
	specialty sale		Walmart	-,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Π	Amount of Contribution (\$)	
	08/05/2024	Denson, Peggy	/		Allount of Contribution (*)	\$30.00
	00,00,202	Contributor address; City; State; Zip Code		•		400.0
	I	Continuation address, City, State, Zip Code				
	I					
	I	Corpus Christi, TX 78411				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>د</u> ا		
	specialty sale		Walmart	<i>>)</i>		
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	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 9/28 Rpt: 12/46	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	South Texas	s Alliance of Republicans			00085707	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/09/2024	Denson, Peggy				\$30.00
	1	6 Contributor address; City; State; Zip Code		"		
	ļ	1				
	ļ	1				
		Corpus Christi, TX 78411				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	specialty sale	es	Walmart			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	09/09/2024	Duarte, Andrew				\$30.00
	ł	Contributor address; City; State; Zip Code		1		
	ļ	1				
	ļ	1				
		Corpus Christi, TX 78413				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Contractor		self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	07/01/2024	Eyles, Donna				\$30.00
	ł	Contributor address; City; State; Zip Code		·		
	ļ					
	ļ	1				
		Corpus Christi, TX 78418				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Publications	EIP				
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	08/05/2024	Eyles, Donna				\$30.00
	1	Contributor address; City; State; Zip Code		1		
	ļ	1				
	ļ	1				
L		Corpus Christi, TX 78418				
	-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Publications	EIP				
\square	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/09/2024	Eyles, Donna				\$30.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ	1				
	ļ	1				
L		Corpus Christi, TX 78418				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		<u> </u>
	Publications	EIP				
			-			

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 10/28 Rpt: 13/46	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		s Alliance of Republicans			00085707	
4		5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/09/2024	Fryer, Samuel				\$30.00
	,	6 Contributor address; City; State; Zip Code]	1		
	,					
	,					
		Corpus CXhristi, TX 78413				
8		upation / Job title (See Instructions)	9 Employer (See Instructions)	3)		_
	Consultant					
Γ	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	07/01/2024	GURGEVICH, MARK (Mr.)				\$20.00
	,	Contributor address; City; State; Zip Code		1		
	,					
	1					
		CORPUS CHRISTI, TX 78466				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	retired					
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/13/2024	GURGEVICH, MARK (Mr.)				\$40.00
	1	Contributor address; City; State; Zip Code		1		
	1					
	1					
		CORPUS CHRISTI, TX 78466				
		upation / Job title (See Instructions)	Employer (See Instructions)	3)		
	retired					
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/09/2024	GURGEVICH, MARK (Mr.)				\$30.00
	,	Contributor address; City; State; Zip Code		1		
	1					
	1					
		CORPUS CHRISTI, TX 78466				
Γ		upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	retired			_		
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	07/01/2024	Gagnon, Mary				\$30.00
	,	Contributor address; City; State; Zip Code		1		
	1					
	1					
	1	Corpus Christi, TX 78418				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Engineer		Westwind Enterprises			
			<u>.</u>			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/28 Rpt: 14/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Alliance of Republicans		00085707
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
08/05/2024	Gagnon, Mary		\$60.00
	6 Contributor address; City; State; Zip Code		1
	Corpus Christi, TX 78418		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ls)
Engineer		Westwind Enterprises	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/09/2024	Gagnon, Mary		\$60.00
	Contributor address; City; State; Zip Code		1
	Corpus Christi, TX 78418		
	pation / Job title (See Instructions)	Employer (See Instructions Westwind Enterprises	s)
Engineer			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2024	Goedhart, Gayle		\$30.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78415		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)
retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/05/2024	Goedhart, Gayle		\$30.00
	Contributor address; City; State; Zip Code		1
	Corpus Christi, TX 78415		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
retired			5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/2024	Graban, Ron		\$30.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78402	I	
	pation / Job title (See Instructions)	Employer (See Instructions	S)
retired			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/28 Rpt: 15/46	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	s Alliance of Republicans		00085707	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/01/2024				\$30.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78402			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
retired				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/09/2024				\$30.00
	CORPUS CHRISTI, TX 78466			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions))	
ATTORNEY	,			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/01/2024			• -	\$30.00
	CORPUS CHRISTI, TX 78466			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions))	
ATTORNEY	,			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/05/2024				\$30.00
	Contributor address; City; State; Zip Code			
	CORPUS CHRISTI, TX 78466			
	upation / Job title (See Instructions)	Employer (See Instructions))	
ATTORNEY	·			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/13/2024	HINOJOSA, ADAM (The Honorable)			\$100.00
	Contributor address; City; State; Zip Code			
	CORPUS CHRISTI, TX 78466			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
ATTORNEY	·			

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 13/28 Rpt: 16/46
FILER NAME	3 Filer ID (Ethics Commission Filers)
South Texas Alliance of Republicans	00085707
Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/09/2024 HINOJOSA, ADAM (The Honorable)	\$30.00
6 Contributor address; City; State; Zip Code	
CORPUS CHRISTI, TX 78466	<u></u>
Principal occupation / Job title (See Instructions) ATTORNEY)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2024 HOVDA, DEBORAH	\$60.00
Contributor address; City; State; Zip Code	
CORPUS CHRISTI, TX 78409	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
retired	,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/05/2024 HOVDA, DEBORAH	\$60.00
Contributor address; City; State; Zip Code	
CORPUS CHRISTI, TX 78409	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
retired	/
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/2024 HOVDA, DEBORAH	\$60.00
Contributor address; City; State; Zip Code	
CORPUS CHRISTI, TX 78409	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/19/2024 HOVDA, DEBORAH	\$80.00
Contributor address; City; State; Zip Code	
CORPUS CHRISTI, TX 78409 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\ N
retired)

