

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085707	2 Total pages filed: 46
3 COMMITTEE NAME South Texas Alliance of Republicans			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4934 High Meadow Dr  Corpus Christi, TX 78413		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Terry L. NICKNAME LAST SUFFIX Morris		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2414 Cleo St  Corpus Christi, TX 78405		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 336-8422		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH Month Day Year 09/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> South Texas Alliance of Republicans	<b>13 Filer ID</b> (Ethics Commission Filers) 00085707
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,334.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 6,604.80
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,360.57
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Terry L. Morris

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 46

<b>17 COMMITTEE NAME</b> South Texas Alliance of Republicans		<b>18 Filer ID</b> (Ethics Commission Filers) 00085707
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,334.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,604.80
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,368.63
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/28 Rpt: 4/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Larry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rockport, TX 78382	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Larry <hr/> Contributor address; City; State; Zip Code  Rockport, TX 78382	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALDAPE, ROSE <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78414	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) self
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALDAPE, ROSE <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78414	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALDAPE, ROSE <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78414	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/28 Rpt: 5/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aransas Pass, TX 78365	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) Retired
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMLE, VIC <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/28 Rpt: 6/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 08/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Terry <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Terry Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Terry Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Chuck Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) contractor		Employer (See Instructions) self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, ASHLEY Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) ASST. COUNTY CLERK		Employer (See Instructions) NUECES COUNTY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/28 Rpt: 7/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, ASHLEY <hr/> <b>6</b> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) ASST. COUNTY CLERK		<b>9</b> Employer (See Instructions) NUECES COUNTY
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, ASHLEY <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) ASST. COUNTY CLERK		Employer (See Instructions) NUECES COUNTY
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, ASHLEY <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) ASST. COUNTY CLERK		Employer (See Instructions) NUECES COUNTY
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASTEEN, NANCY <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASTEEN, NANCY <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/28 Rpt: 8/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 08/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASTEEN, NANCY <hr/> <b>6</b> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASTEEN, NANCY <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHITTUM, GREG <hr/> Contributor address; City; State; Zip Code  PORT ARANSAS, TX 78373	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) C.M.Company Auctions
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHITTUM, GREG <hr/> Contributor address; City; State; Zip Code  PORT ARANSAS, TX 78373	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) C.M.Company Auctions
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHITTUM, GREG <hr/> Contributor address; City; State; Zip Code  PORT ARANSAS, TX 78373	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) C.M.Company Auctions



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/28 Rpt: 9/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHITTUM, GREG <hr/> <b>6</b> Contributor address; City; State; Zip Code  PORT ARANSAS, TX 78373	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) SALES		<b>9</b> Employer (See Instructions) C.M.Company Auctions
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, ROBIN <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78414	Amount of Contribution (\$)  \$619.00
Principal occupation / Job title (See Instructions) ATTORNEY / Instructor		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, ROBIN <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78414	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Landlord / Instructor		Employer (See Instructions) Self
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, ROBIN <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78414	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Landlord / Instructor		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Alberto <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) American Chrome and Chemical

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/28 Rpt: 10/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Alberto <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Marketing Director		<b>9</b> Employer (See Instructions) American Chrome and Chemical
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Alberto <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) American Chrome and Chemical
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Alberto <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) American Chrome and Chemical
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesney, Brent <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Nueces County
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, BETTYLOU <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) VOLUNTEER		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/28 Rpt: 11/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, BETTYLOU <hr/> <b>6</b> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) VOLUNTEER		<b>9</b> Employer (See Instructions) Retired
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, BETTYLOU <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) VOLUNTEER		Employer (See Instructions) Retired
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, BETTYLOU <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) VOLUNTEER		Employer (See Instructions) Retired
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denson, Peggy <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) specialty sales		Employer (See Instructions) Walmart
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denson, Peggy <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) specialty sales		Employer (See Instructions) Walmart

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/28 Rpt: 12/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denson, Peggy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) specialty sales		<b>9</b> Employer (See Instructions) Walmart
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duarte, Andrew <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eyles, Donna <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Publications EIP		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eyles, Donna <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Publications EIP		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eyles, Donna <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Publications EIP		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/28 Rpt: 13/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fryer, Samuel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus CXhristi, TX 78413	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GURGEVICH, MARK (Mr.) <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78466	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GURGEVICH, MARK (Mr.) <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78466	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GURGEVICH, MARK (Mr.) <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78466	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Mary <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Westwind Enterprises