SCHEDULE	A1
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The Inst	ruction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 14/28 Rpt: 17/46	
2 FILER NAM	AF			-	n Filoro)
	as Alliance of Republicans		3	Filer ID (Ethics Commission 00085707	on Fliers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
09/09/202	4 HUNTER, MICHAEL (The Honorable)				\$30.00
	6 Contributor address; City; State; Zip Code				
	CORPUS CHRISTI, TX 78413				
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instructions	s)		
CITY COU	JNCILMAN	CORPUS CHRISTI			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
07/13/202	—	/			\$15.00
			•		
	CORPUS CHRISTI, TX 78413				
Principal o	cupation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> S)		
	JNCILMAN	CORPUS CHRISTI			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
08/05/202		/			\$1,000.00
	Contributor address; City; State; Zip Code				
	CORPUS CHRISTI, TX 78413				
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	s)		
CITY COU	JNCILMAN	CORPUS CHRISTI			
Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/13/202		/			\$1,000.00
	Contributor address; City; State; Zip Code		•		
	CORPUS CHRISTI, TX 78413				
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> S)		
CITY COU	JNCILMAN	CORPUS CHRISTI			
Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
07/01/202					\$500.00
	Contributor address; City; State; Zip Code				
	· · · · · · · · · · · · · · · · · · ·				
	CORPUS CHRISTI, TX 78401				
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	s)		
Attorney		Hunter Law Firm			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/28 Rpt: 18/46	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Alliance of Republicans			00085707	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/19/2024	HUNTER, TODD				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		CORPUS CHRISTI, TX 78401				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Attorney		Hunter Law Firm			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/09/2024	HUNTER, TODD				\$500.00
		Contributor address; City; State; Zip Code		1		
		CORPUS CHRISTI, TX 78401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Hunter Law Firm			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/09/2024	HUNTER, TODD				\$500.00
		Contributor address; City; State; Zip Code				
		CORPUS CHRISTI, TX 78401				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Hunter Law Firm			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	09/26/2024	HUNTER, TODD				\$3,000.00
		Contributor address; City; State; Zip Code		1		
		CORPUS CHRISTI, TX 78401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Hunter Law Firm			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/31/2024	HUNTER, TODD				\$500.00
		Contributor address; City; State; Zip Code		1		
		CORPUS CHRISTI, TX 78401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Hunter Law Firm			

The Instrue	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 16/28 Rpt: 19/46	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	s Alliance of Republicans		00085707	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/05/2024	Hernandez, Gill (The Honorable)			\$30.00
ł	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78413	<u> </u>		
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Councilman		City of Corpus Christi		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	Hooper, John C (Mr.)			\$30.00
	Contributor address; City; State; Zip Code			
I				
	Corpus Christi, TX 78418	<u> </u>		
•	upation / Job title (See Instructions)	Employer (See Instructions))	
Sheriff		Nueces County		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/09/2024	Hooper, John C (Mr.)			\$30.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78418			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Sheriff		Nueces County		
Date)	Amount of Contribution (\$)	
07/13/2024	Hooper, John C (Mr.)			\$50.00
	Contributor address; City; State; Zip Code			
l I				
	2			
	Corpus Christi, TX 78418			
	ipation / Job title (See Instructions)	Employer (See Instructions)	1	
Sheriff		Nueces County		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/05/2024	Hurlburt, Lynne			\$45.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414			
-	ipation / Job title (See Instructions)	Employer (See Instructions)	1	
Retired				

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/28 Rpt: 20/46	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	s Alliance of Republicans		00085707	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/09/2024	Hurlburt, Lynne			\$30.00
	6 Contributor address; City; State; Zip Code			
C. Dringingloog	Corpus Christi, TX 78414		、 、	
8 Principal occi Retired	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/13/2024			9	\$100.00
	Contributor address; City; State; Zip Code			
	Fulton , TX 78358			
Principal occi HR	upation / Job title (See Instructions)	Employer (See Instructions)	
		Self		
Date)	Amount of Contribution (\$)	÷00.00
07/10/2024				\$20.00
	Contributor address; City; State; Zip Code			
	Fulton , TX 78358			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions)	
HR		Self	,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/09/2024				\$60.00
	Contributor address; City; State; Zip Code			
	Fulton , TX 78358			
	upation / Job title (See Instructions)	Employer (See Instructions)	
HR		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/01/2024	JONCKHEERE, LINDA			\$30.00
	Contributor address; City; State; Zip Code			
	CORPUS CHRISTI, TX 78414			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
RETIRED)	
		<u> </u>		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/28 Rpt: 21/46	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Alliance of Republicans			00085707	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/01/2024	Jernegan, Barbara				\$30.00
		6 Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78418				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	retered					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/13/2024	Jernegan, Barbara				\$100.00
		Corpus Christi, TX 78418				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retered					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/09/2024	Jernegan, Barbara				\$30.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78418				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retered					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/09/2024	Jones, Bob (Mr.)				\$30.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78466				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Radio Host		Self employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/05/2024	Lawing, Mark				\$30.00
		Contributor address; City; State; Zip Code				
		Robstown, TX 78380				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Supervisor		Circle 8 Crane Services			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/28 Rpt: 22/46	
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
[Alliance of Republicans			00085707	11 11010)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/01/2024	Magill, Chad				\$30.00
		6 Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78404				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Consultant		Self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/05/2024	Magill, Chad				\$30.00
		Contributor address; City; State; Zip Code				
		Corpus Christi , TX 78404				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Consultant		Self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	07/13/2024	Magill, Chad				\$200.00
		Contributor address; City; State; Zip Code		·		
		Corpus Christi , TX 78404				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Consultant		Self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/09/2024	Magill, Chad				\$180.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78404				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Consultant		Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/01/2024	Orcutt, Michelle				\$30.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78418				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired					

SCHEDULE	A1
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The Ins	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 20/28 Rpt: 23/46
2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
South Te	xas Alliance of Republicans		00085707
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/13/20	24 Orcutt, Michelle		\$100.00
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418		
-	ccupation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/20			\$30.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	3)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/09/20	24 PARHAM, CONNIE		\$30.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78414		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	3)
SELF EN	PLOYED		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/09/20	24 PARHAM, CONNIE		\$30.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78414		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	3)
SELF EN	PLOYED		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/20	24 ROMEROS, CHRISSY		\$60.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78414		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	;)
CONSUL	TANT	Rep Todd Hunter	
1			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/28 Rpt: 24/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
South Texas	s Alliance of Republicans		00085707
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/05/2024	ROMEROS, CHRISSY		\$60.00
	6 Contributor address; City; State; Zip Code		1
	Corpus Christi, TX 78414		
8 Principal occu CONSULTA		 9 Employer (See Instructions Rep Todd Hunter 	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/2024	ROMEROS, CHRISSY		\$60.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78414		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
CONSULTA	NT	Rep Todd Hunter	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2024	Resley, Daniel		\$90.00
	Contributor address; City; State; Zip Code		1
	Corpus Christi, TX 78418		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/13/2024	Resley, Daniel		\$400.00
	Contributor address; City; State; Zip Code		
	Corpus Christi TV 79/19		
Dringing occu	Corpus Christi, TX 78418	Employer (See Instructions	
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/05/2024	Resley, Daniel		\$30.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
retired			<i>י</i> /

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 22/28 Rpt: 25/46	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	s Alliance of Republicans		00085707	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/09/2024	Resley, Daniel		\$3	80.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78418			
8 Principal occu retired	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/13/2024	Rorex, Bronwen			0.00
	Contributor address; City; State; Zip Code			
	Rockport, TX 78382			
-	ipation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/09/2024	Rorex, Bronwen		\$6	0.00
	Contributor address; City; State; Zip Code			
	Designed TV 70000			
Dringing opp	Rockport, TX 78382	Employer (Cool Instructions	N	
Retired	ipation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/13/2024	Rorex, Bronwen		\$40	00.00
	Contributor address; City; State; Zip Code			
	Rockport, TX 78382			
·	pation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	-
07/01/2024	SEXTON, TERI		\$2	20.00
	Contributor address; City; State; Zip Code			
Dringinal occu	CORPUS CHRISTI, TX 78412	Employer (Soo Instructions	Λ	
retired	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions)	
Teureu				

SCHEDULE	A1
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South Texas Alliance of Republicans 00085707				1		
South Texas Alliance of Republicans 00085707 4 Date 5 Full name of contribution aut-ot-state PAC (10): 7 08/05/2024 5 Full name of contribution \$20.00 CORPUS CHRISTI, TX 78412 9 Employer (See Instructions) 7 etired 00/09/2024 Full name of contribution out-of-state PAC (10):	The Instrue	ction Guide explains how to complete this f	orm.	1		
4 Date 08/05/2024 5 Full name of contributor is set table PAC (Diresting in the participant of the part participant of the participant of the part participan	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
08/05/2024 SEXTON, TERI \$20.00 6 Contributor address; City; State; Zip Code \$20.00 7 CORPUS CHRISTI, TX 78412 9 Employer (See Instructions) 7 Full name of contributor out-of-state PAC (Dir:	South Texas	Alliance of Republicans			00085707	
6 Contributor address; City, State; Zip Code 0 CORPUS CHRISTI, TX 78412 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 1 0 SEXTON, TERI Amount of Contribution (S) 0 SEXTON, TERI Amount of Contribution (S) Contributor address; City, State; Zip Code Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) refired Full name of contributor out-of-state PAC (Det; 09/09/2024 Full name of contributor out-of-state PAC (Det; 09/09/2024 SEXTON, TERI Amount of Contribution (S) 09/09/2024 SEXTON, TERI Amount of Contribution (S) 09/09/2024 SEXTON, TERI Amount of Contribution (S) 09/09/2024 Sexton, David Employer (See Instructions) refired Out-of-state PAC (Det; Amount of Contribution (S) 09/09/2024 Full name of contributor Out-of-state PAC (Det; Amount of Contribution (S) 09/09/2024 Sexton, David Employer (See Instructions) S25.00 Contributor address; City, State; Zip C	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
CORPUS CHRISTI, TX 78412 Principal occupation / Job title (See Instructions) retired Principal occupation / Job title (See Instructions) retired Principal occupation / Job title (See Instructions) CORPUS CHRISTI, TX 78412 Amount of Contribution (S) S40.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) CORPUS CHRISTI, TX 78412 Amount of Contribution (S) SEXTON, TERI Date 09/09/2024 Full name of contributor	08/05/2024	SEXTON, TERI				\$20.00
8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) Date 09/09/2024 Full name of contributor out-of-state PAC (DW		6 Contributor address; City; State; Zip Code				
8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) Date 09/09/2024 Full name of contributor out-of-state PAC (DBF Amount of Contribution (\$) SEXTON, TERI Contributor address; City; State; Zip Code Amount of Contribution (\$) CORPUS CHRISTI, TX 78412 Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) retired Employer (See Instructions) Amount of Contribution (\$) Date 09/09/2024 Full name of contributor out-of-state PAC (DBF Amount of Contribution (\$) SEXTON, TERI Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) retired Full name of contributor out-of-state PAC (DBF Amount of Contribution (\$) \$25.00 Og/09/2024 Full name of contributor out-of-state PAC (DBF Amount of Contribution (\$) \$25.00 Og/09/2024 Full name of contributor out-of-state PAC (DBF Amount of Contribution (\$) \$25.00 Og/09/2024 Full name of contributor						
8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) Date 09/09/2024 Full name of contributor out-of-state PAC (DBF Amount of Contribution (\$) SEXTON, TERI Contributor address; City; State; Zip Code Amount of Contribution (\$) CORPUS CHRISTI, TX 78412 Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) retired Employer (See Instructions) Amount of Contribution (\$) Date 09/09/2024 Full name of contributor out-of-state PAC (DBF Amount of Contribution (\$) SEXTON, TERI Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) retired Full name of contributor out-of-state PAC (DBF Amount of Contribution (\$) \$25.00 Og/09/2024 Full name of contributor out-of-state PAC (DBF Amount of Contribution (\$) \$25.00 Og/09/2024 Full name of contributor out-of-state PAC (DBF Amount of Contribution (\$) \$25.00 Og/09/2024 Full name of contributor						
retired Date Full name of contributor out-of-state PAC (ID#	Principal occu		9 Employer (See Instructions	<u> </u>		
09/09/2024 SEXTON, TERI \$40.00 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDE:		pation / Job title (See Instructions)		>)		
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Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	09/09/2024					\$40.00
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) Date 09/09/2024 Full name of contributor or out-of-state PAC (ID#:) SEXTON, TERI Amount of Contribution (\$) \$25.00 Og/09/2024 SEXTON, TERI Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) Date 09/09/2024 Full name of contributor or out-of-state PAC (ID#:) Sexton, David Amount of Contribution (\$) \$25.00 Date 09/09/2024 Full name of contributor or out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) sales assistant Employer (See Instructions) Modern Pawn and Gun Date 09/09/2024 Full name of contributor or out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.00 Date 09/09/2024 Full name of contributor or out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.00 Oate 09/09/2024 Full name of contributor or out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$30.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$30.00 Principal occupation						
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09/09/2024 Sexton, David \$25.00 Contributor address; City; State; Zip Code Corpus Christi, TX 78412 Principal occupation / Job title (See Instructions) Employer (See Instructions) sales assistar Modern Pawn and Gun Date Full name of contributor out-of-state PAC (D#:) Amount of Contribution (\$) Sparks, Gayle (Mr.) \$30.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Sparks, Gayle (Mr.) \$30.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)				5)		
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Corpus Christi, TX 78412 Principal occupation / Job title (See Instructions) sales assistant Employer (See Instructions) Modern Pawn and Gun Date Full name of contributor out-of-state PAC (ID#:) 09/09/2024 Sparks, Gayle (Mr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Corpus Christi, TX 78413 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	09/09/2024	Sexton, David				\$25.00
Principal occupation / Job title (See Instructions) sales assistant Employer (See Instructions) Modern Pawn and Gun Date Full name of contributor out-of-state PAC (ID#:) 09/09/2024 Sparks, Gayle (Mr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) sales assistant Employer (See Instructions) Modern Pawn and Gun Date Full name of contributor out-of-state PAC (ID#:) Sparks, Gayle (Mr.) Amount of Contribution (\$) 09/09/2024 Sparks, Gayle (Mr.) \$30.00 Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
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09/09/2024 Sparks, Gayle (Mr.) \$30.00 Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions)	sales assista	ant	Modern Pawn and Gun			
Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions)	09/09/2024	Sparks, Gayle (Mr.)				\$30.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Corpus Christi, TX 78413				
	Principal occu		Employer (See Instructions	<u> </u>		
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 24/28 Rpt: 27/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s Alliance of Republicans		00085707
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/09/2024	Sparks, Ginger (Mr.)		\$30.0
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78413		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/01/2024	Stich, Ronald		\$60.0
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78414		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/05/2024	Stich, Ronald		\$60.0
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78414		
-	ipation / Job title (See Instructions)	Employer (See Instructions))
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/2024	Stich, Ronald		\$60.0
	Contributor address; City; State; Zip Code		
	Comus Christi TV 70414		
Drizzinal acou	Corpus Christi, TX 78414		
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions)	·)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/13/2024	Stokes, Dee		\$15.0
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78410		
Dringing occu		Employer (Soo Instructions)	
Principal occu Precinct cha	ipation / Job title (See Instructions) ir	Employer (See Instructions)	·)
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The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 25/28 Rpt: 28/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	s Alliance of Republicans		00085707
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/09/2024	· · ·		\$40
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78410		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions))
Precinct cha	air		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/2024			\$30
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418		
•	upation / Job title (See Instructions)	Employer (See Instructions))
retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/05/2024	Vaughn, Carolyn (Ms.)		\$60
	Contributor address; City; State; Zip Code		
	Correct TV 70426		
Dringing occ	Corpus Christi, TX 78426		N
Retired	upation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/13/2024	Vaughn, Carolyn (Ms.)		\$400
	Contributor address; City; State; Zip Code		
	Cornue Christi TV 70/26		
Dringingloco	Corpus Christi, TX 78426 upation / Job title (See Instructions)	Employer (Soo Instructions)	N
Retired		Employer (See Instructions))
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
09/09/2024			\$60
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78426		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions))
Retired			, ,