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/28 Rpt: 14/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 08/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Westwind Enterprises
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Mary <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Westwind Enterprises
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goedhart, Gayle <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78415	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goedhart, Gayle <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78415	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graban, Ron <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78402	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/28 Rpt: 15/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graban, Ron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78402	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HINOJOSA, ADAM (The Honorable) <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78466	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HINOJOSA, ADAM (The Honorable) <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78466	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HINOJOSA, ADAM (The Honorable) <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78466	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HINOJOSA, ADAM (The Honorable) <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78466	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/28 Rpt: 16/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HINOJOSA, ADAM (The Honorable) <hr/> <b>6</b> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78466	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOVDA, DEBORAH <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78409	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOVDA, DEBORAH <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78409	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOVDA, DEBORAH <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78409	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOVDA, DEBORAH <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78409	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/28 Rpt: 17/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, MICHAEL (The Honorable)	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>6</b> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413		
<b>8</b> Principal occupation / Job title (See Instructions) CITY COUNCILMAN		<b>9</b> Employer (See Instructions) CORPUS CHRISTI
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, MICHAEL (The Honorable)	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413		
Principal occupation / Job title (See Instructions) CITY COUNCILMAN		Employer (See Instructions) CORPUS CHRISTI
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, MICHAEL (The Honorable)	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413		
Principal occupation / Job title (See Instructions) CITY COUNCILMAN		Employer (See Instructions) CORPUS CHRISTI
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, MICHAEL (The Honorable)	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78413		
Principal occupation / Job title (See Instructions) CITY COUNCILMAN		Employer (See Instructions) CORPUS CHRISTI
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78401		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/28 Rpt: 18/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD <b>6</b> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78401	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Hunter Law Firm
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78401	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78401	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78401	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, TODD Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78401	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunter Law Firm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/28 Rpt: 19/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 08/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Gill (The Honorable) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Councilman		<b>9</b> Employer (See Instructions) City of Corpus Christi
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, John C (Mr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Sheriff		Employer (See Instructions) Nueces County
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, John C (Mr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Sheriff		Employer (See Instructions) Nueces County
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, John C (Mr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sheriff		Employer (See Instructions) Nueces County
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurlburt, Lynne <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/28 Rpt: 20/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurlburt, Lynne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutt, Christy <hr/> Contributor address; City; State; Zip Code  Fulton , TX 78358	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Self
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutt, Christy <hr/> Contributor address; City; State; Zip Code  Fulton , TX 78358	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutt, Christy <hr/> Contributor address; City; State; Zip Code  Fulton , TX 78358	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONCKHEERE, LINDA <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78414	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/28 Rpt: 22/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magill, Chad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi , TX 78404	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magill, Chad <hr/> Contributor address; City; State; Zip Code  Corpus Christi , TX 78404	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magill, Chad <hr/> Contributor address; City; State; Zip Code  Corpus Christi , TX 78404	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magill, Chad <hr/> Contributor address; City; State; Zip Code  Corpus Christi , TX 78404	Amount of Contribution (\$)  \$180.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orcutt, Michelle <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/28 Rpt: 23/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orcutt, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orcutt, Michelle <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARHAM, CONNIE <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78414	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARHAM, CONNIE <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78414	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMEROS, CHRISSY <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) Rep Todd Hunter

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/28 Rpt: 24/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 08/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMEROS, CHRISSY <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) CONSULTANT		<b>9</b> Employer (See Instructions) Rep Todd Hunter
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMEROS, CHRISSY <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) Rep Todd Hunter
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resley, Daniel <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$90.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resley, Daniel <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resley, Daniel <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/28 Rpt: 25/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resley, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rorex, Bronwen <hr/> Contributor address; City; State; Zip Code  Rockport, TX 78382	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rorex, Bronwen <hr/> Contributor address; City; State; Zip Code  Rockport, TX 78382	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rorex, Bronwen <hr/> Contributor address; City; State; Zip Code  Rockport, TX 78382	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/28 Rpt: 26/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 08/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI <hr/> <b>6</b> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEXTON, TERI <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sexton, David <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Gayle (Mr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/28 Rpt: 27/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Ginger (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stich, Ronald <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stich, Ronald <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stich, Ronald <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Dee <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78410	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Precinct chair		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/28 Rpt: 28/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Dee <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78410	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Precinct chair		<b>9</b> Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strauss, Rossy Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Carolyn (Ms.) Contributor address; City; State; Zip Code  Corpus Christi, TX 78426	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Carolyn (Ms.) Contributor address; City; State; Zip Code  Corpus Christi, TX 78426	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Carolyn (Ms.) Contributor address; City; State; Zip Code  Corpus Christi, TX 78426	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/28 Rpt: 29/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Carolyn (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78426	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Denise <hr/> Contributor address; City; State; Zip Code  Corpus Christi , TX 78410	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Flint Hills Resources
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Denise <hr/> Contributor address; City; State; Zip Code  Corpus Christi , TX 78410	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Flint Hills Resources
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOLSEY, JO (Judge) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) JUDGE		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Jon <hr/> Contributor address; City; State; Zip Code  Robstown, TX 78380	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Assistant DA		Employer (See Instructions) San Patricio County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/28 Rpt: 30/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Jon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Robstown, TX 78380	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Assistant DA		<b>9</b> Employer (See Instructions) San Patricio County
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) interior designer		Employer (See Instructions) self
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) interior designer		Employer (See Instructions) self
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) interior designer		Employer (See Instructions) self
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) interior designer		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/28 Rpt: 31/46
<b>2</b> FILER NAME South Texas Alliance of Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) interior designer		<b>9</b> Employer (See Instructions) self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittington, Jeanne <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) interior designer		Employer (See Instructions) self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Barbara <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78404	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/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 complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 32/46	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/01/2024	<b>5</b> Payee name Joes Crab Shack	
<b>6</b> Amount (\$) \$996.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 444 Shoreline Dr  Corpus Christi, TX 78405	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense July Luncheon
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Joes Crab Shack	
Amount (\$) \$2,220.80  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 444 Shoreline Dr  Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Joes Crab Shack	
Amount (\$) \$2,058.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 444 Shoreline Dr  Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Special luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/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 complete this form.