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 26/28 Rpt: 29/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
South Texas	s Alliance of Republicans		00085707
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
09/09/2024			\$30.0
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78426		
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
07/13/2024	· · · · · · · · · · · · · · · · · · ·		\$30.0
	Contributor address; City; State; Zip Code Corpus Christi , TX 78410		
Princinal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Engineer		Flint Hills Resources)
_			Amount of Contribution (\$)
Date 09/09/2024	Full name of contributor Out-of-state PAC (ID#: Villalobos, Denise)	Amount of Contribution (\$) \$30.0
0310312024	Contributor address; City; State; Zip Code		φου.υ
Principal occu	Corpus Christi , TX 78410 upation / Job title (See Instructions)	Employer (See Instructions	
Engineer		Flint Hills Resources)
Date 09/09/2024	WOOLSEY, JO (Judge)		Amount of Contribution (\$) \$30.0
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
JUDGE)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
07/01/2024	West, Jon		\$20.0
	Contributor address; City; State; Zip Code		
	Robstown, TX 78380		
Principal occu Assistant DA	upation / Job title (See Instructions) A	Employer (See Instructions San Patricio County)
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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 27/28 Rpt: 30/46	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		s Alliance of Republicans			00085707	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/09/2024	West, Jon				\$30.00
		6 Contributor address; City; State; Zip Code		"		
		Robstown, TX 78380				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Assistant DA	۹	San Patricio County			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	07/01/2024	Whittington, Jeanne				\$40.00
		Contributor address; City; State; Zip Code		"		
		Corpus Christi, TX 78413				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	interior desig	jner	self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	08/05/2024	Whittington, Jeanne				\$20.00
		Contributor address; City; State; Zip Code		"		
		Corpus Christi, TX 78413				
	•	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	interior desig	jner	self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	07/19/2024	Whittington, Jeanne				\$100.00
		Contributor address; City; State; Zip Code		"		
		Corpus Christi, TX 78413	<u> </u>	<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	interior desig	-	self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/05/2024	Whittington, Jeanne				\$100.00
		Contributor address; City; State; Zip Code]		
		Corpus Christi, TX 78413	1			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	interior desig	jner	self			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/28 Rpt: 31/46
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
South Texas	s Alliance of Republicans		00085707
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/09/2024		,	\$40.00
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78413		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
interior desi	gner	self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/01/2024	Whittington, Jeanne)	\$20.00
01101/2024	-		\$20.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78413		
Dringing ogg	upation / Job title (See Instructions)	Employer (See Instructions	
interior desi		Employer (See Instructions self	5)
			1
Date)	Amount of Contribution (\$)
09/09/2024			\$30.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78404	i	
	upation / Job title (See Instructions)	Employer (See Instructions	S)
Retired			

SCHEDULE F1

	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: 1/2 Rpt: 32/46	South Texas Alliance of Republicans 00085707
4 Date 07/01/2024	5 Payee name Joes Crab Shack
6 Amount (\$) \$996.00	7 Payee address; City; State; Zip Code 444 Shoreline Dr
corporate funds	Corpus Christi, TX 78405
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense July Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Joes Crab Shack
Amount (\$)	Payee address; City; State; Zip Code
\$2,220.80	444 Shoreline Dr
Expenditure from corporate funds	Corpus Christi, TX 78405
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/09/2024	Joes Crab Shack
Amount (\$) \$2,058.00	Payee address;City;State;Zip Code444 Shoreline Dr
Expenditure from corporate funds	Corpus Christi, TX 78405
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Special luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin al Committee Legal Services Salarie	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explains how to		
1 Total pages Schedule F1: Sch: 2/2 Rpt: 33/46	2 FILER NAME South Texas Alliance of Republicans	3	Filer ID (Ethics Commission Filers) 00085707
4 Date	5 Payee name	I	
07/31/2024	West, Jon		
6 Amount (\$) \$1,330.00	7 Payee address; City; State; Zip 5769 Grand Lake Circle	Code	
Expenditure from corporate funds	Robstown, TX 78380	_	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation		tside of Texas. Complete Schedule T. X, officeholder living expense 1331
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s H	ought	Office held