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 07/31/2024	5 Payee name West, Jon	
6 Amount (\$) \$1,330.00  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5769 Grand Lake Circle  Robstown, TX 78380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check number 1331
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 1/13 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/01/2024	<b>5</b> Payee name AMAZON	
<b>6</b> Amount (\$) 52.98 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 410 N Terry Ave  Seattle , WA 98109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) September 9th table runners
Date 07/31/2024	Payee name AT&T	
Amount (\$) 73.81 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180  CORPUS CHRISTI, TX 78411	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Phone Bill
Date 08/08/2024	Payee name AT&T	
Amount (\$) 73.85 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180  CORPUS CHRISTI, TX 78411	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Phone bill
Date 09/03/2024	Payee name AT&T	
Amount (\$) 49.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180  CORPUS CHRISTI, TX 78411	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) New phone

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/13 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/10/2024	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) 27.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180  CORPUS CHRISTI, TX 78411	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Internet set up
Date 09/20/2024	Payee name AT&T	
Amount (\$) 66.83 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Suite 180  CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Phone Bill
Date 09/16/2024	Payee name Banners On the Cheapside	
Amount (\$) 32.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4940 Alameda Dr  Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Advertising Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Banner for 10/12 event
Date 07/04/2024	Payee name CubesmartStorage Company	
Amount (\$) 109.14 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Holly Road  Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Storage space

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 3/13 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 08/05/2024	<b>5</b> Payee name CubesmartStorage Company	
<b>6</b> Amount (\$)  109.14 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 5502 Holly Road  Corpus Christi, TX 78413	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Storage space
Date 09/03/2024	Payee name CubesmartStorage Company	
Amount (\$)  116.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Holly Road  Corpus Christi, TX 78413	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Storage Space
Date 07/05/2024	Payee name CubesmartStorage Company	
Amount (\$)  107.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Holly Road  Corpus Christi, TX 78413	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Storage space
Date 09/12/2024	Payee name CubesmartStorage Company	
Amount (\$)  116.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Holly Road  Corpus Christi, TX 78413	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Storage

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/13 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 09/24/2024	5 Payee name CurrysCove	
6 Amount (\$) 3,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 902 Graham Road  Corpus Christi, TX 78418	
8 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 <input type="checkbox"/> 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	
Amount (\$) 41.78 <input type="checkbox"/> 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 for 10/12
Date 07/18/2024	Payee name Family Dollar	
Amount (\$) 109.71 <input type="checkbox"/> 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) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Meeting expense

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 5/13 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 08/05/2024	<b>5</b> Payee name Family Dollar	
<b>6</b> Amount (\$) 23.82 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 6601 Everhardt Rd Corpus Christi, TX 78413	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Get well and birthday cards for members
Date 09/03/2024	Payee name Family Dollar	
Amount (\$) 66.98 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6601 Everhardt Rd Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</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 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6601 Everhardt Rd Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Drinks and goods for event
Date 08/05/2024	Payee name Fudruckers	
Amount (\$) 39.40 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1949 South Padre Island Dr Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Debby's Birthday Board VP