SCHEDULE |

Date 09/01/20245Payee name AMAZONAmount (\$)7Payee Address; 410 N Terry Ave Seattle , WA 981Expenditure from corporate fundsSeattle , WA 981PURPOSE OF EXPENDITURE(a) Category (See instruct Event ExpenseDate 07/31/2024Payee name AT&TAmount (\$)Payee Address; 5425 S Padre IsIExpenditure from corporate fundsCORPUS CHRISPURPOSE 0F EXPENDITURE(a) Category (See instruct Seattle , WA 981Date 0F CORPUS CHRISPayee Address; S425 S Padre IsIDate 0F EXPENDITURECORPUS CHRISDate 0F EXPENDITUREPayee name AT&TDate 08/08/2024Payee name AT&TAmount (\$)Payee Address; S425 S Padre IsI Corporate fundsDate 08/08/2024Payee Address; S425 S Padre IsI CORPUS CHRISTate 08/08/2024Payee Address; S425 S Padre IsI CORPUS CHRISExpenditure from corporate fundsCORPUS CHRISTate 08/08/2024Payee Address; S425 S Padre IsI CORPUS CHRISTate 08/08/2024Payee Address; S425 S Padre IsI CORPUS CHRISTate 08/08/2024Payee Address; S425 S Padre IsI CORPUS CHRIS	City; State; Zip and Dr, Suite 180 STI, TX 78411 tions for examples of acceptable categories /Rental Expense City; State; Zip	September 9	O0085707 (See instructions regarding type of information required. th table runners (See instructions regarding type of information required.
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OF Office Overhead EXPENDITURE Office Overhead Date Payee name	STI, TX 78411		
	tions for examples of acceptable categories (Rental Expense	s) (b) Description Phone bill	(See instructions regarding type of information required.
09/03/2024 AT&T			
Amount (\$) Payee Address;	City; State; Zip		
49.50 5425 S Padre Isl	and Dr, Suite 180		
Expenditure from			
corporate funds CORPUS CHRIS			
PURPOSE (a) Category (See instruction OF Office Overhead, EXPENDITURE Office Overhead,	tions for examples of acceptable categories (Rental Expense	s) (b) Description New phone	(See instructions regarding type of information required.

Date 5 Payee name 09/10/2024 AT&T Amount (\$) 7 Payee Address; City; State; Zip 27.00 5425 S Padre Island Dr, Suite 180 Expenditure from CORPUS CHRISTI, TX 78411 PURPOSE Office Overhead/Rental Expense (b) Description (See instructions regarding type of Internet set up Date Payee name 09/20/2024 AT&T Internet set up Amount (\$) Payee Address; City; State; Zip Internet set up Opportate funds CORPUS CHRISTI, TX 78411 (b) Description (See instructions regarding type of Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense (b) Description (See instructions regarding type of Office Overhead/Rental Expense Date Payee name Office Overhead/Rental Expense Phone Bill Date Payee name Office Overhead/Rental Expense Phone Bill Date Payee name Office Overhead/Rental Expense Phone Bill Date Payee name Corpus Christi, TX 78404 PurPOSE Corporate funds Corpus Christi, TX 78404 See instructions regarding type of Advertising Expense	cs Commission Filers
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Amount (\$) Payee Address; City; State; Zip 66.83 5425 S Padre Island Dr, Suite 180 Expenditure from corporate funds CORPUS CHRISTI, TX 78411 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description Phone Bill (See instructions regarding type of Phone Bill Date 09/16/2024 Payee name Banners On the Cheapside Payee Address; City; State; Zip 32.96 Payee Address; City; State; Zip 32.96 Corpus Christi, TX 78404 PURPOSE of Expenditure from corporate funds Corpus Christi, TX 78404 PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Advertising Expense (b) Description (See instructions regarding type of Banner for 10/12 event Date 07/04/2024 Payee name CubesmartStorage Company (b) Description (See instructions regarding type of Banner for 10/12 event Date 07/04/2024 Payee Address; City; State; Zip CubesmartStorage Company Amount (\$) Payee Address; 109.14 City; State; Zip S502 Holly Road S502 Holly Road Corpus Christi, TX 78413	
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Amount (\$) Payee Address; City; State; Zip 109.14 5502 Holly Road Expenditure from corporate funds Corpus Christi, TX 78413	
109.145502 Holly RoadCorpus Christi, TX 78413	
Corporate funds Corpus Christi, TX 78413	
	e of information required.
OF Office Overhead/Rental Expense Storage space	

SCHEDULE |

	The Instruction Guide explains how to complete this form.
Total pages Schedule I: Sch: 3/13 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission File South Texas Alliance of Republicans 00085707
Date 08/05/2024	5 Payee name CubesmartStorage Company
Amount (\$) 109.14 – Expenditure from	7 Payee Address; City; State; Zip 5502 Holly Road
corporate funds	Corpus Christi, TX 78413
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Office Overhead/Rental Expense Storage space
Date	Payee name
09/03/2024	CubesmartStorage Company
Amount (\$) 116.00	Payee Address; City; State; Zip 5502 Holly Road
Expenditure from corporate funds	Corpus Christi, TX 78413
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Office Overhead/Rental Expense Storage Space
Date	Payee name
07/05/2024	CubesmartStorage Company
Amount (\$) 107.00	Payee Address; City; State; Zip 5502 Holly Road
Europeiter and frame	Corpus Christi, TX 78413
Expenditure from corporate funds	
	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Office Overhead/Rental Expense Storage space
corporate funds PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require
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corporate funds PURPOSE OF EXPENDITURE Date 09/12/2024 Amount (\$)	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Storage space Office Overhead/Rental Expense Storage space Payee name CubesmartStorage Company Payee Address; City; State; Zip

	The Instruction Guide explains how to	o complete this form.
Total pages Schedule I: Sch: 4/13 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
Date 09/24/2024	5 Payee name CurrysCove	
Amount (\$) 3,000.00 Expenditure from corporate funds	 Payee Address; City; State; Zip 902 Graham Road Corpus Christi, TX 78418 	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Rental for event 10 /12
Date 07/25/2024	Payee name El Potro	
Amount (\$) 50.00 Expenditure from corporate funds	Payee Address; City; State; Zip 6085 Webber Corpus Christi , TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Planning meeting
Date 09/18/2024	Payee name El Potro	1
Amount (\$) 41.78 – Expenditure from	Payee Address; City; State; Zip 6085 Webber	
corporate funds PURPOSE OF EXPENDITURE	Corpus Christi , TX 78411 (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Planning meeting for 10/12
Date 07/18/2024	Payee name Family Dollar	<u> </u>
Amount (\$)	Payee Address; City; State; Zip 6601 Everhardt Rd	
109.71		
109.71 Expenditure from corporate funds	Corpus Christi, TX 78413 (a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