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 6/13 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 07/14/2024	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$)  141.19 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 5425 S Padre Island Dr, Ste. 136B  CORPUS CHRISTI, TX 78411	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Rockport meeting
Date 08/05/2024	Payee name HEB	
Amount (\$)  34.06 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5425 S Padre Island Dr, Ste. 136B  CORPUS CHRISTI, TX 78411	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Desserts
Date 07/19/2024	Payee name Hoegemeyer's Barbeque Barn	
Amount (\$)  854.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 711 Concrete Street  Corpus Christi, TX 78401	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Jon West Fundraiser
Date 08/05/2024	Payee name Joes Crab Shack	
Amount (\$)  400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 444 Shoreline Dr  Corpus Christi, TX 78405	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Cash for cash box

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/13 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 07/19/2024	5 Payee name Kentucky Fried Chicken	
6 Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5633 Saratoga Blvd Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food for Rockport
Date 08/09/2024	Payee name Kentucky Fried Chicken	
Amount (\$) 146.11 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5633 Saratoga Blvd Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Rockport meeting
Date 07/12/2024	Payee name Love my Freedom	
Amount (\$) 19.99 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4220 Main St Minneapolis, MN 55402	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Hats and Shirts
Date 07/16/2024	Payee name Michaels Craft Store	
Amount (\$) 161.31 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4717 South Padre Island Dr Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Decor for event



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 8/13 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 08/12/2024	5 Payee name NCRP	
6 Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5151 Flynn Blvd Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Monthly
Date 09/25/2024	Payee name NCRP	
Amount (\$) 25.00 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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<b>1</b> Total pages Schedule I: Sch: 9/13 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/26/2024	<b>5</b> Payee name Prosperity Bank	
<b>6</b> Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Monthly Fee
Date 08/07/2024	Payee name Prosperity Bank	
Amount (\$) 23.65 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6670 S Staples Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Harland Clark Checks
Date 08/09/2024	Payee name Rockport Womens Clubhouse	
Amount (\$) 80.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1414 East Concho Rockport, TX 78383	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Rental of room for meetings
Date 07/18/2024	Payee name Ross	
Amount (\$) 84.16 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5416 SPID Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Table clothes

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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<b>1</b> Total pages Schedule I: Sch: 10/13 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 08/19/2024	<b>5</b> Payee name SEXTON, David	
<b>6</b> Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1054 BURKSHIRE DR  CORPUS CHRISTI, TX 78412	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Printing Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Printing
Date 08/20/2024	Payee name SEXTON, David	
Amount (\$) 50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1054 BURKSHIRE DR  CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Advertising Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Printing flyers
Date 09/10/2024	Payee name SEXTON, David	
Amount (\$) 31.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1054 BURKSHIRE DR  CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</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 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1054 BURKSHIRE DR  CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) DOGS/Hunter event

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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<b>1</b> Total pages Schedule I: Sch: 11/13 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 09/10/2024	<b>5</b> Payee name SEXTON, David	
<b>6</b> Amount (\$)  35.02 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1054 BURKSHIRE DR  CORPUS CHRISTI, TX 78412	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Misc. Items for 10/12 event
Date 09/19/2024	Payee name TABLECLOTH FACTORY	
Amount (\$)  104.29 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1441 Industrial Blvd # 4774 City of Industry , CA 91714	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) 10/12 event
Date 07/24/2024	Payee name Tractor Farm Supply	
Amount (\$)  79.15 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2754 Saratoga Blvd  Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Folding table
Date 07/24/2024	Payee name USPS	
Amount (\$)  75.04 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4901 Everhart Rd  Corpus Christi, TX 78466	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Stamps for Cards

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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<b>1</b> Total pages Schedule I: Sch: 12/13 Rpt:	<b>2</b> FILER NAME South Texas Alliance of Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00085707
<b>4</b> Date 08/09/2024	<b>5</b> Payee name WALGREEN'S	
<b>6</b> Amount (\$) 100.64 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 5601 Saratoga  CORPUS CHRISTI, TX 78414	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Cases of water and drinks Rockport Meeting
Date 07/23/2024	Payee name WALMART #5898	
Amount (\$) 22.67 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6101 Saratoga Rd  Corpus Christi, TX 78414	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Gifts for members
Date 07/24/2024	Payee name Winred	
Amount (\$) 21.07 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1776 Wilson Blvd Suite 530 Arlington , VA 22209	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Donation to Trump	<b>(b)</b> Description (See instructions regarding type of information required.) PAC Donation
Date 07/29/2024	Payee name Winred	
Amount (\$) 55.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1776 Wilson Blvd Suite 530 Arlington , VA 22209	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contribution	<b>(b)</b> Description (See instructions regarding type of information required.) To Trump

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 13/13 Rpt:	2 FILER NAME South Texas Alliance of Republicans	3 Filer ID (Ethics Commission Filers) 00085707
4 Date 08/18/2024	5 Payee name Winred	
6 Amount (\$)  55.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1776 Wilson Blvd Suite 530 Arlington , VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Donation	(b) Description (See instructions regarding type of information required.) to Trump