SCHEDULE |

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 5/13 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
Date 08/05/2024	5 Payee name Family Dollar	
Amount (\$) 23.82 Expenditure from corporate funds	 Payee Address; City; State; Zip 6601 Everhardt Rd Corpus Christi, TX 78413 	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Get well and birthday cards for members
Date 09/03/2024	Payee name Family Dollar	I
Amount (\$) 66.98 Expenditure from	Payee Address; City; State; Zip 6601 Everhardt Rd	
corporate funds PURPOSE OF EXPENDITURE	Corpus Christi, TX 78413 (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Cards and gifts for members
Date 09/19/2024	Payee name Family Dollar	
Amount (\$) 48.44 Expenditure from corporate funds	Payee Address; City; State; Zip 6601 Everhardt Rd Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Drinks and goods for event
Date 08/05/2024	Payee name Fudruckers	<u> </u>
	Payee Address; City; State; Zip 1949 South Padre Island Dr	
Amount (\$) 39.40		
	Corpus Christi, TX 78410	(b) Description (See instructions regarding type of information required.)

Date 5 Payee name 071/4/2024 HEB Amount (\$) 7 Payee Address; City; State; Zip 141.19 5425 S Padre Island Dr, Ste. 136B CORPUS CHRISTI, TX 78411 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories Pood/Beverage Expense (b) Description (See instructions regarding type of information regime Rockport meeting Date Payee name Food/Beverage Expense (b) Description (See instructions regarding type of information regime Rockport meeting Date Payee name Food/Beverage Expense (b) Description (See instructions regarding type of information regime Rockport meeting Opportset funds CORPUS CHRISTI, TX 78411 Purpose Food/Beverage Expense (b) Description (See instructions regarding type of information regarding type of inform	Total pages Schedule I: Sch: 6/13 Rpt:	2 FILER NAME South Texas Alliance of Republicans		Filer ID (Ethics Commission Filers 00085707
141.19 5425 S Padre Island Dr, Ste. 136B Corporate funds CORPUS CHRISTI, TX 78411 PURPOSE EXPENDITURE (a) Category Gee instructions for examples of acceptable categories Food/Beverage Expense (b) Description (Gee instructions regarding type of information requires Rockport meeting Date 08/05/2024 Payee name HEB Payee Address: CORPUS CHRISTI, TX 78411 (b) Description (Gee instructions regarding type of information requires Rockport meeting Zependiture from corporate funds CORPUS CHRISTI, TX 78411 (b) Description (Gee instructions regarding type of information requires Pool/Beverage Expense (b) Description (Gee instructions regarding type of information requires Description (Gee instructions regarding type of information requires Description (Gee instructions regarding type of information requires Pool/Beverage Expense Date 07/19/2024 Payee name Food/Beverage Expense (b) Description (Gee instructions regarding type of information requires Description (Gee instruc			·	
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08/05/2024 HEB Amount (\$) Payee Address; City; State; Zip 34.06 5425 S Padre Island Dr, Ste. 136B Description are funds CORPUS CHRISTI, TX 78411 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Desserts Date Payee name Payee Address; City; State; Zip 711 Concrete Street S45.78 Expenditure from Corpus Christi, TX 78401 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Ø5 Payee name 06/05/2024 Payee name Date Corpus Christi, TX 78401 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Ø6 Payee name 08/05/2024 Joes Crab Shack Amount (\$) Payee name 08/05/2024 Joes Crab Shack Amount (\$) Payee Address; City; State; Zip 400.00 444 Shoreline Dr Expenditure from Corpus Christi, TX 78405 PUROSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Corporate funds (b) Description (See instructions regarding type of infor	PURPOSE	(a) Category (See instructions for examples of acceptable categories)		
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corporate funds Corpus Christi, TX 78405 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Cash for cash box	400.00			
OF Event Expense Cash for cash box	1 1	Corpus Christi, TX 78405		
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Date 07/19/2024 Amount (\$) 100.0 Expenditure fror corporate funds PURPOSE OF EXPENDITURE 08/09/2024 Amount (\$) 146.1 Expenditure fror corporate funds PURPOSE OF EXPENDITURE 07/12/2024 Amount (\$) 19.9 Expenditure fror corporate funds	Corpus Christi, TX 78413 (a) Category (See instructions for examples of accept Food/Beverage Expense Payee name Kentucky Fried Chicken Payee Address; City; State; 5633 Saratoga Blvd	ptable categories) (b) Description (See instructions regarding type of information required.) Food for Rockport
100.0 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date 08/09/2024 Amount (\$) 146.1 Expenditure from corporate funds PURPOSE OF EXPENDITURE 07/12/2024 Amount (\$) 19.9 Expenditure from corporate funds	0 5633 Saratoga Blvd 1 Corpus Christi, TX 78413 (a) Category (See instructions for examples of acception of the system of the	ptable categories) (b) Description (See instructions regarding type of information required.) Food for Rockport ; Zip ptable categories) (b) Description (See instructions regarding type of information required.)
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08/09/2024 Amount (\$) 146.1 Corporate funds PURPOSE OF EXPENDITURE Date 07/12/2024 Amount (\$) 19.9 Corporate funds	Kentucky Fried Chicken Payee Address; City; State; 5633 Saratoga Blvd Corpus Christi, TX 78413 (a) Category (See instructions for examples of acception for examples of accept	ptable categories) (b) Description (See instructions regarding type of information required.
Amount (\$) 146.1 Expenditure fror corporate funds PURPOSE OF EXPENDITURE Date 07/12/2024 Amount (\$) 19.9 Expenditure fror corporate funds	Payee Address; City; State; 1 5633 Saratoga Blvd 1 Corpus Christi, TX 78413 (a) Category (See instructions for examples of acception of the prood/Beverage Expense Payee name Love my Freedom	ptable categories) (b) Description (See instructions regarding type of information required.
146.1 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date 07/12/2024 Amount (\$) 19.9 Expenditure from corporate funds	1 5633 Saratoga Blvd 1 Corpus Christi, TX 78413 (a) Category (See instructions for examples of accept Food/Beverage Expense Payee name Love my Freedom	ptable categories) (b) Description (See instructions regarding type of information required.
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Amount (\$) 19.9 Expenditure fror corporate funds		
19.9 Expenditure fror corporate funds	Payee Address; City; State;	
Expenditure from corporate funds	9 4220 Main St	; Zip
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of accept Advertising Expense	ptable categories) (b) Description (See instructions regarding type of information required. Hats and Shirts
Date	Payee name	
07/16/2024	Michaels Craft Store	
Amount (\$)	Payee Address; City; State;	; Zip
161.3	1 4717 South Padre Island Dr	
- Expenditure from		
corporate funds PURPOSE	(a) Category (See instructions for examples of accept	ptable categories) (b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Event Expense	Decor for event

	The Instruction Guide explains how to o	complete this form.
Total pages Schedule I: Sch: 8/13 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
Date 08/12/2024	5 Payee name NCRP	
Amount (\$) 25.00 Expenditure from	7 Payee Address; City; State; Zip 5151 Flynn Blvd Corpus Christi, TX 78413	
corporate funds PURPOSE OF EXPENDITURE		b) Description (See instructions regarding type of information required., Monthly
Date 09/25/2024	Payee name NCRP	
Amount (\$) 25.00 Expenditure from corporate funds	Payee Address; City; State; Zip 5151 Flynn Blvd Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	b) Description (See instructions regarding type of information required.) Monthly charge
Date 07/31/2024	Payee name Prosperity Bank	
Amount (\$) 10.00 Expenditure from corporate funds	Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (Fees	b) Description (See instructions regarding type of information required.) For July
Date 08/30/2024	Payee name Prosperity Bank	
Amount (\$) 10.00 Expenditure from corporate funds	Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
		b) Description (See instructions regarding type of information required.) Monthly fee

Sch: 9/3 Rpt: South Texas Alliance of Republicans 00085707 Date 5 Payee name Prosperity Bank Amount (\$) 7 Payee Address; City; State; Zip 10.00 6670 S Staples		l	
09/26/2024 Prosperity Bank Amount (\$) 7 Payee Address; City; State; Zip 10.00 6670 S Staples Corpus Christi, TX 78413 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Monthly Fee 04/07/2024 Prosperity Bank Anount (\$) Payee Address; City; State; Zip 05/07/2024 Prosperity Bank Anount (\$) Payee Address; City; State; Zip 05/07/2024 Prosperity Bank Anount (\$) Payee Address; City; State; Zip 06/07/2024 Prosperity Bank Anount (\$) Payee Address; City; State; Zip 0267 6670 S Staples Corpus Christi, TX 78413 (b) Description (See instructions regarding type of information require OF 026 Corpus Christi, TX 78413 (b) Description (See instructions regarding type of information require OF 0216 Payee name Corpus Christi, TX 78413 (b) Description (See instructions regarding type of information require OF 0216 Payee name Corpus Christi, TX 7843 (b) Description (See instructions regarding type of information require OF	Total pages Schedule I: Sch: 9/13 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers 00085707
10.00 6670 S Staples Expenditure from corporate funds Corpus Christi, TX 78413 PURPOSE CPC EXPENDITURE (a) Category (see instructions for examples of acceptable categories) Accounting/Banking (b) Description Monthly Fee See instructions regarding type of information require Monthly Fee Date Payee name Payee Address; 6670 S Staples City: State; Zip 6670 S Staples (b) Description See instructions regarding type of information require Monthly Fee PURPOSE Expenditure from corporate funds (a) Category (see instructions for examples of acceptable categories) Accounting/Banking (b) Description See instructions regarding type of information require Harland Clark Checks Date Payee name (a) Category (see instructions for examples of acceptable categories) Accounting/Banking (b) Description See instructions regarding type of information require Harland Clark Checks Date Payee name (a) Category (see instructions for examples of acceptable categories) 80.00 (b) Description See instructions regarding type of information require Harland Clark Checks PuRPOSE CPC EXPENDITURE Fayee name (b) Description Gee instructions regarding type of information require Rental of room for meetings Date Payee name (b) Description Gee instructions regarding type of information require Rental of room for meetings Date Payee name (b) Description Gee instructions regarding type of information require			
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Date Payee name 05/07/2024 Prosperity Bank Amount (\$) Payee Address; City; State; Zip 23.65 6670 S Staples Corporate funds Corpus Christi, TX 78413 PURPOSE (a) Category (See instructions for examples of acceptable categories) Of Accounting/Banking Date Payee name 08/09/2024 Payee Address; City; State; Zip Date Payee name 08/09/2024 Rockport Womens Clubhouse Amount (\$) Payee Address; City; State; Zip 01414 East Concho Rockport, TX 78383 PURPOSE (a) Category (See instructions for examples of acceptable categories) 02 Payee Address; City; State; Zip 1414 East Concho Rockport, TX 78383 PURPOSE (a) Category (See instructions for examples of acceptable categories) 05 Event Expense 12 Payee name 80.00 1414 East Concho Restal of room for meetings Date Payee name 07.18/2024 Ross Amount (\$) Payee name 61.16 SPID 12 Sate instructions regarding type of information require 07.18/2024 Ross Amount (\$) Payee Address; City; S		Corpus Christi, TX 78413	
08/07/2024 Prosperity Bank Amount (\$) Payee Address; City; State; Zip 23.65 6670 S Staples 23.65 Corpus Christi, TX 78413 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information require Harland Clark Checks Date 08/09/2024 Payee name Rockport Womens Clubhouse Harland Clark Checks Amount (\$) Payee Address; City; State; Zip 1414 East Concho City; State; Zip 1414 East Concho Isternor of Expenditure from of Expenditure from OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) OF Expenditure from Corpus Christi, TX 78383 (b) Description (See instructions regarding type of information require Rental of room for meetings Date 07/18/2024 Payee name Ross Ross Amount (\$) Payee Address; City; State; Zip 5416 SPID City; State; Zip 5416 SPID 84.16 Fayee Address; City; State; Zip 5416 SPID City; State; Zip 5416 SPID Furpose of For Payee Address; City; State; Zip 5416 SPID Corpus Christi, TX 78411	OF		
Amount (\$) Payee Address; City; State; Zip 23.65 6670 S Staples 23.65 Corpus Christi, TX 78413 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Harland Clark Checks Date Payee name Rockport Womens Clubhouse Harland Clark Checks Amount (\$) Payee name Rockport, TX 78383 PURPOSE Corpus Christi, TX 78413 (b) Description (b) Description (See instructions regarding type of information require Corpus Christi, TX 78383 PURPOSE Corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description Corporate funds Rockport, TX 78383 (Description (See instructions regarding type of information require Rental of room for meetings Date Payee name Payee name Rockport, TX 78383 PURPOSE Payee name Payee name Rockport, TX 78383 Amount (\$) Payee name Rockport, See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Rental of room for meetings Date Payee Address; City; State; Zip<	Date	Payee name	
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23.03 Corpus Christi, TX 78413 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information require Harland Clark Checks Date Payee name 08/09/2024 Rockport Womens Clubhouse Amount (\$) Payee Address; City; State; Zip 1414 East Concho Expenditure from corporate funds Rockport, TX 78383 PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Rental of room for meetings Date Payee name 07/18/2024 Ross Amount (\$) Payee name 07/18/2024 Ross Amount (\$) Payee name 07/18/2024 Ross Amount (\$) Payee Address; City; State; Zip 5416 SPID 84.16 5416 SPID Expenditure from corporate funds Corpus Christi, TX 78411 PURPOSE of (a) Category (See instructions for examples of acceptable categories) 0F (b) Description (See instructions regarding type of information require Rental of room for meetings	Amount (\$)	Payee Address; City; State; Zip	
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Corporate funds Corpus Christi, TX 78411 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Table clothes	84.16	5416 SPID	
PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Table clothes		Cornus Christi TY 78411	
OF Event Expense Table clothes	•	-	(h) Description (See instructions regarding type of information required
	OF		

Sch: 10/13 Rpt: Date 5 08/19/2024 7 Amount (\$) 7 60.00 Expenditure from corporate funds	SEXTON, David Payee Address; City; State; Zip 1054 BURKSHIRE DR CORPUS CHRISTI, TX 78412	3 Filer ID (Ethics Commission Filers) 00085707
08/19/2024 Amount (\$) 60.00 Corporate funds PURPOSE OF EXPENDITURE (a) Date	SEXTON, David Payee Address; City; State; Zip 1054 BURKSHIRE DR CORPUS CHRISTI, TX 78412) Category (See instructions for examples of acceptable categories)	
60.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Date	1054 BURKSHIRE DR CORPUS CHRISTI, TX 78412) Category (See instructions for examples of acceptable categories)	
corporate funds (a) PURPOSE (a) OF EXPENDITURE Date (a)) Category (See instructions for examples of acceptable categories)	
OF EXPENDITURE Date		
		(b) Description (See instructions regarding type of information required.) Printing
0012012024	Payee name SEXTON, David	
Amount (\$) 50.00	Payee Address; City; State; Zip 1054 BURKSHIRE DR	
corporate funds	CORPUS CHRISTI, TX 78412	
PURPOSE (a) OF EXPENDITURE	 Category (See instructions for examples of acceptable categories) Advertising Expense 	(b) Description (See instructions regarding type of information required.) Printing flyers
Date 09/10/2024	Payee name SEXTON, David	
Amount (\$) 31.96	Payee Address; City; State; Zip 1054 BURKSHIRE DR	
Expenditure from corporate funds	CORPUS CHRISTI, TX 78412	
PURPOSE (a) OF EXPENDITURE) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Dogs in the Park Hunter Event
Date 09/10/2024	Payee name SEXTON, David	
Amount (\$) 239.20	Payee Address; City; State; Zip 1054 BURKSHIRE DR	
Expenditure from corporate funds	CORPUS CHRISTI, TX 78412	
PURPOSE (a) OF EXPENDITURE	 Category (See instructions for examples of acceptable categories) Event Expense 	(b) Description (See instructions regarding type of information required.) DOGS/Hunter event

Total pa		-	
	ages Schedule I: 1/13 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
Date 09/10/2	2024	5 Payee name SEXTON, David	
Amount	35.02	7 Payee Address; City; State; Zip 1054 BURKSHIRE DR	
	liture from te funds	CORPUS CHRISTI, TX 78412	
C	Pose DF IDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Misc. Items for 10/12 event
Date 09/19/2	2024	Payee name TABLECLOTH FACTORY	
	(\$) 104.29 liture from te funds	Payee Address; City; State; Zip 1441 Industrial Blvd # 4774 City of Industry , CA 91714	
c	Pose DF IDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) 10/12 event
Date		Payee name	
07/24/2	2024	Tractor Farm Supply	
Amount	(\$) 79.15	Payee Address; City; State; Zip 2754 Saratoga Blvd	
	liture from te funds	Corpus Christi, TX 78413	
C	POSE DF IDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Folding table
Date		Payee name	
07/24/2	2024	USPS	
Amount	(\$) 75.04	Payee Address; City; State; Zip 4901 Everhart Rd	
	liture from te funds	Corpus Christi, TX 78466	
	POSE DF IDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Stamps for Cards

Date 08/09/2024 Amount (\$) 100.64 Expenditure from corporate funds PURPOSE	5 Payee name WALGREEN'S 7 Payee Address; 5601 Saratoga	
100.64 Expenditure from corporate funds PURPOSE		
corporate funds PURPOSE		
	CORPUS CHRISTI, TX 78414	
OF EXPENDITURE	(a) Category (See instructions for examples of acceptable cate Food/Beverage Expense	egories) (b) Description (See instructions regarding type of information required. Cases of water and drinks Rockport Meeting
Date	Payee name	
07/23/2024	WALMART #5898	
Amount (\$) 22.67	Payee Address; City; State; Zip 6101 Saratoga Rd	
Expenditure from corporate funds	Corpus Christi, TX 78414	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable cate Gift/Awards/Memorials Expense	egories) (b) Description (See instructions regarding type of information required. Gifts for members
Date 07/24/2024	Payee name Winred	!
Amount (\$) 21.07 Expenditure from corporate funds	Payee Address; City; State; Zip 1776 Wilson Blvd Suite 530 Arlington , VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable cate Donation to Trump	egories) (b) Description (See instructions regarding type of information required PAC Donation
Date 07/29/2024	Payee name Winred	L
Amount (\$) 55.00 Expenditure from corporate funds	Payee Address; City; State; Zip 1776 Wilson Blvd Suite 530 Arlington , VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable cate Contribution	egories) (b) Description (See instructions regarding type of information required To Trump

	The Instruction Guide explains how to complete this form.
Total pages Schedule I: Sch: 13/13 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers 00085707 South Texas Alliance of Republicans 00085707
Date	5 Payee name
08/18/2024	Winred
Amount (\$)	7 Payee Address; City; State; Zip
55.00	1776 Wilson Blvd
Expenditure from corporate funds	Suite 530 Arlington , VA 22209
	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.
OF	Donation to Trump
EXPENDITORE	